

## **APPENDIX A**

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### **DATA COLLECTION INSTRUMENTS**

**SUMMARY OF STATE PROGRAMS**

**SUMMARY OF LOCAL PROGRAMS**



**SUMMARY OF STATE PROGRAMS**

OMB Clearance Number: 0584-0489  
Expiration Date: 7/3/2001

**SUMMARY OF STATE PROGRAMS**

**STUDY OF WIC PARTICIPANT AND  
PROGRAM CHARACTERISTICS**

**PC98**

**US DEPARTMENT OF AGRICULTURE  
FOOD AND NUTRITION SERVICE**

Public reporting burden of this collection of information is estimated to average twenty (20) minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Department Clearance Officer, OIRM, AG Box 7630, Washington, DC, 20250.

The following pages contain the reporting form for State WIC Agencies to use for the 1998 WIC Participant and Program Characteristics Study (PC98). This information is needed to describe State WIC Program operations for the PC98 report. Information is requested on certification, eligibility, and food packages. Please be sure that the information you provide applies to the PC98 reference month, which is **April 1998**.

The PC98 reporting form is essentially the same as the form used in 1996. As was done in 1996, the attached form has been pre-coded with the data your State Agency provided two years ago.

- ⇒ For most of the questions, first review your 1996 data printed in the **RIGHT-HAND-SIDE BOX**. If you provided any written comments in 1996 in response to "Other/Specify" instructions, they are included in the **Appendix** at the end of this form. If there have been no changes since 1996 and all the data are correct and complete, check the box labeled "No Changes" and proceed to the next question.
- ⇒ If **ANY** of the 1996 information no longer applies to your 1998 operations, fill in your complete 1998 information in the space provided, following instructions specific to that question. (You may need to repeat some of the 1996 data.)
- ⇒ For Questions **A3, B1, D1, D2, and E1**, the 1996 data are displayed differently or omitted. In these cases, please follow the specific instructions carefully. For questions **A2 and C3A**, the response categories have been expanded for 1998. Please read these questions carefully.
- ⇒ Use a **RED** pen to write in all new information for **PC98**.

Please send your completed summary to:

Sheela Kennedy  
PC98 Data Coordinator  
Abt Associates Inc.  
55 Wheeler Street  
Cambridge, Massachusetts 02138

Summaries are due by **September 11, 1998**. An addressed, stamped envelope is enclosed. Please do not hesitate to call us if we can answer any questions or provide more information. Sheela's telephone number is (617) 349-2559.

Thank you for your cooperation.

**SUBMITTED BY**

\_\_\_\_\_  
NAME OF STATE WIC AGENCY

\_\_\_\_\_  
PC98 IDENTIFICATION NUMBER

## Income Determination

**A1. Describe the State Agency (SA) gross income limit for eligibility.**

*If different from the 1996 data, circle one number. Specify income, if appropriate.*

SA uses the standard 185 percent of poverty guidelines published in the Federal Register . . . . . 1

SA uses other standards (Specify) . . . . . 2

<i>Economic Unit</i>	<i>Income Limit (gross per annum)</i>	<i>or</i>	<i>Percent of Poverty</i>
1 person	_____		_____
2 people	_____		
3 people	_____		
4 people	_____		
5 people	_____		
6 people	_____		
7 people	_____		
8 people	_____		
9 people	_____		

**YOUR 1996 DATA**

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.

No Changes.

**A2. What programs and/or respective income limits are used by the State Agency for adjunctive eligibility determinations?**

*If different from the 1996 data, provide complete information for 1998; circle the programs and specify the maximum percent of poverty allowed for those programs. Note that response categories 7 through 10 have been added this year.*

<i>Program</i>	<i>% of Poverty</i>
TANF . . . . . 1	_____
Food Stamp Program . . . . . 2	130%
Medicaid . . . . . 3	_____
SSI . . . . . 4	_____
Reduced-Price School Lunch . . . . . 5	185%
Free School Lunch . . . . . 6	130%
Head Start . . . . . 7	_____
General Assistance . . . . . 8	_____
Low Income Energy Assistance . . . . . 9	_____
Food Distribution Programs on Indian Reservations (FDPIR) . . . . . 10	_____
Other Programs (SPECIFY) . . . . . 11	_____
_____	_____
_____	_____

**YOUR 1996 DATA**

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11.

No Changes.

**A3. Please provide your State Agency's definition or guidelines for determining income eligibility. Include the definition of economic unit.**

*This question may be answered by attaching a copy of your State's income policy definitions/guidelines.*

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**A4. Does the State Agency *require* documentation of primary income sources (such as, wages and salaries)?**

*If different from the 1996 data, circle one number.*

- Yes, the applicant must provide documentation . . . . . 1
- No, applicant self-declares income for economic unit . . . . 2
- In some cases, local agencies have discretion with regard to documentation . . . . . 3
- Documentation is preferred in all cases, but it is not required . . . . . 4

<b><u>YOUR 1996 DATA</u></b>
1.
2.
3.
4.
<input type="checkbox"/> No Changes.

**A5. Are local agencies *required* to contact others outside of the WIC Program to verify the accuracy of income documents supplied by applicants?**

*If different from the 1996 data, circle one number.*

- Yes . . . . . 1
- No . . . . . 2

<b><u>YOUR 1996 DATA</u></b>
1.
2.
<input type="checkbox"/> No Changes.

## Nutritional Risk Criteria

**B1.** Below, please provide the State Agency's standards for each participant category and priority level for the nutritional risk criteria shown in Columns A, B, C, D, and E. If only hemoglobin values are used, complete Column A. If only hematocrit values are used, complete Column B.

**NOTE** For this question, your 1996 data are shown in brackets [ ] in the tables below. For any data that have changed, please cross out the 1996 value and write in the 1998 information in the spaces next to the brackets [ ], using a **RED PEN**. If your State provided special information in 1996, such as separate anemia criteria for differing altitudes, only an average value is displayed below. **If you apply more detailed criteria, please attach more detailed information.**

Priority Group	Participant Category	A	B	C		D
		Hemoglobin Value	Hematocrit Value	Prenatal Weight for Height		Prenatal Weight Gain
I	First-trimester pregnant women	Less than [ ] _____ grams <b>OR</b> less than or equal to [ ] _____ grams	Less than [ ] _____ % <b>OR</b> less than or equal to [ ] _____ %	Overweight [ ] _____ % over standard <b>OR</b> BMI greater than _____ kg/m <sup>2</sup>	Underweight [ ] _____ % under standard <b>OR</b> BMI less than _____ kg/m <sup>2</sup>	Less than recommended [ ] _____ lbs. per [ ] _____  More than recommended [ ] _____ lbs. per [ ] _____
I	Second-trimester pregnant women	Less than [ ] _____ grams <b>OR</b> less than or equal to [ ] _____ grams	Less than [ ] _____ % <b>OR</b> less than or equal to [ ] _____ %	Overweight [ ] _____ % over standard <b>OR</b> BMI greater than _____ kg/m <sup>2</sup>	Underweight [ ] _____ % under standard <b>OR</b> BMI less than _____ kg/m <sup>2</sup>	Less than recommended [ ] _____ lbs. per [ ] _____  More than recommended [ ] _____ lbs. per [ ] _____
I	Third-trimester pregnant women	Less than [ ] _____ grams <b>OR</b> less than or equal to [ ] _____ grams	Less than [ ] _____ % <b>OR</b> less than or equal to [ ] _____ %	Overweight [ ] _____ % over standard <b>OR</b> BMI greater than _____ kg/m <sup>2</sup>	Underweight [ ] _____ % under standard <b>OR</b> BMI less than _____ kg/m <sup>2</sup>	Less than recommended [ ] _____ lbs. per [ ] _____  More than recommended [ ] _____ lbs. per [ ] _____
I	Breastfeeding women	Less than [ ] _____ grams <b>OR</b> less than or equal to [ ] _____ grams	Less than [ ] _____ % <b>OR</b> less than or equal to [ ] _____ %	<b>Current Weight for Height</b> Overweight [ ] _____ % over standard <b>OR</b> BMI greater than _____ kg/m <sup>2</sup>	Underweight [ ] _____ % under standard <b>OR</b> BMI less than _____ kg/m <sup>2</sup>	N/A

**B1. (Continued)**

Priority Group	Participant Category	A	B	C	D	E
		Hemoglobin Value	Hematocrit Value	Weight for Age	Height (length) for Age	Weight for Height (length)
I	Infants	Less than [ ] _____ grams  <b>OR</b>  less than or equal to [ ] _____ grams	Less than [ ] _____ %  <b>OR</b>  less than or equal to [ ] _____ %	[ ] _____ % over standard Over [ ] _____ percentile  [ ] _____ % under standard Under [ ] _____ percentile	[ ] _____ % over standard Over [ ] _____ percentile  [ ] _____ % under standard Under [ ] _____ percentile	[ ] _____ % over standard Over [ ] _____ percentile  [ ] _____ % under standard Under [ ] _____ percentile
III	Children	<u><b>Ages less than 2 years</b></u> Less than [ ] _____ grams <b>OR</b> less than or equal to [ ] _____ grams  <u><b>Ages 2 - 5 years</b></u> Less than [ ] _____ grams <b>OR</b> less than or equal to [ ] _____ grams	<u><b>Ages less than 2 years</b></u> Less than [ ] _____ % <b>OR</b> less than or equal to [ ] _____ %  <u><b>Ages 2 - 5 years</b></u> Less than [ ] _____ % <b>OR</b> less than or equal to [ ] _____ %	[ ] _____ % over standard  Over [ ] _____ percentile  [ ] _____ % under standard  Under [ ] _____ percentile	[ ] _____ % over standard  Over [ ] _____ percentile  [ ] _____ % under standard  Under [ ] _____ percentile	[ ] _____ % over standard  Over [ ] _____ percentile  [ ] _____ % under standard  Under [ ] _____ percentile
IV	Postpartum women (Non breast-feeding)	Less than [ ] _____ grams  <b>OR</b>  less than or equal to [ ] _____ grams	Less than [ ] _____ %  <b>OR</b>  less than or equal to [ ] _____ %	N/A	N/A	<b>Current Weight for Height</b> Overweight [ ] _____ % over standard <b>OR</b> BMI greater than _____ kg/m <sup>2</sup>  Underweight [ ] _____ % under standard <b>OR</b> BMI less than _____ kg/m <sup>2</sup>



**B2. In your State, which of the procedures listed below best describes how nutritional risk criteria are documented on participants' certification forms?**

*If different from the 1996 data, circle one number.*

- The single most important criterion is recorded . . . . . 1
- All risk criteria are recorded . . . . . 2
- A set number of the more important criteria are recorded . . . . . 3

SPECIFY NUMBER OF CRITERIA. \_\_\_\_\_

- The most easily and quickly identifiable criteria are recorded . . . . . 4
- Local certifiers decide which criteria and how many criteria to record . . . . . 5
- Other (SPECIFY) . . . . . 6

\_\_\_\_\_  
\_\_\_\_\_

<u>YOUR 1996 DATA</u>	
1.	
2.	
3.	
4.	
5.	
6.	
<input type="checkbox"/> No Changes.	

**B3. In your State, how many nutritional risk criteria are recorded on the automated WIC participant masterfile maintained by the State WIC Agency?**

- Number of criteria \_\_\_\_\_
- Not applicable . . . . . -9

<u>YOUR 1996 DATA</u>	
-9	
<input type="checkbox"/> No Changes.	

**B4. Is it your State's policy to obtain dietary intake information on all participants?**

*If different from the 1996 data, circle one number.*

- Yes . . . . . 1
- No, only those participants at risk due to dietary inadequacy . . . . . 2
- Other (SPECIFY) . . . . . 3

\_\_\_\_\_  
\_\_\_\_\_

**YOUR 1996 DATA**

- 1.
- 2.
- 3.

No Changes.

**B5. What dietary intake methods are routinely used?**

*If there are any changes from the 1996 data, circle all numbers that apply in 1998.*

- Twenty-four (24) hour recall . . . . . 1
- Food frequency/food item checklist . . . . . 2
- Dietary record or diary . . . . . 3
- Computer-assisted analysis . . . . . 4
- Other (SPECIFY) . . . . . 5

\_\_\_\_\_  
\_\_\_\_\_

**YOUR 1996 DATA**

- 1.
- 2.
- 3.
- 4.
- 5.

No Changes.

## Food Package Tailoring Practices

**C1. Does your State direct local agencies to prescribe only the maximum allowable Federal food package for each category of WIC participant?**

*If different from the 1996 data, circle one number.*

- Yes (SKIP TO QUESTION C4.) . . . . . 1  
 No (GO TO QUESTION C2) . . . . . 2

<u><b>YOUR 1996 DATA</b></u>
1. 2. <input type="checkbox"/> No Changes.

**C2. What adjustments are routinely made to food packages to achieve administrative efficiencies?**

*If there are any changes from the 1996 data, circle all numbers that apply in 1998.*

- Specific food brands are designated or disallowed (including generic brands) . . . . . 1  
 Specific food container sizes are designated . . . . . 2  
 Within a food group, the specific form of a food may be specified (powdered milk, juice concentrate, for example) 3  
 One or more specified food types may be eliminated from a food category (peanut butter, for example) . . . . . 4  
 Other methods (SPECIFY) . . . . . 5

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<u><b>YOUR 1996 DATA</b></u>
1. 2. 3. 4. 5.  <input type="checkbox"/> No Changes.

**C3. Does the State Agency allow competent professional authorities to tailor food packages for nutritional needs or participant preference?**

*If different from the 1996 data, circle one number.*

- Yes (ANSWER QUESTION C3A.) . . . . . 1
- No (SKIP TO QUESTION C4.) . . . . . 2

<p><b><u>YOUR 1996 DATA</u></b></p> <p>1.</p> <p>2.</p> <p><input type="checkbox"/> No Changes.</p>
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**C3A. What tailoring practices are routinely done to meet nutritional need or participant preference?**

*If there are any changes from the 1996 data, circle all numbers that apply in 1998.*

- Type of milk is specified (to reduce fat, lactose, or calories, for example) . . . . . 1
  - Type of cheese is specified (to reduce fat) . . . . . 2
  - Type of cereal is specified (to reduce sucrose) . . . . . 3
  - Forms or types of formula are specified (ready-to-feed or powdered formula) . . . . . 4
  - Amounts of certain food types are reduced (to decrease caloric or nutrient intake) . . . . . 5
  - Amounts of certain food types are reduced (for participant age-related needs) . . . . . 6
  - Amounts of milk and juice are reduced . . . . . 7
  - Quantity of eggs is decreased (to reduce cholesterol) . . 8
  - A certain form of food is specified for the convenience of the participant (for example, powdered milk, juice concentrate) . . . . . 9
  - Other methods (SPECIFY) . . . . . 10
- 
- 
- 
- 
- 
- 
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- 
- 
- 

<u><b>YOUR 1996 DATA</b></u>	
	1.
	2.
	3.
	4.
	5.
	6.
	7.
	8.
	9.
	10.
<input type="checkbox"/> No Changes.	

**C4. Does your State Agency provide a standard food instrument or food package type for local agency staff to use in prescribing a food package?**

**Please note** that this question refers to general practices that are applied in States where State Agencies automatically generate food instruments. Issuance procedures may differ for automated versus manual food instruments.

*If different from the 1996 data, circle one number.*

Yes, standard food packages are available for specific categories of participants . . . . . 1

Yes, standard food instruments can be selected or combined to create food packages for participants . . . . . 2

Yes, standard food instruments can be tailored by making choices of amounts or food types directly on each food instrument . . . . . 3

No, standard food packages or food instruments are not used. Each food package prescription is individualized . . . . . 4

Other methods of food package tailoring (SPECIFY) . . . . . 5

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**YOUR 1996 DATA**

1.

2.

3.

4.

5.

No Changes.

## Food Instrument Issuance

**D1. Below, please indicate—by circling the appropriate numbers—the typical frequency of food benefits issuance. The frequency of food benefits issuance is the supply—the number of months—of food instruments issued to any participant at any one time.**

*In the grid below, please circle the appropriate numbers for **standard** issuance frequencies. Do not include short-term issuance which may reflect one-month grace periods while applicants or staff collect documentation. Circle only **one** response for each participant category except high-risk. If appropriate, circle more than one category for high-risk participants and for different local agency characteristics.*

**D2. Does your State Agency require all local agencies to issue food benefits according to the standard issuance frequencies?**

*Circle Yes or No in the grid below for each participant category.*

	D1. Standard Issuance Frequency					D2. Required of all Local Agencies?	
	One Month	Two Months	Three Months	Other	SPECIFY	Yes	No
<b>Participant Category</b>							
Pregnant women	1	2	3	4	_____	Y	N
Breastfeeding women	1	2	3	4	_____	Y	N
Postpartum women	1	2	3	4	_____	Y	N
Infants	1	2	3	4	_____	Y	N
Children	1	2	3	4	_____	Y	N
High-Risk	1	2	3	4	_____	Y	N
<b>Local Agency Characteristics</b>							
Congested local agencies	1	2	3	4	_____		
Rural agencies	1	2	3	4			
Other SPECIFY	1	2	3	4	_____		
_____							

## Food Package Cost

- E1.** What is the total actual or estimated average monthly food package cost by participant category? We would prefer that you report actual cost for each of the five participant categories. Please report actual or estimated costs for the reference month of April 1998. (Your 1996 data for this question are not shown because food costs are likely to have changed.)

**Actual food costs** are total food expenditures divided by the number of participants who were **issued** food instruments.

**Estimated costs** represent the total estimated dollar amounts of particular types of food packages for the five participant categories. This cost is calculated using a "market basket" method. A "market basket" method uses food prices for a typical package of food for each participant category. For example, a package might contain twenty-one (21) quarts of milk at \$0.80, plus two (2) forty-six-ounce containers of juice at \$0.95, and so on. The costs of the individual items are totaled to arrive at an estimated cost for that particular food package.

	<b>A</b> <i>Actual Food Cost</i>	<b>OR</b>	<b>B</b> <i>Estimated Average Monthly Cost</i>
All Women	\$ _____		\$ _____
Pregnant Women	\$ _____		\$ _____
Breastfeeding Women	\$ _____		\$ _____
Postpartum Women	\$ _____		\$ _____
All Infants – <b>before</b> rebates *	\$ _____		\$ _____
All Infants – net <b>after</b> rebates *	\$ _____		\$ _____
Children	\$ _____		\$ _____
Total Participants – <b>before</b> rebates	\$ _____		\$ _____
Total Participants – net <b>after</b> rebates	\$ _____		\$ _____

\* **Please note** that we are asking you to provide two different food package costs for infants. One cost should **exclude** infant formula rebates; the second cost should **include** rebates.



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## **SUMMARY OF LOCAL PROGRAMS**

OMB Clearance Number: 0584-0489  
Expiration Date: 7/3/2001

**SUMMARY OF LOCAL PROGRAMS**

**1998 STUDY OF WIC PARTICIPANT AND  
PROGRAM CHARACTERISTICS**

**PC98**

**US DEPARTMENT OF AGRICULTURE  
FOOD AND NUTRITION SERVICE**

**AGENCY NAME**

**AGENCY NO. \_\_\_\_\_**

Public reporting burden of this collection of information is estimated to average thirty (30) minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Department Clearance Officer, OIRM, AG Box 7630, Washington, DC, 20250.

This survey has been customized for your agency. The lists of service delivery sites should include all sites in operation during April 1998. If a service delivery site was not in operation during April 1998, please cross out that site. If additional service delivery sites were in operation in April 1998, please add their names to the printed lists.

If you have any questions about this survey, please contact Susan Bartlett, Project Director, at (617) 349-2799 or Brenda Rodriguez, Survey Director, at (617) 349-2544 by phone, or (617) 349-2665 by fax. You may also reach us by e-mail using the following addresses:

Susan\_Bartlett@abtassoc.com and Brenda\_Rodriguez@abtassoc.com.

Please answer every question in this survey.

## Description of Local Agencies

A local agency is defined as an organizational entity one level below the State WIC Agency.

A service delivery site is a clinic or other unit through which a local WIC agency provides direct services to WIC participants.

Please base all of your answers on the month of April 1998.

### A1. What type of organization sponsors your local agency?

*If there are multiple sponsors, circle all that apply.*

State health agency . . . . .	01
District health agency . . . . .	02
Multi-county agency . . . . .	03
County health agency . . . . .	04
Municipal health agency . . . . .	05
Community health agency . . . . .	06
Community action agency . . . . .	07
Indian health agency . . . . .	08
Indian agency . . . . .	09
Public hospital . . . . .	10
Private voluntary hospital . . . . .	11
Private proprietary hospital . . . . .	12
Private/non-profit agency . . . . .	13
Other <b>SPECIFY</b> . . . . .	14

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**A2. What is the best description of the geographic area served by your local agency?**

*Circle the **one** number which best describes your service area.*

- A single neighborhood . . . . . 01
  - A group of neighborhoods . . . . . 02
  - A city . . . . . 03
  - A portion of one county (or parish) . . . . . 04
  - One county (or parish) . . . . . 05
  - Portions of several counties . . . . . 06
  - Multiple counties or parishes . . . . . 07
  - A State-designated health district: . . . . . 08
  - ENTER NUMBER OF COUNTIES\_\_\_\_\_
  - Special populations throughout the State . . . . . 09
  - The entire State: ENTER NUMBER OF COUNTIES\_\_\_\_\_ . . . . . 10
  - Other **SPECIFY** . . . . . 11
-



**A3. Below, please indicate the services provided at each of your service delivery sites.**

*Enter the names of any additional sites at the bottom of the printed list and cross off any sites that were not in operation in April 1998. Then, please circle either yes or no for each feature for each service delivery site.*

Name of Site	All WIC services are provided Certification, nutrition education, referrals, food instrument issuance.		Site operates on a part-time basis		Extended hours are offered Extended hours means offering WIC services other than Monday through Friday from 8:00 AM to 6:00 PM.		Appointments are made for rural or working participants		WIC services are provided in vans or other motorized facilities		Home visits are available if needed		Itinerant (or traveling) WIC staff teams provide services		Transportation for clients to and from service delivery site is provided by WIC		Site is near bus or subway route		Participants are required to obtain blood tests from sources other than WIC		Prenatal applicants are required to document pregnancy to be certified for WIC benefits	
	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N

**A4. Below, please indicate the methods used by staff in your agency to contact participants who miss scheduled appointments.**

*For each type of appointment, please circle all of the appropriate numbers in the grid below.*

Type of Followup	Type of Appointment		
	Certification	Nutrition Education	Food Instrument Issuance
No followup	1	1	1
Personal telephone contact	2	2	2
Autodialer	3	3	3
Mail <i>letter or postcard</i>	4	4	4
Home visit <i>only if funded by WIC</i>	5	5	5
Other SPECIFY _____	6	6	6
_____			

**A5. Please estimate the percentages of Nutrition Services and Administration Costs (NSA) funds that your WIC agency allocates to the services listed below. NSA funds cover direct and indirect costs of program operation. They do not cover food costs.**

	Percent
Client services <i>Certification, food benefit issuance, referral, coordination</i>	_____
Nutrition education <i>Including translation services and evaluation</i>	_____
Breastfeeding promotion and support	_____
General administration <i>All other local WIC activities including motor voter and immunizations</i>	_____
	100%



**A6. Is the physical space at each of your service delivery sites adequate for the numbers of staff and participants and for their program responsibilities?**

*In the first column of the grid below, a list of your service delivery sites is provided. Please modify the list if necessary. For each site, circle the appropriate number in the grid.*

Service Delivery Site	Physical space is. . .	
	Adequate	Inadequate
	1	2



## Eligibility Determination

**B1. Do you *require* staff at service delivery sites to document the amount of primary income (from sources such as wages and salaries) for all WIC applicants?**

*Circle one number.*

Yes, applicants must always provide documentation . . . . . 1

No, applicants are allowed to self-declare income for economic unit . . . . . 2

Documentation is preferred in all cases, but it is not required . . . . . 3

Other **SPECIFY** . . . . . 4

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**B2. Please indicate the types of documentation accepted at your service delivery sites.**

*Circle all numbers that apply in 1998.*

Pay stub . . . . . 1

W-2 . . . . . 2

Proof of certification for program providing adjunct eligibility . . . . . 3

Letter from employer . . . . . 4

Tax forms . . . . . 5

Other **SPECIFY** . . . . . 6

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**B3. What programs are used by your agency for automatic income eligibility determinations for WIC?**

*Circle all numbers that apply in 1998.*

Temporary Assistance to Needy Families (TANF; formerly AFDC) .....	01
Food Stamp Program .....	02
Medicaid .....	03
Supplemental Security Income (SSI) .....	04
Reduced-Price School Lunch .....	05
Free School Lunch .....	06
Head Start .....	07
General Assistance .....	08
Low Income Energy Assistance .....	09
Food Distribution Programs on Indian Reservations (FDPIR) .....	10
Other SPECIFY .....	11

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**B4. Are the procedures used to document income determined by the State WIC office or by your agency?**

*Circle one number.*

State WIC agency establishes income documentation procedures .....	1
State WIC agency provides general income guidelines and local agency establishes income documentation procedures .....	2
Local agency sets income documentation procedures .....	3
Other SPECIFY .....	4

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**B5. To be eligible for WIC in your agency, what is the maximum allowable gross income for a family of four?**

*Record dollar amount for one of the following time periods **or** record percent of poverty.*

\$\_\_\_\_\_ per week

\$\_\_\_\_\_ per month

\$\_\_\_\_\_ per year

**OR**

\_\_\_\_\_ Percent of poverty

## Nutritional Risk Criteria

**C1. In your service delivery sites, which of the procedures listed below best describes how nutritional risk criteria are documented on participant certification forms?**

*Circle one number.*

- |  |   |
|--|---|
| The single most important criterion is recorded .....                        | 1 |
| All risk criteria are recorded .....   | 2 |
| A set number of the more important criteria are recorded ....                | 3 |
| SPECIFY NUMBER OF CRITERIA _____   |   |
| The most easily and quickly identifiable criteria are recorded .....         | 4 |
| Local certifiers decide which criteria and how many criteria to record ..... | 5 |
| Other SPECIFY .....  | 6 |

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## Nutrition Education

**D1. For each category of participant, please indicate when nutrition education services are typically provided for participants who are not high-risk.**

**D2. For each category of participant, please indicate who typically provides nutrition education services.**

*Please circle the appropriate numbers in the grid below. Please note that the next set of questions address services for high-risk participants.*

	Participant Category				
	Pregnant Women	Breastfeeding Women	Postpartum Women	Infants	Children
<b>D1. Nutrition education provided</b>					
At certification	1	1	1	1	1
At food benefit issuance	2	2	2	2	2
At appointments for nutrition education only	3	3	3	3	3
At other health-care appointments	4	4	4	4	4
Other SPECIFY _____ _____	5	5	5	5	5
<b>D2. Who provides nutrition education?</b>					
Nutritionist	1	1	1	1	1
Paraprofessional	2	2	2	2	2

**D3. For each category of participant, please indicate the special nutrition education services typically provided to high-risk participants.**

**D4. For each category of participant, please indicate who typically provides nutrition education services.**

*Please circle the appropriate numbers in the grid below.*

	Participant Category				
	Pregnant Women	Breastfeeding Women	Postpartum Women	Infants	Children
<b>D3. Special nutrition education</b>					
Individual care plan	1	1	1	1	1
More frequent sessions	2	2	2	2	2
Individual counseling only <i>High-risk clients are not assigned to group sessions</i>	3	3	3	3	3
Both individual counseling and group sessions	4	4	4	4	4
Other SPECIFY _____ _____	5	5	5	5	5
<b>D4. Who provides nutrition education?</b>					
Nutritionist	1	1	1	1	1
Paraprofessional	2	2	2	2	2

**D5. Below, please indicate the breastfeeding support and promotion services provided at each of your service delivery sites.**

*Modify the list of service delivery sites, if necessary. Then, please circle either yes or no for each service for each site.*

Name of Site	Group education sessions devoted solely to breastfeeding		Individual counseling on breastfeeding		Peer counseling for breastfeeding		Breastfeeding support groups		Provision of breast pumps		Home/hospital visit		Other SPECIFY
	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	

**D6. Please indicate the frequency of using the following methods and materials to provide nutrition education in your agency.**

*Please circle the appropriate numbers in the grid below.*

	ALWAYS	SOMETIMES	NEVER
Counseling/discussion .....	1	2	3
Videos/films/slides .....	1	2	3
Computer-assisted instruction .....	1	2	3
Written materials (pamphlets, handouts) .....	1	2	3
Bulletin board, flipcharts, posters .....	1	2	3
Tests .....	1	2	3
Food models .....	1	2	3
Food demonstrations or tastings .....	1	2	3
Facilitated learning .....	1	2	3
Other SPECIFY .....	1	2	3
_____			
_____			

**D7. Please indicate the average length of nutrition education contacts, across all such contacts, for high risk clients and clients who are not high risk.**

*Please circle the appropriate numbers in the grid below.*

Nutrition Education Contacts	Length of Nutrition Education Sessions					
	0-9 Minutes	10-19 Minutes	20-29 Minutes	30-39 Minutes	40-49 Minutes	50+ Minutes
<b>High Risk</b>						
Group nutrition education	1	2	3	4	5	6
Individual nutrition education	1	2	3	4	5	6
<b>Not High Risk</b>						
Group nutrition education	1	2	3	4	5	6
Individual nutrition education	1	2	3	4	5	6



**D8. For each category of participant, please indicate which of the following topics have received major emphasis in nutrition education sessions during the past year.**

*Please circle the appropriate numbers in the grid below. Shading indicates areas which are not applicable.*

Nutrition Education Topics	Participant Category				
	Pregnant Women	Breastfeeding Women	Postpartum Women	Infants	Children
Food Guide Pyramid/ Food groups	1	1	1	1	1
Diet for pregnancy	2	2	2	2	2
Importance of folic acid	3	3	3	3	3
Dangers of using tobacco, alcohol, and/or other drugs	4	4	4	4	4
Breastfeeding	5	5	5	5	5
Formula preparation	6	6	6	6	6
Nutritious foods for healthy mother and baby or child	7	7	7	7	7
Using WIC foods for a healthy diet	8	8	8	8	8
Thrifty food planning and/or shopping	9	9	9	9	9
Strategies to prevent or manage overweight (diet, exercise, for example)	10	10	10	10	10
Healthy eating—taught directly to preschoolers	11	11	11	11	11
Other topics directed specifically to children SPECIFY _____ _____ _____ _____	12	12	12	12	12

## Food Instrument Issuance

- E1. Below, please indicate—by circling the appropriate numbers—the frequency of food benefits issuance. The frequency of food benefits issuance is the supply—the number of months—of food instruments issued to any participant at any one time.**

*In the grid below, please circle the appropriate numbers for **standard** issuance frequencies. Do not include short-term issuance which may reflect one-month grace periods while applicants or staff collect documentation. Circle only one response for each participant category except high-risk. If appropriate, circle more than one category for high-risk participants. If issuance frequencies vary by service delivery site, please photocopy this page and provide information for each site.*

Standard Issuance Frequency	Participant Category					
	Pregnant Women	Breastfeeding Women	Postpartum Women	Infants	Children	High-Risk
One (1) month	1	1	1	1	1	1
Two (2) months	2	2	2	2	2	2
Three (3) months	3	3	3	3	3	3
Other SPECIFY FREQUENCY	4	4	4	4	4	4
_____						
_____						

**E2. Does your local agency routinely mail food instruments to participants?**

Circle *one* number.

- Yes ..... 1 GO TO QUESTION E2A  
 No ..... 2 SKIP TO QUESTION E3

**E2A. How frequently are food instruments mailed to . . .**

<b>Participant Category</b>	<b>Every Month</b>	<b>Bimonthly</b>	<b>Trimonthly</b>	<b>Do Not Mail</b>
Pregnant women	1	2	3	4
Postpartum women	1	2	3	4
Breastfeeding women	1	2	3	4
Infants	1	2	3	4
Children	1	2	3	4
All high-risk participants	1	2	3	4
Certain high-risk participants	1	2	3	4
<b>SPECIFY</b> _____				
_____				
Other <b>SPECIFY</b> _____	1	2	3	4
_____				
_____				

**E3. Does your local agency verify receipt of mailed food instruments?**

*Circle one number.*

- Yes ..... 1 ANSWER QUESTION E4.  
No ..... 2 SKIP TO QUESTION F1.

**E4. For mailed food instruments, does your agency . . .**

*Circle all numbers that apply in 1998.*

	<b>Yes</b>	<b>No</b>
Mail instruments via registered mail with return receipt?	1	2
Follow up by telephone to insure receipt?	1	2
Other SPECIFY	1	2
_____		
_____		



## Health Services

**F1. Below, please indicate the availability of on-site health services for your WIC participants.**

*Modify the list of service delivery sites if necessary. Then, please circle either yes or no for each service for every site. Available on-site means the service is available in the same building or complex as the WIC clinic.*

Name of Site	Dental care		Family planning		Obstetrical and gynecological care		Pediatric Care				Routine adult health services—regular checkups, immunizations, minor illnesses	Other SPECIFY	
	Y	N	Y	N	Y	N	Including well-baby care and immunizations		Immunizations <i>only</i> —no other health care is provided				
	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	



## Health Services

**F2. Below, please indicate referral procedures for health services at each of your service delivery sites.**

*Modify the list of service delivery sites if necessary. Then, use the key below to indicate referral procedures at each site. Please provide information on every service for every site.*

- 1 = Referrals provided to all participants
- 2 = Referrals provided to participants based on individual need
- 3 = No referrals

Name of Site	Dental care	Family planning	Obstetrical and gynecological care	Pediatric Care		Routine adult health services—regular checkups, immunizations, minor illnesses	Other SPECIFY
				Pediatric care—including well-baby care and immunizations	Immunizations <i>only</i> —no other health care is provided		



**G1. Below, please indicate the availability of other services for your WIC participants.**

*Modify the list of service delivery sites if necessary. Then, use the key below to indicate service availability at each site. Please provide information on every service for every site.*

- 1 = Enrollment available on site
- 2 = Service not available on site, but available off site
- 3 = Service not available within a 30-mile radius

Name of Site	TANF	Food Stamps	Medicaid	Child support enforcement	General cash assistance	Other food assistance programs	Child care assistance	Alcohol, tobacco, or other substance counseling	Community or migrant services	Indian health services



**G2. Below, please indicate referral procedures for social services at each of your service delivery sites.**

*Modify the list of service delivery sites if necessary. Then, use the key below to indicate service availability at each site. Please provide information on every service for every site.*

- 1 = Referrals provided to all participants
- 2 = Referrals provided to participants based on individual need
- 3 = No referrals
- 9 = Not applicable

Name of Site	TANF	Food Stamps	Medicaid	Child support enforcement	General cash assistance	Other food assistance programs	Child care assistance	Alcohol, tobacco, or other substance counseling	Community or migrant services	Indian health services



## Anemia Screening Procedures

**H1. What proportion of clients provide hemoglobin or hematocrit test results from a doctor's office or other clinic and *are not* screened at the WIC clinic?**

*Circle one number.*

- Less than 10% ..... 1
- Between 10% and 24% ..... 2
- Between 25% and 49% ..... 3
- Between 50% and 74% ..... 4
- 75% or more ..... 5

**H2A. What kind of instruments are used to test hemoglobin or hematocrit in the WIC clinic?**

*Circle all that apply.*

**H2B. Please estimate the percent of clients who are tested using each of these instruments.**

*Record the percent. Note that percents should add to 100%.*

	H2A. Type of instruments	H2B. Percent of clients
Hemocue	1	_____ %
Automated hematology analyzer (Coulter counter)	2	_____ %
StatCrit	3	_____ %
BMS Hemoglobinometer	4	_____ %
Other SPECIFY	5	
_____		_____ %
_____		_____ %
		100%

**H3. How are blood samples obtained for testing?**

*Circle one number.*

- Fingerstick ..... 1
  - Venipuncture ..... 2
  - Other SPECIFY ..... 3
- 
- 

**H4. How are WIC personnel trained to perform blood tests?**

*Circle all numbers that apply in 1998.*

- Watch a video ..... 1
  - Test multiple subjects under the supervision of a  
trained instructor ..... 2
  - Attend “refresher” training periodically ..... 3
  - Periodic assessment of competency ..... 4
  - Other SPECIFY ..... 5
- 
- 

**H5. How often do clinics screen participants?**

*Circle one number.*

- At each certification ..... 1
  - Once a year if the previous result was normal ..... 2
  - Other SPECIFY ..... 3
- 
-

## Staffing

### 11. In your WIC agency, are your staffing levels . . .

*Circle **one** answer for **each** staff type.*

	Type of Staff		
	Professional	Para-professional	Clerical/Support
More than sufficient?	1	1	1
Sufficient?	2	2	2
Less than sufficient?	3	3	3
Not applicable	4	4	4

### 12. In your WIC agency, do staff have appropriate skills and experience to provide WIC services? Are staff skills . . .

*Circle **one** answer for **each** staff type.*

	Type of Staff		
	Professional	Para-professional	Clerical/Support
More than appropriate?	1	1	1
Appropriate?	2	2	2
Less than appropriate?	3	3	3
Not applicable	4	4	4

**13. Has your WIC agency hired any new staff members during the last 24 months?**

*Circle one answer for each staff type.*

	Type of Staff		
	Professional	Para-professional	Clerical/Support
Yes	1	1	1
No	2	2	2

**14. Has your WIC agency encountered difficulties recruiting and hiring staff? Is recruiting and hiring . . .**

*Circle one answer for each type of staff employed by your agency.*

	Type of Staff		
	Professional	Para-professional	Clerical/Support
Difficult?	1	1	1
Not difficult?	2	2	2

**15. Below, please indicate the difficulties encountered by your WIC agency in recruiting and hiring staff.**

*Circle **all** that apply for **each** type of staff employed by your agency.*

	Type of Staff		
	Professional	Para-professional	Clerical/Support
There were no problems	1	1	1
Hiring freeze	2	2	2
Labor shortage	3	3	3
Lack of qualified applicants	4	4	4
Salary and/or benefits not competitive	5	5	5
Poor working conditions <i>Cramped offices; lack of equipment</i>	6	6	6
Safety of the facility and/or neighborhood	7	7	7
Other <b>SPECIFY</b> _____ _____	8	8	8

**16. Has your WIC agency had difficulties retaining staff? Is retaining staff. . .**

*Circle **one** answer for **each** type of staff employed by your agency.*

	Type of Staff		
	Professional	Para-professional	Clerical/Support
Difficult?	1	1	1
Not difficult?	2	2	2

**17. Below, please indicate the difficulties encountered by your WIC agency in retaining staff.**

*Circle all that apply for each type of staff employed by your agency.*

	Type of Staff		
	Professional	Para-professional	Clerical/Support
There are no problems.	1	1	1
Salary and/or benefits are not competitive.	2	2	2
Poor working conditions exist. <i>Cramped offices; lack of equipment</i>	3	3	3
Safety of the facility and/or neighborhood is a concern.	4	4	4
Workload is heavy.	5	5	5
Lack of upward mobility exists.	6	6	6
Low morale is evident.	7	7	7
Other SPECIFY			
_____	8	8	8
_____			

**18. Has your WIC agency used volunteers to deliver WIC services during the last 24 months?**

*Circle all that apply.*

Yes . . .

- To replace WIC staff for a few days at a time . . . . . 1
- To replace WIC staff for more than a month . . . . . 2
- To supplement paid WIC staff . . . . . 3

No . . .

- We do not use volunteers to deliver WIC services . . . . . 4 SKIP TO QUESTION 110

**19. How important are volunteers to the delivery of WIC services in your agency?**

- Critical, we could not operate without them . . . . . 1
- Very important . . . . . 2
- A convenient help . . . . . 3
- Not important . . . . . 4
- Necessary for public relations but a drain on administration . . . . 5

**110. Below, please indicate how many service delivery sites provide nutrition education in the languages listed.**

*Please enter below the numbers of service delivery sites with staff proficient in each language.*

<b>Language</b>	<b>Number of Service Sites</b>
Spanish	
Vietnamese	
Cambodian/Khmer	
Laotian	
Thai	
Hmong	
Chinese <b>SPECIFY DIALECT</b> _____	
Haitian/Creole	
French	
Portuguese	
Native American Language <b>SPECIFY</b> _____	
Other <b>SPECIFY</b> _____	

## Ineligible WIC Applicants

**J1. Do the records that your agency maintains on people that are determined to be ineligible contain the following:**

*Circle Yes or No.*

	<b>Yes</b>	<b>No</b>
The name of the applicant?	Y	N
The date the applicant was deemed ineligible?	Y	N
Whether the applicant was income eligible but did not meet the nutritional risk criteria?	Y	N
Whether the applicant met the nutritional risk criteria but exceeded the income eligibility requirements?	Y	N
If the applicant's income exceeds eligibility requirements does your agency keep a record of how much the applicant exceeds the income guidelines by?	Y	N
Is this information kept in a consolidated file for all ineligible applicants?	Y	N

**J2. How long does your agency keep this information on ineligible applicants?**

*Circle one number.*

Less than a year . . . . .	1
One year . . . . .	2
Two years . . . . .	3
Three years . . . . .	4
More than three years . . . . .	5
Do not keep information at all . . . . .	6

**J3. Does your agency offer nutrition education to people that are ineligible for WIC?**

*Circle one number.*

Yes . . . . .	1
No . . . . .	2



## **APPENDIX B**

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### **CHAPTER TWO SUPPLEMENTAL TABLES**

**WIC PARTICIPANTS BY PARTICIPANT CATEGORY**

**FOOD PACKAGES AND INSTRUMENT ISSUANCE**

**STATE-BY-STATE TABLES**

**APPENDIX B**  
**LIST OF EXHIBITS**

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**Exhibit B2.1**

**Number and Percent of WIC Participants by Participant Category by State**

Region and State	Pregnant Women		Breastfeeding Women		Postpartum Women		Total Women		Infants		Children		Total WIC Participants	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
	Percent of total women						Percent of total participants							
<b>US WIC</b>	892,674	47.7%	389,391	20.8%	591,049	31.6%	1,873,115	23.3%	2,048,625	25.5%	4,121,016	51.2%	8,042,758	100.0%
<b>Northeast</b>	88,497	50.0%	43,556	24.6%	45,087	25.5%	177,140	21.9%	211,033	26.1%	420,055	52.0%	808,228	100.0%
Connecticut	6,414	54.8	1,629	13.9	3,653	31.2	11,696	19.7	15,489	26.1	32,112	54.2	59,297	100.0
Maine	2,559	42.4	1,129	18.7	2,346	38.9	6,034	22.6	5,436	20.4	15,242	57.1	26,712	100.0
Massachusetts	13,342	45.8	7,112	24.4	8,674	29.8	29,128	22.2	30,316	23.1	71,865	54.7	131,309	100.0
New Hampshire	2,089	49.7	805	19.1	1,313	31.2	4,207	22.5	4,034	21.5	10,481	56.0	18,722	100.0
New York	59,923	51.0	31,348	26.7	26,170	22.3	117,441	22.1	147,431	27.7	267,018	50.2	531,890	100.0
Rhode Island	2,484	52.8	491	10.4	1,734	36.8	4,709	20.2	5,159	22.1	13,495	57.8	23,363	100.0
Vermont	1,637	42.7	1,024	26.7	1,176	30.6	3,837	23.3	3,073	18.7	9,559	58.0	16,469	100.0
Indian Township (ME)	7	33.3	3	14.3	11	52.4	21	21.6	13	13.4	63	64.9	97	100.0
Pleasant Point (ME)	9	47.4	5	26.3	5	26.3	19	21.8	18	20.7	50	57.5	87	100.0
Seneca Nation (NY)	33	68.8	10	20.8	5	10.4	48	17.0	64	22.7	170	60.3	282	100.0
<b>Mid-Atlantic</b>	101,867	46.6%	40,829	18.7%	75,750	34.7%	218,447	22.3%	234,216	23.9%	526,782	53.8%	979,446	100.0%
Delaware	1,856	52.7	522	14.8	1,147	32.5	3,525	21.6	4,513	27.7	8,261	50.7	16,299	100.0
District of Columbia	1,581	37.2	974	22.9	1,700	40.0	4,255	24.0	4,827	27.2	8,657	48.8	17,739	100.0
Maryland	9,875	41.1	5,245	21.8	8,908	37.1	24,028	24.9	29,050	30.2	43,266	44.9	96,344	100.0
New Jersey	15,971	44.3	9,957	27.6	10,107	28.0	36,035	24.2	27,312	18.4	85,429	57.4	148,776	100.0
Pennsylvania	22,458	43.6	7,254	14.1	21,774	42.3	51,486	20.0	66,685	25.9	139,235	54.1	257,406	100.0
Puerto Rico	25,563	56.5	6,816	15.1	12,899	28.5	45,279	20.8	51,787	23.8	120,909	55.5	217,976	100.0
Virginia	17,435	44.4	7,343	18.7	14,506	36.9	39,284	24.1	36,346	22.3	87,074	53.5	162,704	100.0
Virgin Islands	180	12.5	1,023	71.2	233	16.2	1,436	18.5	955	12.3	5,370	69.2	7,761	100.0
West Virginia	6,948	53.0	1,695	12.9	4,476	34.1	13,119	24.1	12,741	23.4	28,581	52.5	54,441	100.0

Exhibit B2.1 (continued)

Number and Percent of WIC Participants by Participant Category by State

Region and State	Pregnant Women		Breastfeeding Women		Postpartum Women		Total Women		Infants		Children		Total WIC Participants	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
	Percent of total women						Percent of total participants							
<b>Southeast</b>	197,855	52.8%	52,884	14.1%	124,201	33.1%	374,941	24.5%	421,068	27.5%	735,258	48.0%	1,531,268	100.0%
Alabama	20,514	72.4	2,638	9.3	5,200	18.3	28,352	24.1	36,946	31.4	52,516	44.6	117,814	100.0
Florida	46,333	51.7	17,548	19.6	25,679	28.7	89,560	22.3	112,459	27.9	200,384	49.8	402,403	100.0
Georgia	36,330	51.3	9,796	13.8	24,648	34.8	70,774	26.5	61,588	23.1	134,732	50.4	267,094	100.0
Kentucky	16,763	58.5	2,087	7.3	9,789	34.2	28,639	22.5	31,317	24.6	67,295	52.9	127,251	100.0
Mississippi	14,334	55.8	2,348	9.1	9,024	35.1	25,707	23.9	32,694	30.4	49,010	45.6	107,412	100.0
North Carolina	27,401	46.9	9,177	15.7	21,891	37.4	58,469	26.1	66,882	29.9	98,549	44.0	223,900	100.0
South Carolina	15,156	47.3	3,925	12.3	12,942	40.4	32,023	26.6	32,054	26.6	56,357	46.8	120,434	100.0
Tennessee	20,835	50.7	5,303	12.9	14,938	36.4	41,076	25.1	46,827	28.6	75,690	46.3	163,593	100.0
Eastern Band—Cherokee (NC)	65	40.6	51	31.9	44	27.5	160	23.6	135	19.9	384	56.6	679	100.0
Mississippi Choctaw	124	68.5	11	6.1	46	25.4	181	26.3	166	24.1	341	49.6	688	100.0
<b>Midwest</b>	121,583	47.8%	40,663	16.0%	92,201	36.2%	254,447	22.3%	299,705	26.2%	589,325	51.5%	1,143,477	100.0%
Illinois	31,195	51.1	9,510	15.6	20,375	33.4	61,080	22.0	83,640	30.2	132,339	47.8	277,059	100.0
Indiana	15,676	42.1	5,576	15.0	15,955	42.9	37,207	24.6	41,782	27.7	72,041	47.7	151,030	100.0
Michigan	26,125	49.4	7,886	14.9	18,897	35.7	52,908	21.7	59,596	24.4	131,694	53.9	244,198	100.0
Minnesota	9,449	48.4	4,392	22.5	5,685	29.1	19,526	19.7	23,973	24.1	55,805	56.2	99,304	100.0
Ohio	28,075	47.3	8,460	14.3	22,780	38.4	59,315	23.1	64,374	25.0	133,533	51.9	257,222	100.0
Wisconsin	11,063	45.3	4,839	19.8	8,509	34.9	24,411	21.3	26,340	23.0	63,913	55.7	114,664	100.0

**Exhibit B2.1 (continued)**

**Number and Percent of WIC Participants by Participant Category by State**

Region and State	Pregnant Women		Breastfeeding Women		Postpartum Women		Total Women		Infants		Children		Total WIC Participants	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
	Percent of total women						Percent of total participants							
<b>Southwest</b>	128,648	46.1%	50,901	18.3%	99,299	35.6%	278,848	24.3%	311,316	27.1%	559,498	48.7%	1,149,662	100.0%
Arkansas	11,999	49.0	2,701	11.0	9,784	40.0	24,484	27.1	23,295	25.7	42,709	47.2	90,488	100.0
Louisiana	19,016	52.8	2,699	7.5	14,278	39.7	35,993	25.9	41,758	30.1	61,030	44.0	138,781	100.0
New Mexico	9,180	53.7	4,064	23.8	3,842	22.5	17,086	25.1	15,525	22.8	35,508	52.1	68,119	100.0
Oklahoma	9,893	47.7	3,695	17.8	7,160	34.5	20,748	23.2	21,918	24.5	46,713	52.3	89,379	100.0
Texas	75,980	43.2	37,059	21.1	62,750	35.7	175,789	23.8	203,173	27.5	360,438	48.7	739,400	100.0
ACL (NM)	33	32.0	26	25.2	44	42.7	103	18.9	92	16.9	349	64.2	544	100.0
Cherokee Nation (OK)	849	59.7	187	13.2	385	27.1	1,421	19.4	1,914	26.2	3,983	54.4	7,318	100.0
Chickasaw Nation (OK)	294	43.2	90	13.2	296	43.5	680	22.4	713	23.5	1,639	54.1	3,032	100.0
Choctaw Nation (OK)	242	51.2	50	10.6	181	38.3	473	19.7	553	23.1	1,369	57.2	2,395	100.0
Citizen—Potawatomi (OK)	160	48.3	42	12.7	129	39.0	331	18.2	408	22.4	1,079	59.4	1,818	100.0
Eight Northern Pueblos (NM)	26	45.6	26	45.6	5	8.8	57	15.2	69	18.4	250	66.5	376	100.0
Five Sandoval Pueblos (NM)	35	53.8	21	32.3	9	13.8	65	17.6	50	13.5	255	68.9	370	100.0
ITC—Oklahoma	62	65.3	12	12.6	21	22.1	95	27.9	96	28.2	150	44.0	341	100.0
Muscogee Creek Nation (OK)	129	52.4	14	5.7	103	41.9	246	24.5	256	25.5	501	50.0	1,003	100.0
Osage Nation (OK)	119	58.3	22	10.8	63	30.9	204	19.5	263	25.2	577	55.3	1,044	100.0
Otoe-Missouria (OK)	101	70.1	14	9.7	29	20.1	144	21.8	170	25.7	347	52.5	661	100.0
Pueblo of Isleta (NM)	57	48.3	33	28	28	23.7	118	19.0	138	22.2	365	58.8	621	100.0
Pueblo of San Felipe (NM)	20	35.7	27	48.2	9	16.1	56	16.2	63	18.3	226	65.5	345	100.0
Pueblo of Zuñi (NM)	80	48.5	44	26.7	41	24.8	165	19.3	137	16.0	553	64.7	855	100.0
Sac and Fox Nation (OK)	27	45.0	4	6.7	29	48.3	60	22.0	76	27.8	137	50.2	273	100.0
Santo Domingo (NM)	8	42.1	8	42.1	3	15.8	19	8.2	28	12.1	185	79.7	232	100.0
WCD (OK)	338	66.1	63	12.3	110	21.5	511	22.5	621	27.4	1,135	50.1	2,267	100.0

**Exhibit B2.1 (continued)**

**Number and Percent of WIC Participants by Participant Category by State**

Region and State	Pregnant Women		Breastfeeding Women		Postpartum Women		Total Women		Infants		Children		Total WIC Participants	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
	Percent of total women						Percent of total participants							
<b>Mountain Plains</b>	56,131	44.4%	27,146	21.5%	43,212	34.2%	126,489	24.4%	122,679	23.7%	268,671	51.9%	517,839	100.0%
Colorado	10,581	46.5	6,039	26.5	6,150	27.0	22,770	26.4	20,485	23.8	42,918	49.8	86,173	100.0
Iowa	6,281	44.3	2,517	17.8	5,373	37.9	14,171	21.7	13,984	21.4	37,185	56.9	65,340	100.0
Kansas	5,215	43.2	2,275	18.9	4,571	37.9	12,061	22.7	12,463	23.5	28,586	53.8	53,110	100.0
Missouri	16,366	42.6	6,157	16.0	15,891	41.4	38,414	25.3	36,202	23.9	77,096	50.8	151,712	100.0
Montana	2,649	52.4	1,412	27.9	991	19.6	5,052	23.2	4,787	22.0	11,911	54.8	21,750	100.0
Nebraska	2,734	37.7	1,325	18.3	3,195	44.0	7,254	23.3	8,695	28.0	15,125	48.7	31,074	100.0
North Dakota	1,677	51.7	556	17.2	1,008	31.1	3,241	22.2	3,252	22.3	8,113	55.5	14,606	100.0
South Dakota	2,147	47.9	834	18.6	1,500	33.5	4,481	23.7	3,886	20.6	10,542	55.8	18,909	100.0
Utah	6,593	43.7	5,101	33.8	3,402	22.5	15,096	25.7	15,358	26.2	28,173	48.1	58,627	100.0
Wyoming	1,232	43.9	716	25.5	857	30.6	2,805	25.1	2,531	22.7	5,829	52.2	11,165	100.0
Cheyenne River Sioux (SD)	87	54.0	33	20.5	41	25.5	161	21.5	129	17.2	458	61.2	748	100.0
Omaha-Santee Sioux (NE)	63	70.0	1	1.1	26	28.9	90	20.2	95	21.3	261	58.5	446	100.0
Rosebud Sioux (SD)	183	57.4	78	24.5	58	18.2	319	22.7	277	19.7	812	57.7	1,408	100.0
Shoshone-Arapahoe (WY)	112	48.9	60	26.2	57	24.9	229	23.7	213	22.0	526	54.3	968	100.0
Standing Rock Sioux (ND)	121	59.6	21	10.3	61	30.0	203	21.5	150	15.9	592	62.6	945	100.0
Three Affiliated (ND)	39	54.2	11	15.3	22	30.6	72	16.6	78	17.9	285	65.5	435	100.0
Ute Mountain Ute (CO)	14	56.0	9	36.0	2	8.0	25	13.9	41	22.8	114	63.3	180	100.0
Winnebago (NE)	37	82.2	1	2.2	7	15.6	45	18.5	53	21.8	145	59.7	243	100.0

**Exhibit B2.1 (continued)**

**Number and Percent of WIC Participants by Participant Category by State**

Region and State	Pregnant Women		Breastfeeding Women		Postpartum Women		Total Women		Infants		Children		Total WIC Participants	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
	Percent of total women						Percent of total participants							
<b>Western</b>	198,093	44.7%	133,412	30.1%	111,298	25.1%	442,803	23.1%	448,608	23.5%	1,021,426	53.4%	1,912,837	100.0%
Alaska	2,575	46.5	1,940	35.0	1,024	18.5	5,539	23.1	5,159	21.5	13,262	55.4	23,960	100.0
American Samoa	397	34.4	753	65.2	5	0.4	1,155	18.1	1,179	18.4	4,058	63.5	6,392	100.0
Arizona	14,962	48.0	9,189	29.5	7,030	22.5	31,181	24.9	31,787	25.4	62,123	49.7	125,091	100.0
California	131,558	42.6	94,353	30.6	82,918	26.8	308,829	22.9	316,842	23.5	721,069	53.5	1,346,740	100.0
Guam	447	37.9	156	13.2	576	48.9	1,179	20.1	1,674	28.6	3,010	51.3	5,863	100.0
Hawaii	4,131	47.0	2,240	25.5	2,413	27.5	8,784	22.1	9,461	23.8	21,483	54.1	39,728	100.0
Idaho	3,617	43.5	2,246	27.0	2,459	29.5	8,322	24.1	8,034	23.3	18,153	52.6	34,509	100.0
Nevada	4,835	39.5	3,168	25.9	4,247	34.7	12,250	25.8	11,984	25.2	23,305	49.0	47,539	100.0
Oregon	10,744	48.8	7,219	32.8	4,041	18.4	22,004	23.8	17,834	19.3	52,569	56.9	92,407	100.0
Washington	22,553	59.2	10,448	27.4	5,067	13.3	38,068	23.2	39,129	23.9	86,772	52.9	163,969	100.0
ITC—Arizona	872	43.1	408	20.2	741	36.7	2,021	21.6	2,063	22.0	5,279	56.4	9,363	100.0
ITC—Nevada	106	49.5	54	25.2	54	25.2	214	19.0	197	17.5	715	63.5	1,126	100.0
Navajo Nation (AZ)	1,296	39.8	1,238	38.0	723	22.2	3,257	20.2	3,265	20.2	9,628	59.6	16,150	100.0

## Exhibit B2.2A

### Food Package Adjustment Practices Used by States

State	Only Maximum Federal Food Packages	Designation or Disallowance of Food Brands	Specification of Size of Food Container	Specified Form of Food Within Food Group	Elimination of Specified Food Types	Other Methods
<b>Northeast</b>						
Connecticut		✓	✓	✓	✓	
Maine		✓	✓	✓		
Massachusetts		✓	✓	✓		
New Hampshire		✓	✓	✓		
New York		✓	✓	✓		
Rhode Island		✓	✓	✓		
Vermont		✓	✓	✓		
Indian Township (ME)				✓	✓	
Pleasant Point (ME)				✓	✓	
Seneca Nation (NY)						✓
<b>Mid-Atlantic</b>						
Delaware		✓	✓	✓		
District of Columbia						✓
Maryland		✓	✓	✓		
New Jersey		✓	✓			
Pennsylvania		✓	✓	✓		
Puerto Rico			✓		✓	
Virginia		✓	✓	✓		
Virgin Islands		✓	✓	✓	✓	
West Virginia		✓	✓	✓		



**Exhibit B2.2A (continued)**

**Food Package Adjustment Practices Used by States**

<b>State</b>	<b>Only Maximum Federal Food Packages</b>	<b>Designation or Disallowance of Food Brands</b>	<b>Specification of Size of Food Container</b>	<b>Specified Form of Food Within Food Group</b>	<b>Elimination of Specified Food Types</b>	<b>Other Methods</b>
<b><i>Southeast</i></b>						
Alabama		✓	✓			
Florida		✓	✓			
Georgia		✓	✓	✓		
Kentucky		✓	✓	✓		
Mississippi						✓
North Carolina		✓	✓	✓		
South Carolina		✓	✓	✓	✓	
Tennessee		✓	✓	✓	✓	✓
Eastern Band-Cherokee (NC)			✓			
Mississippi Choctaw		✓	✓	✓	✓	
<b><i>Midwest</i></b>						
Illinois		✓	✓	✓	✓	
Indiana		✓	✓	✓	✓	✓
Michigan		✓	✓	✓		
Minnesota		✓	✓	✓		✓
Ohio		✓	✓	✓	✓	
Wisconsin		✓	✓	✓		

**Exhibit B2.2A (continued)**

**Food Package Adjustment Practices Used by States**

<b>State</b>	<b>Only Maximum Federal Food Packages</b>	<b>Designation or Disallowance of Food Brands</b>	<b>Specification of Size of Food Container</b>	<b>Specified Form of Food Within Food Group</b>	<b>Elimination of Specified Food Types</b>	<b>Other Methods</b>
<b>Southwest</b>						
Arkansas		✓	✓	✓	✓	
Louisiana		✓	✓	✓	✓	✓
New Mexico		✓	✓	✓		
Oklahoma		✓	✓	✓		✓
Texas		✓	✓			
ACL WIC (NM)		✓	✓	✓	✓	
Cherokee Nation (OK)		✓	✓	✓		
Chickasaw Nation (OK)		✓	✓	✓	✓	
Choctaw Nation (OK)			✓	✓		
Citizen-Potawatomi (OK)		✓	✓	✓	✓	
Eight Northern Pueblos (NM)			✓	✓	✓	
Five Sandoval Pueblos (NM)		✓	✓	✓	✓	
ITC-Oklahoma		✓	✓	✓	✓	
Muscogee Creek Nation (OK)		✓	✓	✓		
Osage Nation (OK)		✓	✓	✓		
Otoe-Missouria (OK)	✓					
Pueblo of Isleta (NM)				✓		
Pueblo of San Felipe (NM)						✓
Pueblo of Zuni (NM)			✓	✓		
Sac and Fox Nation (OK)			✓	✓	✓	
Santo Domingo (NM)		✓	✓			
WCD (OK)		✓	✓	✓		

**Exhibit B2.2A (continued)**

**Food Package Adjustment Practices Used by States**

<b>State</b>	<b>Only Maximum Federal Food Packages</b>	<b>Designation or Disallowance of Food Brands</b>	<b>Specification of Size of Food Container</b>	<b>Specified Form of Food Within Food Group</b>	<b>Elimination of Specified Food Types</b>	<b>Other Methods</b>
<b><i>Mountain Plains</i></b>						
Colorado		✓	✓	✓		
Iowa		✓	✓	✓		
Kansas		✓	✓	✓	✓	
Missouri		✓	✓	✓		✓
Montana		✓	✓	✓	✓	
Nebraska		✓	✓	✓		
North Dakota		✓	✓			
South Dakota		✓	✓	✓		
Utah		✓	✓	✓		
Wyoming		✓	✓	✓		
Cheyenne River Sioux (SD)		✓				
Omaha-Santee Sioux (NE)					✓	
Rosebud Sioux (SD)		✓				
Shoshone-Arapahoe (WY)		✓	✓			
Standing Rock Sioux (ND)			✓	✓		
Three Affiliated (ND)		✓	✓	✓		
Ute Mountain Ute (CO)		✓	✓	✓	✓	
Winnebago (NE)		✓	✓			

**Exhibit B2.2A (continued)**

**Food Package Adjustment Practices Used by States**

<b>State</b>	<b>Only Maximum Federal Food Packages</b>	<b>Designation or Disallowance of Food Brands</b>	<b>Specification of Size of Food Container</b>	<b>Specified Form of Food Within Food Group</b>	<b>Elimination of Specified Food Types</b>	<b>Other Methods</b>
<b>Western</b>						
Alaska		✓	✓	✓		
American Samoa				✓	✓	
Arizona		✓	✓			
California		✓	✓	✓		
Guam		✓	✓	✓	✓	✓
Hawaii		✓	✓	✓	✓	
Idaho		✓	✓	✓		
Nevada		✓	✓	✓		
Oregon		✓	✓	✓	✓	
Washington		✓	✓	✓		
ITC-Arizona		✓	✓	✓		
ITC-Nevada		✓	✓	✓		
Navajo Nation (AZ)		✓	✓	✓	✓	

**Note**

State WIC agencies were asked to list every type of adjustment used by WIC staff. One State agency reported prescribing only the maximum allowable federal food package without any nutritional adjustments.

## Exhibit B2.2B

### Food Package Tailoring Practices Used by States

State	Type of Milk	Type of Cheese	Reduced Sucrose Content in Cereal	Form or Type of Formula	Reduced Amounts of Calories or Nutrients	Reduced Amounts of Food Types	Reduced Milk and Juice	Decreased Quantity of Eggs	Form of Food	Other Tailoring Methods
<b>Northeast</b>										
Connecticut	✓			✓	✓				✓	
Maine	✓			✓	✓	✓	✓		✓	
Massachusetts	✓			✓	✓	✓		✓	✓	
New Hampshire	✓			✓		✓			✓	
New York	✓			✓		✓	✓	✓	✓	✓
Rhode Island				✓		✓	✓	✓	✓	✓
Vermont	✓		✓	✓	✓	✓		✓	✓	
Indian Township (ME)	✓	✓	✓	✓		✓	✓			
Pleasant Point (ME)										
Seneca Nation (NY)									✓	
<b>Mid-Atlantic</b>										
Delaware	✓			✓					✓	✓
District of Columbia	✓	✓		✓	✓	✓		✓	✓	✓
Maryland				✓		✓			✓	
New Jersey	✓	✓		✓	✓	✓		✓		
Pennsylvania	✓			✓		✓	✓		✓	
Puerto Rico	✓			✓	✓	✓	✓	✓	✓	
Virginia	✓			✓	✓	✓		✓	✓	✓
Virgin Islands	✓	✓		✓	✓	✓			✓	
West Virginia	✓			✓	✓	✓		✓	✓	

**Exhibit B2.2B (continued)**

**Food Package Tailoring Practices Used by States**

State	Type of Milk	Type of Cheese	Reduced Sucrose Content in Cereal	Form or Type of Formula	Reduced Amounts of Calories or Nutrients	Reduced Amounts of Food Types	Reduced Milk and Juice	Decreased Quantity of Eggs	Form of Food	Other Tailoring Methods
<b>Southeast</b>										
Alabama	✓	✓		✓	✓	✓			✓	
Florida	✓			✓	✓	✓			✓	
Georgia	✓		✓	✓					✓	
Kentucky	✓	✓	✓	✓		✓			✓	✓
Mississippi				✓	✓	✓			✓	
North Carolina				✓					✓	
South Carolina	✓			✓		✓			✓	
Tennessee	✓	✓		✓					✓	
Eastern Band-Cherokee (NC)	✓			✓	✓	✓			✓	
Mississippi Choctaw	✓			✓	✓				✓	
<b>Midwest</b>										
Illinois	✓			✓	✓	✓		✓	✓	
Indiana	✓			✓				✓	✓	✓
Michigan	✓			✓	✓	✓	✓	✓	✓	
Minnesota				✓		✓		✓	✓	
Ohio	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Wisconsin	✓			✓	✓	✓			✓	

**Exhibit B2.2B (continued)**

**Food Package Tailoring Practices Used by States**

State	Type of Milk	Type of Cheese	Reduced Sucrose Content in Cereal	Form or Type of Formula	Reduced Amounts of Calories or Nutrients	Reduced Amounts of Food Types	Reduced Milk and Juice	Decreased Quantity of Eggs	Form of Food	Other Tailoring Methods
<b>Southwest</b>										
Arkansas	✓			✓		✓			✓	✓
Louisiana	✓			✓	✓					✓
New Mexico	✓		✓	✓	✓				✓	
Oklahoma	✓	✓		✓					✓	✓
Texas				✓						✓
ACL WIC (NM)	✓	✓		✓		✓	✓		✓	
Cherokee Nation (OK)	✓	✓		✓	✓	✓			✓	
Chickasaw Nation (OK)	✓			✓	✓	✓			✓	✓
Choctaw Nation (OK)	✓			✓		✓				
Citizen-Potawatomi (OK)	✓	✓		✓					✓	
Eight Northern Pueblos (NM)	✓						✓		✓	
Five Sandoval Pueblos (NM)	✓		✓	✓	✓					✓
ITC-Oklahoma	✓	✓	✓	✓	✓	✓			✓	
Muscogee Creek Nation (OK)	✓			✓	✓	✓				
Osage Nation (OK)	✓	✓		✓	✓				✓	
Otoe-Missouria (OK)										
Pueblo of Isleta (NM)	✓			✓	✓				✓	✓
Pueblo of San Felipe (NM)	✓	✓		✓	✓					
Pueblo of Zuni (NM)	✓	✓		✓	✓	✓			✓	
Sac and Fox Nation (OK)	✓			✓	✓					
Santo Domingo (NM)	✓					✓			✓	
WCD (OK)	✓			✓					✓	

**Exhibit B2.2B (continued)**

**Food Package Tailoring Practices Used by States**

State	Type of Milk	Type of Cheese	Reduced Sucrose Content in Cereal	Form or Type of Formula	Reduced Amounts of Calories or Nutrients	Reduced Amounts of Food Types	Reduced Milk and Juice	Decreased Quantity of Eggs	Form of Food	Other Tailoring Methods
<b>Mountain Plains</b>										
Colorado	✓			✓	✓	✓			✓	✓
Iowa	✓			✓					✓	✓
Kansas				✓	✓				✓	
Missouri	✓			✓		✓			✓	
Montana	✓			✓		✓			✓	✓
Nebraska	✓			✓					✓	✓
North Dakota		✓			✓		✓			
South Dakota	✓			✓	✓	✓	✓	✓	✓	
Utah				✓	✓	✓			✓	
Wyoming	✓			✓	✓	✓			✓	
Cheyenne River Sioux (SD)			✓							
Omaha-Santee Sioux (NE)				✓					✓	
Rosebud Sioux (SD)	✓	✓		✓					✓	
Shoshone-Arapahoe (WY)	✓	✓		✓						
Standing Rock Sioux (ND)	✓	✓		✓					✓	✓
Three Affiliated (ND)				✓		✓				
Ute Mountain Ute (CO)	✓			✓	✓				✓	
Winnebago (NE)				✓						



**Exhibit B2.2B (continued)**

**Food Package Tailoring Practices Used by States**

State	Type of Milk	Type of Cheese	Reduced Sucrose Content in Cereal	Form or Type of Formula	Reduced Amounts of Calories or Nutrients	Reduced Amounts of Food Types	Reduced Milk and Juice	Decreased Quantity of Eggs	Form of Food	Other Tailoring Methods
<b>Western</b>										
Alaska	✓	✓	✓	✓	✓	✓		✓	✓	
American Samoa	✓	✓	✓	✓					✓	
Arizona	✓			✓					✓	
California				✓	✓	✓	✓		✓	✓
Guam	✓			✓					✓	✓
Hawaii				✓		✓			✓	
Idaho	✓	✓		✓		✓			✓	
Nevada				✓	✓	✓			✓	
Oregon	✓			✓	✓	✓		✓	✓	
Washington				✓					✓	
ITC-Arizona	✓	✓		✓	✓				✓	
ITC-Nevada	✓			✓					✓	
Navajo Nation (AZ)	✓	✓		✓					✓	

**Note**

Reporting State WIC agencies were asked to list all types of food package tailoring practices used in their WIC programs.

**Exhibit B2.3**

**Standard Food Packages and Related Tailoring Practices Used by States**

State	Standard Food Packages . . .			Other Methods of Tailoring
	Are Used for Specific Categories of Participants	Are Modified to Create Food Packages	Are Modified by Choosing Amounts or Food Types Are Not Used	
<b><i>Northeast</i></b>				
Connecticut	✓			
Maine	✓			
Massachusetts				✓
New Hampshire	✓			
New York	✓			
Rhode Island	✓			
Vermont				✓
Indian Township (ME)			✓	
Pleasant Point (ME)	✓			
Seneca Nation (NY)	✓			
<b><i>Mid-Atlantic</i></b>				
Delaware			✓	
District of Columbia		✓		
Maryland	✓			
New Jersey			✓	
Pennsylvania	✓			
Puerto Rico				✓
Virginia		✓		
Virgin Islands		✓		
West Virginia			✓	

**Exhibit B2.3 (continued)**

**Standard Food Packages and Related Tailoring Practices Used by States**

State	Standard Food Packages . . .				Other Methods of Tailoring
	Are Used for Specific Categories of Participants	Are Modified to Create Food Packages	Are Modified by Choosing Amounts or Food Types	Are Not Used	
<b><i>Southeast</i></b>					
Alabama				✓	
Florida	✓				
Georgia			✓		
Kentucky	✓				
Mississippi			✓		
North Carolina			✓		
South Carolina		✓			
Tennessee	✓				
Eastern Band-Cherokee (NC)	✓				
Mississippi Choctaw	✓				
<b><i>Midwest</i></b>					
Illinois	✓				
Indiana	✓				
Michigan	✓				
Minnesota				✓	
Ohio		✓			
Wisconsin				✓	

**Exhibit B2.3 (continued)**

**Standard Food Packages and Related Tailoring Practices Used by States**

State	Standard Food Packages . . .			Other Methods of Tailoring
	Are Used for Specific Categories of Participants	Are Modified to Create Food Packages	Are Modified by Choosing Amounts or Food Types Are Not Used	
<b>Southwest</b>				
Arkansas			✓	
Louisiana			✓	
New Mexico			✓	
Oklahoma			✓	
Texas	✓			
ACL WIC (NM)		✓		
Cherokee Nation (OK)			✓	
Chickasaw Nation (OK)	✓			
Choctaw Nation (OK)	✓			
Citizen-Potawatomi (OK)	✓			
Eight Northern Pueblos (NM)			✓	
Five Sandoval Pueblos (NM)			✓	
ITC-Oklahoma			✓	
Muscogee Creek Nation (OK)			✓	
Osage Nation (OK)			✓	
Otoe-Missouria (OK)	✓			
Pueblo of Isleta (NM)			✓	
Pueblo of San Felipe (NM)			✓	
Pueblo of Zuni (NM)			✓	
Sac and Fox Nation (OK)			✓	
Santo Domingo (NM)			✓	
WCD (OK)	✓			

**Exhibit B2.3 (continued)**

**Standard Food Packages and Related Tailoring Practices Used by States**

State	Standard Food Packages . . .			Other Methods of Tailoring
	Are Used for Specific Categories of Participants	Are Modified to Create Food Packages	Are Modified by Choosing Amounts or Food Types Are Not Used	
<b>Mountain Plains</b>				
Colorado	✓			
Iowa		✓		
Kansas	✓			
Missouri	✓			
Montana	✓			
Nebraska	✓			
North Dakota				✓ <sup>a</sup>
South Dakota			✓	
Utah	✓			
Wyoming	✓			
Cheyenne River Sioux (SD)			✓	
Omaha-Santee Sioux (NE)	✓			
Rosebud Sioux (SD)	✓			
Shoshone-Arapahoe (WY)	✓			
Standing Rock Sioux (ND)			✓	
Three Affiliated (ND)	✓			
Ute Mountain Ute (CO)			✓	
Winnebago (NE)	✓			

**Note**

<sup>a</sup>North Dakota: Manual instruments are used. A food package tailoring guide is issued by the State office for local agency use.

**Exhibit B2.3 (continued)**

**Standard Food Packages and Related Tailoring Practices Used by States**

State	Standard Food Packages . . .			Other Methods of Tailoring
	Are Used for Specific Categories of Participants	Are Modified to Create Food Packages	Are Modified by Choosing Amounts or Food Types Are Not Used	
<b>Western</b>				
Alaska	✓			
American Samoa			✓	
Arizona	✓			
California	✓			
Guam	✓			
Hawaii			✓	
Idaho		✓		
Nevada				✓
Oregon	✓			
Washington	✓			
ITC-Arizona	✓			
ITC-Nevada	✓			
Navajo Nation (AZ)			✓	

**Exhibit B2.4**

**Frequency of WIC Food Instrument Issuance by State In Months**

State	Certification Category						Required of All Local Agencies	
	Pregnant Women	Breastfeeding Women	Postpartum Women	Infants	Children	High-Risk	Yes	No
<b>Northeast</b>								
Connecticut	3	3	3	3	3	1,2,3		✓
Maine	2	2	2	2	2	1	✓	
Massachusetts	3	3	3	3	3	1,2,3	✓	
New Hampshire	2	2	2	2	2	2	✓	
New York	2	2	2	2	2	2		✓
Rhode Island	3	3	3	3	3	3	✓	
Vermont	1	1	1	1	1	1	✓	
Indian Township (ME)	1	1	1	1	1	1	✓	
Pleasant Point (ME)	1	1	1	1	1	1	✓	
Seneca Nation (NY)	1	1	1	1	1	1	✓	
<b>Mid-Atlantic</b>								
Delaware	1	1	1	1	1	1	✓	
District of Columbia	2	2	2	2	2	2	✓	
Maryland	3	3	3	3	3	1,2,3		✓
New Jersey	3	3	3	3	3	3		
Pennsylvania	2	2	2	2	2	2		✓
Puerto Rico	1	1	1	1	1	1	✓	
Virginia	2	2	2	2	2	2	✓	
Virgin Islands	1	1	1	1	1	1	✓	
West Virginia	3	3	3	3	3	3	✓	

**Exhibit B2.4 (continued)**

**Frequency of WIC Food Instrument Issuance by State In Months**

State	Certification Category						Required of All Local Agencies	
	Pregnant Women	Breastfeeding Women	Postpartum Women	Infants	Children	High-Risk	Yes	No
<b>Southeast</b>								
Alabama	2	2	2	2	2	1		<sup>a</sup>
Florida	2	2	2	2	2	1,2		✓
Georgia	<sup>b</sup>	<sup>b</sup>	<sup>b</sup>	<sup>b</sup>	<sup>b</sup>	1,2	✓	
Kentucky	2	2	2	2	2	2		✓
Mississippi	1	1	1	1	1	1	✓	
North Carolina	3	3	3	3	3	1,2,3		✓
South Carolina	3	3	3	3	3	3		✓
Tennessee	3	3	3	3	3	3		✓
Eastern Band-Cherokee (NC)	2	3	3	3	3	2	✓	
Mississippi Choctaw	2	2	2	2	2	2	✓	
<b>Midwest</b>								
Illinois	3	3	3	3	3	1,2		✓
Indiana	2	2	2	2	2	1	✓	
Michigan	3	3	3	3	3	3		✓
Minnesota	3	3	3	3	3	1,3		✓
Ohio	3	3	3	3	3	1,2,3	✓	
Wisconsin	3	3	3	3	3	2		✓

**Notes**

<sup>a</sup>Alabama does not require local agencies to issue food benefits according to standard issuance frequencies for any participant category except high-risk.

<sup>b</sup>In Georgia, one-half of the local agencies issue benefits on a monthly basis and one-half issue benefits on a bimonthly basis.



**Exhibit B2.4 (continued)**

**Frequency of WIC Food Instrument Issuance by State In Months**

State	Certification Category						Required of All Local Agencies	
	Pregnant Women	Breastfeeding Women	Postpartum Women	Infants	Children	High-Risk	Yes	No
<b>Southwest</b>								
Arkansas	2	2	2	2	2	1,2		<sup>c</sup>
Louisiana	3	3	3	3	3	1,2,3	✓	
New Mexico	1	1	2	2	2	1	✓	
Oklahoma	3	3	3	3	3	2	✓	
Texas	3	3	3	3	3	<sup>d</sup>		✓
ACL WIC (NM)	1	1	1	1	1	1	✓	
Cherokee Nation (OK)	2	2	2	2	2	1,2	✓	
Chickasaw Nation (OK)	1	1	2	2	2	1	✓	
Choctaw Nation (OK)	2	2	2	2	2	1	✓	
Citizen-Potawatomi (OK)	2	2	2	2	2	2	✓	
Eight Northern Pueblos (NM)	1	1	1	1	1	1	✓	
Five Sandoval Pueblos (NM)	1	1	1	1	1	1		✓
ITC-Oklahoma	1	1	1	1	1	1	✓	
Muscogee Creek Nation (OK)	2	2	2	2	2	1,2	✓	
Osage Nation (OK)	2	2	2	2	2	1,2	✓	
Otoe-Missouria (OK)	1	1	1	1	1	1	✓	
Pueblo of Isleta (NM)	1	1	2	2	2	1		
Pueblo of San Felipe (NM)	1	1	1	1	1	1	✓	
Pueblo of Zuni (NM)	2	2	2	2	2	2		
Sac and Fox Nation (OK)	2	2	2	2	2	2	✓	
Santo Domingo (NM)	2	2	2	2	2	2	✓	
WCD (OK)	1	1	1	1	1	1	✓	

**Notes**

<sup>c</sup>Arkansas does not require local agencies to issue food benefits according to standard issuance frequencies for any participant category except high-risk.

<sup>d</sup>In Texas, food package issuance for high-risk participants is "highly variable."

**Exhibit B2.4 (continued)**

**Frequency of WIC Food Instrument Issuance by State In Months**

State	Certification Category						Required of All Local Agencies	
	Pregnant Women	Breastfeeding Women	Postpartum Women	Infants	Children	High-Risk	Yes	No
<b>Mountain Plains</b>								
Colorado	3	3	3	3	3	1,2,3	✓	
Iowa	1	1	1	1	1	1	✓	
Kansas	2	2	2	2	2	2	✓	
Missouri	2	2	2	2	2	1	✓	
Montana	2	2	2	2	2	1		✓
Nebraska	1	1	2	2	2	1,2		✓
North Dakota	1	1	2	1	2	1	<sup>e</sup>	<sup>e</sup>
South Dakota	1	1	1	1	1	1	✓	
Utah	2	2	2	2	2	1,2		✓
Wyoming	2	2	2	2	2	1	<sup>f</sup>	
Cheyenne River Sioux (SD)	1	1	1	1	1	1	✓	
Omaha-Santee Sioux (NE)	1	1	1	1	1	1		
Rosebud Sioux (SD)	1	1	1	1	1	1	✓	
Shoshone-Arapahoe (WY)	2	2	2	2	2	1		✓
Standing Rock Sioux (ND)	1	1	1	1	1	1	✓	
Three Affiliated (ND)	1	1	1	1	1	1	✓	
Ute Mountain Ute (CO)	1	1	1	1	1	1	✓	
Winnebago (NE)	1	1	1	1	1	1	✓	

**Notes**

<sup>e</sup>North Dakota requires local agencies to issue food benefits according to standard issuance frequencies for all participant categories except children and postpartum women.

<sup>f</sup>Wyoming requires local agencies to issue food benefits according to standard issuance frequencies for all participant categories except for high-risk.

**Exhibit B2.4 (continued)**

**Frequency of WIC Food Instrument Issuance by State In Months**

State	Certification Category						Required of All Local Agencies	
	Pregnant Women	Breastfeeding Women	Postpartum Women	Infants	Children	High-Risk	Yes	No
<b>Western</b>								
Alaska	3	3	3	3	3	1,2		✓
American Samoa	1	1	1	1	1	1		
Arizona	2	2	2	2	2	1	✓	
California	1	1	1	1	1	1		✓
Guam	1	1	2	1	2	1,2	✓	
Hawaii	2	2	2	2	2	2		✓
Idaho	1	2	2	2	2	1	<sup>g</sup>	<sup>g</sup>
Nevada	1	1	1	1	1	1,2	✓	
Oregon	1	1	1	1	1	1	✓	
Washington	1	2	2	2	2	1		✓ <sup>h</sup>
ITC-Arizona	2	2	2	2	2	1		
ITC-Nevada	2	2	2	2	2	1,2	✓	
Navajo Nation (AZ)	1	2	2	2	2	1,2	✓	

**Notes**

Each State WIC agency was asked to indicate the standard issuance frequency used in the State for each certification category. States were only allowed to indicate one response for each certification category except high-risk.

<sup>g</sup>Idaho only requires local agencies to issue food benefits according to standard issuance frequencies for pregnant and high-risk participants.

<sup>h</sup>ITC-Arizona does not require local agencies to issue food benefits according to standard issuance frequencies for any participant category except high-risk.

## **APPENDIX C**

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### **CHAPTER FOUR SUPPLEMENTAL TABLES**

**MEANS-TESTED PROGRAMS FOR  
DETERMINING WIC INCOME ELIGIBILITY**

**INCOME DOCUMENTATION AND VERIFICATION**

**DISTRIBUTION OF POVERTY, 1992, 1994, 1996, 1998**

**STATE-BY-STATE TABLES**

**APPENDIX C**  
**LIST OF EXHIBITS**

Exhibit C4.1	Means-Tested Programs Used by States to Determine WIC Income Eligibility .....	C-1
Exhibit C4.2	Income Documentation and Verification Policies Used by States .....	C-6
Exhibit C4.8	Distribution of Percent of Poverty Level of WIC Participants by Participant Category, 1992, 1994, 1996, 1998 .....	C-11



## Exhibit C4.1

### Means-Tested Programs Used by States to Determine WIC Income Eligibility

State	Adjunctive Income Eligibility			Automatic Income Eligibility						
	TANF	Food Stamp Program	Medicaid	Supplemental Security	Free/Reduced Price NSLP	Head Start	General Assistance	Low Income Energy Assistance	Food Distribution Program on Indian Reservation	Other Programs
<b>Northeast</b>										
Connecticut	✓	✓	✓							✓ <sup>a</sup>
Maine	✓	✓	✓							
Massachusetts	✓	✓	✓							
New Hampshire	✓	✓	✓							
New York	✓	✓	✓		✓	✓				
Rhode Island	✓	✓	✓	✓	✓					✓ <sup>b</sup>
Vermont	✓	✓	✓							
Indian Township (ME)	✓	✓	✓							
Pleasant Point (ME)	✓	✓	✓							
Seneca Nation (NY)	✓	✓	✓						✓	
<b>Mid-Atlantic</b>										
Delaware	✓	✓	✓	✓						
District of Columbia	✓	✓	✓		✓					
Maryland	✓	✓	✓		✓					✓ <sup>c</sup>
New Jersey	✓	✓	✓							
Pennsylvania	✓	✓	✓							
Puerto Rico	✓		✓							✓ <sup>d</sup>
Virginia	✓	✓	✓		✓					
Virgin Islands	✓	✓	✓							
West Virginia	✓	✓	✓							

#### Notes

<sup>a</sup>Connecticut: Extended Medicaid for pregnant women and Infants (through Healthy Start)

<sup>b</sup>Rhode Island: State financial/medical programs (that verify income less than or equal to 185 percent FPL)

<sup>c</sup>Maryland: Maryland Weatherization Program, Maryland Pharmacy Assistance Program

<sup>d</sup>Puerto Rico: Programa de Asistencia Nutricional (PAN)

**Exhibit C4.1 (continued)**

**Means-Tested Programs Used by States to Determine WIC Income Eligibility**

State	Adjunctive Income Eligibility			Automatic Income Eligibility						
	TANF	Food Stamp Program	Medicaid	Supplemental Security	Free/Reduced Price NSLP	Head Start	General Assistance	Low Income Energy Assistance	Food Distribution Program on Indian Reservation	Other Programs
<b>Southeast</b>										
Alabama	✓	✓	✓	✓						
Florida	✓	✓	✓						✓	
Georgia	✓	✓	✓							
Kentucky	✓	✓	✓							
Mississippi	✓	✓	✓							
North Carolina	✓	✓	✓							
South Carolina	✓	✓	✓							✓ <sup>e</sup>
Tennessee	✓	✓	✓							
Eastern Band-Cherokee (NC)	✓	✓	✓	✓					✓	
Mississippi Choctaw	✓	✓	✓	✓					✓	
<b>Midwest</b>										
Illinois	✓	✓	✓		✓					
Indiana	✓	✓	✓							
Michigan	✓	✓	✓	✓						✓ <sup>f</sup>
Minnesota	✓	✓	✓							
Ohio	✓	✓	✓							✓ <sup>g</sup>
Wisconsin	✓	✓	✓							✓ <sup>h</sup>

**Notes**

<sup>e</sup>South Carolina: State administered programs that routinely require documentation of income at or below 185 percent FPL

<sup>f</sup>Michigan: MICH Care

<sup>g</sup>Ohio: Refugee Resettlement Program, Disability Assistance

<sup>h</sup>Wisconsin: Healthy Start, Fuel Assistance

**Exhibit C4.1 (continued)**

**Means-Tested Programs Used by States to Determine WIC Income Eligibility**

State	Adjunctive Income Eligibility			Automatic Income Eligibility						
	TANF	Food Stamp Program	Medicaid	Supplemental Security	Free/Reduced Price NSLP	Head Start	General Assistance	Low Income Energy Assistance	Food Distribution Program on Indian Reservation	Other Programs
<b>Southwest</b>										
Arkansas	✓	✓	✓							
Louisiana	✓	✓	✓							✓ <sup>i</sup>
New Mexico	✓	✓	✓	✓	✓					
Oklahoma	✓	✓	✓							
Texas	✓	✓	✓							
ACL WIC (NM)	✓	✓	✓	✓					✓	
Cherokee Nation (OK)	✓	✓	✓		✓				✓	
Chickasaw Nation (OK)	✓	✓	✓						✓	
Choctaw Nation (OK)	✓	✓	✓	✓					✓	
Citizen-Potawatomi (OK)	✓	✓	✓							
Eight Northern Pueblos (NM)	✓	✓	✓	✓	✓				✓	
Five Sandoval Pueblos (NM)	✓	✓	✓	✓					✓	✓ <sup>i</sup>
ITC-Oklahoma	✓	✓	✓						✓	
Muscogee Creek Nation (OK)	✓	✓	✓						✓	
Osage Nation (OK)	✓	✓	✓						✓	✓ <sup>k</sup>
Otoe-Missouria (OK)	✓	✓	✓			✓			✓	
Pueblo of Isleta (NM)	✓	✓	✓				✓			
Pueblo of San Felipe (NM)	✓	✓	✓		✓					
Pueblo of Zuni (NM)	✓	✓	✓	✓	✓					
Sac and Fox Nation (OK)	✓	✓	✓						✓	
Santo Domingo (NM)	✓	✓	✓	✓	✓					
WCD (OK)	✓	✓	✓							

**Notes**

<sup>i</sup>Louisiana: Child Health and Maternity Patients (CHAMP) program

<sup>i</sup>Five Sandoval Pueblos: Child Summer Food Program (CSFP)

<sup>k</sup>Osage Nation: Commodity Foods Distribution



**Exhibit C4.1 (continued)**

**Means-Tested Programs Used by States to Determine WIC Income Eligibility**

State	Adjunctive Income Eligibility			Automatic Income Eligibility						
	TANF	Food Stamp Program	Medicaid	Supplemental Security	Free/Reduced Price NSLP	Head Start	General Assistance	Low Income Energy Assistance	Food Distribution Program on Indian Reservation	Other Programs
<i>Mountain Plains</i>										
Colorado	✓	✓	✓							
Iowa	✓	✓	✓							
Kansas	✓	✓	✓							
Missouri	✓	✓	✓	✓						
Montana	✓	✓	✓							
Nebraska	✓	✓	✓							
North Dakota	✓	✓	✓		✓					
South Dakota	✓	✓	✓	✓						
Utah	✓	✓	✓							
Wyoming	✓	✓	✓							
Cheyenne River Sioux (SD)	✓	✓	✓	✓						
Omaha-Santee Sioux (NE)	✓	✓	✓	✓	✓	✓	✓	✓		✓
Rosebud Sioux (SD)	✓	✓	✓							✓
Shoshone-Arapahoe (WY)	✓	✓	✓							✓
Standing Rock Sioux (ND)	✓	✓	✓							✓
Three Affiliated (ND)	✓	✓	✓	✓						
Ute Mountain Ute (CO)	✓	✓	✓		✓					✓
Winnebago (NE)	✓	✓	✓							

**Exhibit C4.1 (continued)**

**Means-Tested Programs Used by States to Determine WIC Income Eligibility**

State	Adjunctive Income Eligibility			Automatic Income Eligibility						
	TANF	Food Stamp Program	Medicaid	Supplemental Security	Free/Reduced Price NSLP	Head Start	General Assistance	Low Income Energy Assistance	Food Distribution Program on Indian Reservation	Other Programs
<i>Western</i>										
Alaska	✓	✓	✓	✓	✓	✓				
American Samoa										
Arizona	✓	✓	✓							
California	✓	✓	✓						✓	
Guam	✓	✓	✓			✓				
Hawaii	✓	✓	✓	✓			✓			✓ <sup>1</sup>
Idaho	✓	✓	✓							
Nevada	✓	✓	✓							
Oregon	✓	✓	✓						✓	
Washington	✓	✓	✓						✓	
ITC-Arizona	✓	✓	✓							
ITC-Nevada	✓	✓	✓						✓	
Navajo Nation (AZ)	✓	✓	✓		✓	✓	✓		✓	

**Note**

<sup>1</sup>Hawaii: Quest

## Exhibit C4.2

### Income Documentation and Verification Policies Used by States

State	Documentation Required	Applicant Self-Declares	Local Agency Discretion	Documentation Preferred
<b><i>Northeast</i></b>				
Connecticut	✓			
Maine	✓			
Massachusetts				✓
New Hampshire	✓			
New York	✓			
Rhode Island	✓			
Vermont				✓
Indian Township (ME)	✓			
Pleasant Point (ME)	✓			
Seneca Nation (NY)		✓		
<b><i>Mid-Atlantic</i></b>				
Delaware	✓			
District of Columbia	✓			
Maryland	✓			
New Jersey	✓			
Pennsylvania	✓			
Puerto Rico	✓			
Virginia	✓			
Virgin Islands	✓			
West Virginia	✓			

**Exhibit C4.2 (continued)**

**Income Documentation and Verification Policies Used by States**

<b>State</b>	<b>Documentation Required</b>	<b>Applicant Self-Declares</b>	<b>Local Agency Discretion</b>	<b>Documentation Preferred</b>
<b><i>Southeast</i></b>				
Alabama		✓		
Florida			✓	
Georgia		✓		
Kentucky		✓		
Mississippi			✓	
North Carolina			✓	
South Carolina		✓		
Tennessee		✓		
Eastern Band-Cherokee (NC)		✓		
Mississippi Choctaw	✓			
<b><i>Midwest</i></b>				
Illinois	✓			
Indiana	✓			
Michigan	✓			
Minnesota		✓		
Ohio	✓			
Wisconsin	✓			

**Exhibit C4.2 (continued)**

**Income Documentation and Verification Policies Used by States**

<b>State</b>	<b>Documentation Required</b>	<b>Applicant Self-Declares</b>	<b>Local Agency Discretion</b>	<b>Documentation Preferred</b>
<b>Southwest</b>				
Arkansas		✓		
Louisiana			✓	
New Mexico	✓			
Oklahoma		✓		
Texas	✓			
ACL WIC (NM)	✓			
Cherokee Nation (OK)		✓		
Chickasaw Nation (OK)	✓			
Choctaw Nation (OK)	✓			
Citizen-Potawatomi (OK)	✓			
Eight Northern Pueblos (NM)	✓			
Five Sandoval Pueblos (NM)	✓			
ITC-Oklahoma		✓		
Muscogee Creek Nation (OK)				✓
Osage Nation (OK)		✓		
Otoe-Missouria (OK)		✓		
Pueblo of Isleta (NM)	✓			
Pueblo of San Felipe (NM)	✓			
Pueblo of Zúñi (NM)		✓		
Sac and Fox Nation (OK)		✓		
Santo Domingo (NM)		✓		
WCD (OK)	✓			

**Exhibit C4.2 (continued)**

**Income Documentation and Verification Policies Used by States**

<b>State</b>	<b>Documentation Required</b>	<b>Applicant Self-Declares</b>	<b>Local Agency Discretion</b>	<b>Documentation Preferred</b>
<b><i>Mountain Plains</i></b>				
Colorado			✓	
Iowa			✓	
Kansas	✓			
Missouri	✓			
Montana			✓	
Nebraska		✓		
North Dakota	✓			
South Dakota	✓			
Utah	✓			
Wyoming	✓			
Cheyenne River Sioux (SD)		✓		
Omaha-Santee Sioux (NE)		✓		
Rosebud Sioux (SD)		✓		
Shoshone-Arapahoe (WY)			✓	
Standing Rock Sioux (ND)	✓			
Three Affiliated (ND)		✓		
Ute Mountain Ute (CO)		✓		
Winnebago (NE)	✓			

**Exhibit C4.2 (continued)**

**Income Documentation and Verification Policies Used by States**

<b>State</b>	<b>Documentation Required</b>	<b>Applicant Self-Declares</b>	<b>Local Agency Discretion</b>	<b>Documentation Preferred</b>
<i>Western</i>				
Alaska				✓
American Samoa	✓			
Arizona			✓	
California			✓	
Guam				✓
Hawaii				✓
Idaho	✓			
Nevada				✓
Oregon			✓	
Washington		✓		
ITC-Arizona			✓	
ITC-Nevada		✓		
Navajo Nation (AZ)	✓			

**Exhibit C4.8**

**Distribution of Percent of Poverty Level of WIC Participants by Participant Category  
1992, 1994, 1996, 1998**

Percent of Poverty Level	Pregnant Women				Breastfeeding Women				Postpartum Women				Total Women			
	1992	1994	1996	1998	1992	1994	1996	1998	1992	1994	1996	1998	1992	1994	1996	1998
	Percent by participant category															
0 - 50	28.3%	31.2%	30.5%	24.8%	23.8%	28.8%	29.0%	23.0%	37.8%	38.3%	37.0%	31.0%	29.9%	33.0%	32.2%	26.4%
51 - 100	28.3	27.8	27.5	27.4	30.5	29.6	32.5	32.2	25.7	27.4	26.9	25.4	28.1	28.0	28.2	27.7
101 - 130	10.9	11.0	11.6	12.9	12.5	12.3	13.1	13.9	9.8	10.1	10.6	11.2	10.9	11.0	11.6	12.6
131 - 150	5.5	5.5	6.1	7.0	5.9	5.7	6.3	6.9	4.6	4.5	5.1	5.5	5.4	5.2	5.8	6.5
151 - 185	6.8	5.8	7.5	8.8	6.1	5.1	6.1	7.1	4.3	4.0	4.9	5.9	6.1	5.1	6.4	7.6
186 - 200	0.4	0.3	0.5	0.5	0.2	0.1	0.3	0.3	0.2	0.2	0.3	0.3	0.3	0.2	0.4	0.4
Over 200	0.6	0.7	0.7	0.7	0.3	0.3	0.4	0.3	0.3	0.4	0.4	0.4	0.5	0.5	0.5	0.5
Income reported as zero <sup>a</sup>	7.4	3.8	4.7	4.2	4.1	2.5	2.7	2.9	5.3	2.4	2.9	2.8	6.4	3.2	3.8	3.5
Not reported <sup>b</sup>	11.8	13.9	11.1	13.8	16.7	15.6	9.6	13.3	11.9	12.8	11.9	17.6	12.6	13.9	11.0	14.9

Percent of Poverty Level	Infants				Children				Total WIC			
	1992	1994	1996	1998	1992	1994	1996	1998	1992	1994	1996	1998
	Percent by participant category											
0 - 50	33.7%	37.4%	34.2%	28.6%	35.6%	37.3%	34.7%	28.7%	33.7%	36.3%	34.0%	28.1%
51 - 100	28.1	26.4	27.4	26.1	29.1	28.6	31.7	30.4	28.5	27.9	29.8	28.7
101 - 130	9.1	9.3	10.8	11.6	10.1	10.0	11.4	12.8	10.0	10.1	11.3	12.5
131 - 150	4.1	3.9	5.4	5.5	5.0	4.6	5.7	6.2	4.8	4.6	5.6	6.1
151 - 185	4.0	3.4	5.0	5.8	5.4	4.3	5.7	6.6	5.1	4.2	5.7	6.6
186 - 200	0.2	0.1	0.3	0.2	0.2	0.1	0.3	0.3	0.2	0.1	0.3	0.3
Over 200	0.3	0.3	0.4	0.3	0.3	0.3	0.3	0.3	0.4	0.3	0.4	0.4
Income reported as zero <sup>a</sup>	7.0	3.3	4.1	4.2	4.4	2.0	1.6	1.7	5.6	2.6	2.8	2.8
Not reported <sup>b</sup>	13.6	15.9	12.5	17.6	9.9	12.7	8.6	12.9	11.6	13.8	10.2	14.6

**Notes**

Poverty level calculations are based on income, income period, and household size as reported by State WIC agencies.

<sup>a</sup> Zero incomes are reported separately and excluded from these income calculations. In some reporting agencies, zero may be used to indicate missing information or adjunctive eligibility. PC data cannot, therefore, distinguish between households with missing income information and households reporting zero income.

<sup>b</sup> Not reported indicates the percentage of participants by participant category for whom no data on income, income period, or size of economic unit are reported.



## **APPENDIX D**

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### **CHAPTER FIVE SUPPLEMENTAL TABLES**

**DIETARY INTAKE POLICIES AND METHODS**

**DOCUMENTATION OF NUTRITIONAL RISK CRITERIA**

**NUTRITIONAL RISK ELIGIBILITY CRITERIA**

**STATE-BY-STATE TABLES**

**APPENDIX D**  
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## Exhibit D5.2

### State Policies for Obtaining Dietary Intake Information

State	All Participants	Only Participants At Risk for Dietary Inadequacy	Other Policies
<b>Northeast</b>			
Connecticut		✓	
Maine	✓		
Massachusetts	✓		
New Hampshire	✓		
New York	✓		
Rhode Island	✓		
Vermont	✓		
Indian Township (ME)	✓		
Pleasant Point (ME)	✓		
Seneca Nation (NY)	✓		
<b>Mid-Atlantic</b>			
Delaware		✓	
District of Columbia	✓		
Maryland	✓		
New Jersey	✓		
Pennsylvania		✓	
Puerto Rico		✓	
Virginia		✓	
Virgin Islands	✓		
West Virginia	✓		

**Exhibit D5.2 (continued)**

**State Policies for Obtaining Dietary Intake Information**

<b>State</b>	<b>All Participants</b>	<b>Only Participants At Risk for Dietary Inadequacy</b>	<b>Other Policies</b>
<b><i>Southeast</i></b>			
Alabama	✓		
Florida			✓ <sup>a</sup>
Georgia			✓ <sup>b</sup>
Kentucky	✓		
Mississippi			✓ <sup>c</sup>
North Carolina	✓		
South Carolina	✓		
Tennessee			✓ <sup>c</sup>
Eastern Band-Cherokee (NC)	✓		
Mississippi Choctaw	✓		
<b><i>Midwest</i></b>			
Illinois	✓		
Indiana	✓		
Michigan	✓		
Minnesota	✓		
Ohio	✓		
Wisconsin	✓		

**Notes**

<sup>a</sup> Florida: Policy requires that dietary inadequacy is determined for all high risk clients.

<sup>b</sup> Georgia: Dietary intake information is required for all participants except newborns certified in a hospital.

<sup>c</sup> Mississippi and Tennessee: Dietary intake information must be completed for all high risk participants and for those at risk due to dietary inadequacy.

## Exhibit D5.2 (continued)

### State Policies for Obtaining Dietary Intake Information

State	All Participants	Only Participants At Risk for Dietary Inadequacy	Other Policies
<b>Southwest</b>			
Arkansas	✓		
Louisiana	✓		
New Mexico	✓		
Oklahoma	✓		
Texas	✓		
ACL WIC (NM)	✓		
Cherokee Nation (OK)			✓ <sup>d</sup>
Chickasaw Nation (OK)	✓		
Choctaw Nation (OK)	✓		
Citizen-Potawatomi (OK)	✓		
Eight Northern Pueblos (NM)	✓		
Five Sandoval Pueblos (NM)	✓		
ITC-Oklahoma	✓		
Muscogee Creek Nation (OK)	✓		
Osage Nation (OK)	✓		
Otoe-Missouria (OK)	✓		
Pueblo of Isleta (NM)	✓		
Pueblo of San Felipe (NM)	✓		
Pueblo of Zuñi (NM)	✓		
Sac and Fox Nation (OK)	✓		
Santo Domingo (NM)	✓		
WCD (OK)	✓		

#### Note

<sup>d</sup> Cherokee Nation: Dietary intake information is obtained from all participants except infants less than one week of age.

**Exhibit D5.2 (continued)**

**State Policies for Obtaining Dietary Intake Information**

State	All Participants	Only Participants At Risk for Dietary Inadequacy	Other Policies
<i>Mountain Plains</i>			
Colorado	✓		
Iowa	✓		
Kansas	✓		
Missouri	✓		
Montana	✓		
Nebraska	✓		
North Dakota	✓		
South Dakota	✓		
Utah	✓		
Wyoming	✓		
Cheyenne River Sioux (SD)	✓		
Omaha-Santee Sioux (NE)	✓		
Rosebud Sioux (SD)	✓		
Shoshone-Arapahoe (WY)	✓		
Standing Rock Sioux (ND)	✓		
Three Affiliated (ND)	✓		
Ute Mountain Ute (CO)	✓		
Winnebago (NE)	✓		

**Exhibit D5.2 (continued)**

**State Policies for Obtaining Dietary Intake Information**

State	All Participants	Only Participants At Risk for Dietary Inadequacy	Other Policies
<i>Western</i>			
Alaska	✓		
American Samoa	✓		
Arizona			✓ <sup>e</sup>
California	✓		
Guam	✓		
Hawaii	✓		
Idaho	✓		
Nevada	✓		
Oregon	✓		
Washington	✓		
ITC-Arizona	✓		
ITC-Nevada			✓ <sup>f</sup>
Navajo Nation (AZ)	✓		

**Notes**

<sup>e</sup> Arizona: Dietary intake information is obtained at the discretion of local agencies. It is always obtained if necessary to determine nutritional risk.

<sup>f</sup> ITC-Nevada: Dietary intake information is taken from all participants except when forms are submitted through the mail, and the client has other nutritional risks.

## Exhibit D5.3

### Dietary Intake Methods Routinely Used by States

State	Twenty-Four Hour Recall	Food Frequency or Checklist	Dietary Record or Diary	Computer-Assisted Analysis	Other Methods
<b>Northeast</b>					
Connecticut		✓			
Maine	✓	✓			
Massachusetts	✓	✓			
New Hampshire	✓	✓			
New York		✓			
Rhode Island	✓	✓			
Vermont		✓			
Indian Township (ME)	✓	✓	✓	✓	
Pleasant Point (ME)	✓	✓			
Seneca Nation (NY)	✓	✓			
<b>Mid-Atlantic</b>					
Delaware	✓				
District of Columbia	✓	✓			
Maryland	✓	✓			
New Jersey		✓			✓ <sup>a</sup>
Pennsylvania		✓			
Puerto Rico	✓	✓	✓		
Virginia	✓	✓			
Virgin Islands	✓	✓			
West Virginia	✓	✓	✓		

#### Note

<sup>a</sup> New Jersey: Participants also complete questionnaires on feeding and eating practices.



**Exhibit D5.3 (continued)**

**Dietary Intake Methods Routinely Used by States**

<b>State</b>	<b>Twenty-Four Hour Recall</b>	<b>Food Frequency or Checklist</b>	<b>Dietary Record or Diary</b>	<b>Computer-Assisted Analysis</b>	<b>Other Methods</b>
<b><i>Southeast</i></b>					
Alabama	✓	✓			
Florida	✓	✓			
Georgia	✓	✓			
Kentucky		✓			
Mississippi	✓	✓			
North Carolina	✓	✓	✓		
South Carolina	✓	✓			
Tennessee	✓	✓			
Eastern Band-Cherokee (NC)	✓	✓			
Mississippi Choctaw	✓	✓	✓		
<b><i>Midwest</i></b>					
Illinois	✓	✓			
Indiana	✓				✓ <sup>b</sup>
Michigan	✓	✓			
Minnesota	✓	✓			
Ohio		✓			
Wisconsin	✓				

**Note**

<sup>b</sup> Indiana: Participants provide diet histories.

**Exhibit D5.3 (continued)**

**Dietary Intake Methods Routinely Used by States**

<b>State</b>	<b>Twenty-Four Hour Recall</b>	<b>Food Frequency or Checklist</b>	<b>Dietary Record or Diary</b>	<b>Computer-Assisted Analysis</b>	<b>Other Methods</b>
<b>Southwest</b>					
Arkansas	✓				
Louisiana	✓	✓			
New Mexico	✓	✓			
Oklahoma		✓			
Texas	✓				
ACL WIC (NM)	✓				
Cherokee Nation (OK)	✓				
Chickasaw Nation (OK)		✓			
Choctaw Nation (OK)		✓			
Citizen-Potawatomi (OK)		✓			
Eight Northern Pueblos (NM)	✓	✓			
Five Sandoval Pueblos (NM)	✓	✓			
ITC-Oklahoma	✓				
Muscogee Creek Nation (OK)	✓	✓			
Osage Nation (OK)		✓			
Otoe-Missouria (OK)	✓	✓			
Pueblo of Isleta (NM)	✓	✓			
Pueblo of San Felipe (NM)	✓				
Pueblo of Zuñi (NM)	✓	✓			
Sac and Fox Nation (OK)	✓	✓			
Santo Domingo (NM)	✓	✓			
WCD (OK)	✓	✓			

**Exhibit D5.3 (continued)**

**Dietary Intake Methods Routinely Used by States**

<b>State</b>	<b>Twenty-Four Hour Recall</b>	<b>Food Frequency or Checklist</b>	<b>Dietary Record or Diary</b>	<b>Computer-Assisted Analysis</b>	<b>Other Methods</b>
<i><b>Mountain Plains</b></i>					
Colorado	✓	✓			
Iowa	✓	✓			
Kansas	✓	✓			
Missouri	✓	✓			
Montana	✓				
Nebraska	✓	✓			
North Dakota				✓	
South Dakota	✓				
Utah	✓	✓			
Wyoming	✓	✓			
Cheyenne River Sioux (SD)	✓	✓			
Omaha-Santee Sioux (NE)	✓	✓	✓	✓	
Rosebud Sioux (SD)	✓	✓			
Shoshone-Arapahoe (WY)	✓				
Standing Rock Sioux (ND)		✓		✓	
Three Affiliated (ND)		✓			
Ute Mountain Ute (CO)	✓	✓		✓	
Winnebago (NE)	✓	✓			

**Exhibit D5.3 (continued)**

**Dietary Intake Methods Routinely Used by States**

<b>State</b>	<b>Twenty-Four Hour Recall</b>	<b>Food Frequency or Checklist</b>	<b>Dietary Record or Diary</b>	<b>Computer-Assisted Analysis</b>	<b>Other Methods</b>
<b>Western</b>					
Alaska	✓	✓			
American Samoa	✓	✓			
Arizona	✓	✓		✓	
California	✓				
Guam	✓				
Hawaii	✓	✓			
Idaho	✓	✓			
Nevada		✓			
Oregon	✓				
Washington	✓	✓			
ITC-Arizona	✓	✓		✓	
ITC-Nevada	✓				
Navajo Nation (AZ)	✓				

**Note**

Reporting State WIC agencies were asked to list all methods used.

## Exhibit D5.4

### State Documentation of Nutritional Risk Criteria

State	Single Most Important Criterion is Reported	All Risk Criteria Are Reported	Set Number of Risk Criteria Is Recorded	Most Easily Identified Criteria Are Recorded	Local Certifier Discretion	Other Procedures
<b>Northeast</b>						
Connecticut		✓				
Maine				✓		
Massachusetts		✓				
New Hampshire			✓(5)			
New York		✓				
Rhode Island		✓				
Vermont		✓				
Indian Township (ME)		✓				
Pleasant Point (ME)		✓				
Seneca Nation (NY)		✓				
<b>Mid-Atlantic</b>						
Delaware		✓				
District of Columbia			✓(3)			
Maryland		✓				
New Jersey			✓(3)			
Pennsylvania			✓(3)			
Puerto Rico			✓(3)			
Virginia		✓				
Virgin Islands				✓		
West Virginia			✓(8)			

**Exhibit D5.4 (continued)**

**State Documentation of Nutritional Risk Criteria**

<b>State</b>	<b>Single Most Important Criterion is Reported</b>	<b>All Risk Criteria Are Reported</b>	<b>Set Number of Risk Criteria Is Recorded</b>	<b>Most Easily Identified Criteria Are Recorded</b>	<b>Local Certifier Discretion</b>	<b>Other Procedures</b>
<b><i>Southeast</i></b>						
Alabama		✓				
Florida			✓(5)			
Georgia		✓				
Kentucky			✓(3)			
Mississippi			✓(3)			
North Carolina			✓(6)			
South Carolina			✓(5)			
Tennessee			✓(3)			
Eastern Band-Cherokee (NC)		✓				
Mississippi Choctaw		✓				
<b><i>Midwest</i></b>						
Illinois		✓				
Indiana					✓	
Michigan		✓				
Minnesota		✓				
Ohio			✓(8)			
Wisconsin		✓				

**Exhibit D5.4 (continued)**

**State Documentation of Nutritional Risk Criteria**

<b>State</b>	<b>Single Most Important Criterion is Reported</b>	<b>All Risk Criteria Are Reported</b>	<b>Set Number of Risk Criteria Is Recorded</b>	<b>Most Easily Identified Criteria Are Recorded</b>	<b>Local Certifier Discretion</b>	<b>Other Procedures</b>
<b>Southwest</b>						
Arkansas		✓				
Louisiana			✓(5)			
New Mexico			✓(3)			
Oklahoma		✓				
Texas		✓				
ACL WIC (NM)		✓				
Cherokee Nation (OK)		✓				
Chickasaw Nation (OK)		✓				
Choctaw Nation (OK)		✓				
Citizen-Potawatomi (OK)		✓				
Eight Northern Pueblos (NM)					✓	
Five Sandoval Pueblos (NM)					✓	
ITC-Oklahoma		✓				
Muscogee Creek Nation (OK)		✓				
Osage Nation (OK)		✓				
Otoe-Missouria (OK)		✓				
Pueblo of Isleta (NM)		✓				
Pueblo of San Felipe (NM)		✓				
Pueblo of Zuñi (NM)		✓				
Sac and Fox Nation (OK)		✓				
Santo Domingo (NM)		✓				
WCD (OK)				✓		

Exhibit D5.4 (continued)

State Documentation of Nutritional Risk Criteria

State	Single Most Important Criterion is Reported	All Risk Criteria Are Reported	Set Number of Risk Criteria Is Recorded	Most Easily Identified Criteria Are Recorded	Local Certifier Discretion	Other Procedures
<b>Mountain Plains</b>						
Colorado		✓				
Iowa			✓(6)			
Kansas			✓(5)			
Missouri					✓	
Montana					✓	
Nebraska			✓(10)			
North Dakota		✓				
South Dakota		✓				
Utah		✓				
Wyoming		✓				
Cheyenne River Sioux (SD)		✓				
Omaha-Santee Sioux (NE)		✓				
Rosebud Sioux (SD)		✓				
Shoshone-Arapahoe (WY)		✓				
Standing Rock Sioux (SD)		✓				
Three Affiliated (ND)		✓				
Ute Mountain Ute (CO)		✓				
Winnebago (NE)			✓(3)			



## Exhibit D5.4 (continued)

### State Documentation of Nutritional Risk Criteria

State	Single Most Important Criterion is Reported	All Risk Criteria Are Reported	Set Number of Risk Criteria Is Recorded	Most Easily Identified Criteria Are Recorded	Local Certifier Discretion	Other Procedures
<b>Western</b>						
Alaska			✓(3)			
American Samoa		✓				
Arizona					✓	
California		✓				
Guam			✓(5)			
Hawaii		✓				
Idaho		✓				
Nevada		✓				
Oregon		✓				
Washington						✓ <sup>a</sup>
ITC-Arizona					✓	
ITC-Nevada		✓				
Navajo Nation (AZ)		✓				

#### Note

<sup>a</sup> Washington: Diet risks are not marked if the client has a medical risk and a diet screen is used.

**Exhibit D5.35A**

**State Anthropometric Nutritional Risk Standards for Weight for Age for Infants and Children**

State	Infants		Children	
	Underweight for Age (under percentile)	Overweight for Age (over percentile)	Underweight for Age (under percentile)	Overweight for Age (over percentile)
<b><i>Northeast</i></b>				
Connecticut	10	N/R	10	N/R
Maine	10	N/R	10	N/R
Massachusetts	10	N/R	10	N/R
New Hampshire	10	N/R	10	N/R
New York	10	90	10	90
Rhode Island	N/R	N/R	N/R	N/R
Vermont	5	N/R	5	N/R
Indian Township (ME)	10	90	10	90
Pleasant Point (ME)	10	90	10	90
Seneca Nation (NY)	10	90	10	90
<b><i>Mid-Atlantic</i></b>				
Delaware	10	90	10	90
District of Columbia	N/R	N/R	N/R	N/R
Maryland	N/R	N/R	N/R	N/R
New Jersey	N/R	N/R	N/R	N/R
Pennsylvania	N/R	N/R	N/R	N/R
Puerto Rico	10	95	10	95
Virginia	N/R	N/R	N/R	N/R
Virgin Islands	10	90	10	90
West Virginia	25	N/R	25	N/R

Exhibit D5.35A (continued)

State Anthropometric Nutritional Risk Standards for Weight for Age for Infants and Children

State	Infants		Children	
	Underweight for Age (under percentile)	Overweight for Age (over percentile)	Underweight for Age (under percentile)	Overweight for Age (over percentile)
<b><i>Southeast</i></b>				
Alabama	N/R	N/R	N/R	N/R
Florida	N/R	N/R	N/R	N/R
Georgia	N/R	N/R	N/R	N/R
Kentucky	10	N/R	10	N/R
Mississippi	10	N/R	10	N/R
North Carolina	N/R	N/R	N/R	N/R
South Carolina	5	N/R	5	N/R
Tennessee	5	N/R	N/R	N/R
Eastern Band-Cherokee (NC)	N/R	90	N/R	90
Mississippi Choctaw	10	N/R	10	N/R
<b><i>Midwest</i></b>				
Illinois	N/R	N/R	N/R	N/R
Indiana	N/R	N/R	N/R	N/R
Michigan	N/R	N/R	N/R	N/R
Minnesota	N/R	N/R	N/R	N/R
Ohio	N/R	N/R	N/R	N/R
Wisconsin	N/R	N/R	N/R	N/R

**Exhibit D5.35A (continued)**

**State Anthropometric Nutritional Risk Standards for Weight for Age for Infants and Children**

State	Infants		Children	
	Underweight for Age (under percentile)	Overweight for Age (over percentile)	Underweight for Age (under percentile)	Overweight for Age (over percentile)
<i>Southwest</i>				
Arkansas	N/R	N/R	N/R	N/R
Louisiana	N/R	N/R	N/R	N/R
New Mexico	5	95	5	95
Oklahoma	5	90	5	90
Texas	5	N/R	5	N/R
ACL WIC (NM)	5	95	5	95
Cherokee Nation (OK)	10	90	10	90
Chickasaw Nation (OK)	5	95	5	95
Choctaw Nation (OK)	5	N/R	5	N/R
Citizen-Potawatomi (OK)	10	N/R	10	N/R
Eight Northern Pueblos (NM)	5	95	5	95
Five Sandoval Pueblos (NM)	N/R	N/R	N/R	N/R
ITC-Oklahoma	5	95	5	95
Muscogee Creek Nation (OK)	10	N/R	10	N/R
Osage Nation (OK)	10	90	10	90
Otoe-Missouria (OK)	N/R	90	10	N/R
Pueblo of Isleta (NM)	5	95	5	95
Pueblo of San Felipe (NM)	5	95	5	95
Pueblo of Zuñi (NM)	5	N/R	5	N/R
Sac and Fox Nation (OK)	10	90	10	90
Santo Domingo (NM)	10	90	10	90
WCD (OK)	10	90	10	90

**Exhibit D5.35A (continued)**

**State Anthropometric Nutritional Risk Standards for Weight for Age for Infants and Children**

State	Infants		Children	
	Underweight for Age (under percentile)	Overweight for Age (over percentile)	Underweight for Age (under percentile)	Overweight for Age (over percentile)
<i>Mountain Plains</i>				
Colorado	5	N/R	5	N/R
Iowa	N/R	N/R	N/R	N/R
Kansas	N/R	N/R	N/R	N/R
Missouri	5	N/R	5	N/R
Montana	N/R	N/R	N/R	N/R
Nebraska	10	N/R	10	N/R
North Dakota	N/R	N/R	N/R	N/R
South Dakota	5	N/R	5	N/R
Utah	10	90	10	90
Wyoming	10	N/R	10	N/R
Cheyenne River Sioux (SD)	5	N/R	5	N/R
Omaha-Santee Sioux (NE)	N/R	N/R	N/R	N/R
Rosebud Sioux (SD)	10	90	10	90
Shoshone-Arapahoe (WY)	5	90	5	90
Standing Rock Sioux (ND)	5	N/R	5	N/R
Three Affiliated (ND)	5	95	5	95
Ute Mountain Ute (CO)	10	90	10	90
Winnebago (NE)	10	90	10	90

**Exhibit D5.35A (continued)**

**State Anthropometric Nutritional Risk Standards for Weight for Age for Infants and Children**

State	Infants		Children	
	Underweight for Age (under percentile)	Overweight for Age (over percentile)	Underweight for Age (under percentile)	Overweight for Age (over percentile)
<i>Western</i>				
Alaska	N/R	N/R	N/R	N/R
American Samoa	10	90	10	90
Arizona	N/R	N/R	N/R	N/R
California	N/R	N/R	N/R	N/R
Guam	10	N/R	5	N/R
Hawaii	5	N/R	5	N/R
Idaho	N/R	N/R	N/R	N/R
Nevada	N/R	N/R	N/R	N/R
Oregon	N/R	N/R	N/R	N/R
Washington	5	N/R	5	N/R
ITC-Arizona	N/R	N/R	10	90
ITC-Nevada	N/R	N/R	10	N/R
Navajo Nation (AZ)	10	90	10	90

**Notes**

Standards are based on anthropometric percentiles developed by the National Center for Health Statistics (NCHS).  
N/R = Not reported.

Exhibit D5.35B

State Anthropometric Nutritional Risk Standards for Height (Length) for Age for Infants and Children

State	Infants		Children	
	Short Stature (under percentile)	Tall Stature (over percentile)	Short Stature (under percentile)	Tall Stature (over percentile)
<b><i>Northeast</i></b>				
Connecticut	10	N/R	10	N/R
Maine	10	N/R	10	N/R
Massachusetts	10	N/R	10	N/R
New Hampshire	10	N/R	10	N/R
New York	10	90	10	90
Rhode Island	10	N/R	10	N/R
Vermont	5	N/R	5	N/R
Indian Township (ME)	10	90	10	90
Pleasant Point (ME)	10	90	10	90
Seneca Nation (NY)	10	90	10	90
<b><i>Mid-Atlantic</i></b>				
Delaware	10	90	10	90
District of Columbia	5	N/R	5	N/R
Maryland	10	N/R	10	N/R
New Jersey	10	N/R	10	N/R
Pennsylvania	10	N/R	10	N/R
Puerto Rico	10	95	10	95
Virginia	10	N/R	10	N/R
Virgin Islands	5	N/R	N/R	N/R
West Virginia	10	N/R	10	N/R

Exhibit D5.35B (continued)

State Anthropometric Nutritional Risk Standards for Height (Length) for Age for Infants and Children

State	Infants		Children	
	Short Stature (under percentile)	Tall Stature (over percentile)	Short Stature (under percentile)	Tall Stature (over percentile)
<b><i>Southeast</i></b>				
Alabama	10	N/R	10	N/R
Florida	10	N/R	5	N/R
Georgia	10	N/R	10	N/R
Kentucky	10	N/R	10	N/R
Mississippi	5	95	5	95
North Carolina	5	N/R	5	N/R
South Carolina	5	N/R	5	N/R
Tennessee	5	N/R	N/R	N/R
Eastern Band-Cherokee (NC)	5	N/R	5	N/R
Mississippi Choctaw	5	95	5	95
<b><i>Midwest</i></b>				
Illinois	10	N/R	10	N/R
Indiana	10	N/R	10	N/R
Michigan	10	N/R	10	N/R
Minnesota	5	N/R	5	N/R
Ohio	10	N/R	10	N/R
Wisconsin	10	N/R	10	N/R



**Exhibit D5.35B (continued)**

**State Anthropometric Nutritional Risk Standards for Height (Length) for Age for Infants and Children**

State	Infants		Children	
	Short Stature (under percentile)	Tall Stature (over percentile)	Short Stature (under percentile)	Tall Stature (over percentile)
<i>Southwest</i>				
Arkansas	10	N/R	10	N/R
Louisiana	10	90	10	90
New Mexico	5	N/R	5	N/R
Oklahoma	5	90	5	90
Texas	5	N/R	5	N/R
ACL WIC (NM)	5	N/R	5	N/R
Cherokee Nation (OK)	10	N/R	10	N/R
Chickasaw Nation (OK)	5	95	5	95
Choctaw Nation (OK)	5	N/R	5	N/R
Citizen-Potawatomi (OK)	5	N/R	5	N/R
Eight Northern Pueblos (NM)	5	N/R	5	N/R
Five Sandoval Pueblos (NM)	5	N/R	5	N/R
ITC-Oklahoma	5	95	5	95
Muscogee Creek Nation (OK)	10	N/R	10	N/R
Osage Nation (OK)	10	90	10	90
Otoe-Missouria (OK)	N/R	N/R	10	N/R
Pueblo of Isleta (NM)	5	95	5	95
Pueblo of San Felipe (NM)	5	95	5	95
Pueblo of Zuñi (NM)	5	N/R	5	N/R
Sac and Fox Nation (OK)	10	N/R	10	N/R
Santo Domingo (NM)	10	90	10	90
WCD (OK)	10	90	10	90

Exhibit D5.35B (continued)

State Anthropometric Nutritional Risk Standards for Height (Length) for Age for Infants and Children

State	Infants		Children	
	Short Stature (under percentile)	Tall Stature (over percentile)	Short Stature (under percentile)	Tall Stature (over percentile)
<i>Mountain Plains</i>				
Colorado	10	N/R	10	N/R
Iowa	5	N/R	5	N/R
Kansas	5	N/R	5	N/R
Missouri	5	N/R	5	N/R
Montana	10	N/R	10	N/R
Nebraska	10	N/R	10	N/R
North Dakota	10	N/R	10	N/R
South Dakota	10	N/R	10	N/R
Utah	10	90	10	90
Wyoming	5	N/R	5	N/R
Cheyenne River Sioux (SD)	10	N/R	10	N/R
Omaha-Santee Sioux (NE)	10	90	10	90
Rosebud Sioux (SD)	10	N/R	10	90
Shoshone-Arapahoe (WY)	10	95	10	95
Standing Rock Sioux (ND)	10	N/R	10	N/R
Three Affiliated (ND)	5	95	5	95
Ute Mountain Ute (CO)	10	90	10	90
Winnebago (NE)	10	N/R	10	N/R

**Exhibit D5.35B (continued)**

**State Anthropometric Nutritional Risk Standards for Height (Length) for Age for Infants and Children**

State	Infants		Children	
	Short Stature (under percentile)	Tall Stature (over percentile)	Short Stature (under percentile)	Tall Stature (over percentile)
<i>Western</i>				
Alaska	5	N/R	5	N/R
American Samoa	10	90	10	90
Arizona	10	N/R	5	N/R
California	5	N/R	5	N/R
Guam	5	N/R	5	N/R
Hawaii	5	N/R	5	N/R
Idaho	5	N/R	5	N/R
Nevada	5	N/R	5	N/R
Oregon	5	N/R	5	N/R
Washington	5	N/R	5	N/R
ITC-Arizona	10	N/R	5	N/R
ITC-Nevada	5	N/R	5	N/R
Navajo Nation (AZ)	10	N/R	10	N/R

**Notes**

Standards are based on anthropometric percentiles developed by the National Center for Health Statistics (NCHS).  
N/R = Not reported.

**Exhibit D5.35C**

**State Anthropometric Nutritional Risk Standards for Weight for Height (Length) for Infants and Children**

State	Infants		Children	
	Underweight for Height (under percentile)	Overweight for Height (over percentile)	Underweight for Height (under percentile)	Overweight for Height (over percentile)
<b><i>Northeast</i></b>				
Connecticut	10	90	10	90
Maine	10	90	10	90
Massachusetts	10	90	10	90
New Hampshire	25	90	10	90
New York	10	90	10	90
Rhode Island	25	90	10	95
Vermont	N/R	95	10	95
Indian Township (ME)	10	90	10	90
Pleasant Point (ME)	10	90	10	90
Seneca Nation (NY)	10	90	10	90
<b><i>Mid-Atlantic</i></b>				
Delaware	10	90	10	90
District of Columbia	10	90	10	90
Maryland	10	N/R	10	95
New Jersey	10	95	10	95
Pennsylvania	10	95	10	95
Puerto Rico	10	95	10	95
Virginia	10	90	10	90
Virgin Islands	10	90	10	90
West Virginia	25	90	25	90

Exhibit D5.35C (continued)

State Anthropometric Nutritional Risk Standards for Weight for Height (Length) for Infants and Children

State	Infants		Children	
	Underweight for Height (under percentile)	Overweight for Height (over percentile)	Underweight for Height (under percentile)	Overweight for Height (over percentile)
<b>Southeast</b>				
Alabama	10	90	10	90
Florida	10	95	10	95
Georgia	10	95	10	95
Kentucky	10	90	10	90
Mississippi	10	90	10	90
North Carolina	10	90	10	90
South Carolina	5	95	5	95
Tennessee	5	90	5	90
Eastern Band-Cherokee (NC)	10	90	10	90
Mississippi Choctaw	10	90	10	90
<b>Midwest</b>				
Illinois	10	90	10	90
Indiana	10	90	10	90
Michigan	10	90	10	90
Minnesota	10	90	10	90
Ohio	10	90	10	90
Wisconsin	10	90	10	90

Exhibit D5.35C (continued)

State Anthropometric Nutritional Risk Standards for Weight for Height (Length) for Infants and Children

State	Infants		Children	
	Underweight for Height (under percentile)	Overweight for Height (over percentile)	Underweight for Height (under percentile)	Overweight for Height (over percentile)
<b>Southwest</b>				
Arkansas	10	95	10	90
Louisiana	10	90	10	90
New Mexico	10	95	10	95
Oklahoma	10	90	10	90
Texas	10	90	10	90
ACL WIC (NM)	10	95	10	95
Cherokee Nation (OK)	10	90	10	90
Chickasaw Nation (OK)	10	90	10	90
Choctaw Nation (OK)	10	90	10	90
Citizen-Potawatomi (OK)	10	90	10	90
Eight Northern Pueblos (NM)	5	95	5	95
Five Sandoval Pueblos (NM)	5	95	5	95
ITC-Oklahoma	5	95	5	95
Muscogee Creek Nation (OK)	10	90	10	90
Osage Nation (OK)	10	90	10	90
Otoe-Missouria (OK)	10	90	10	90
Pueblo of Isleta (NM)	10	95	10	95
Pueblo of San Felipe (NM)	5	95	5	95
Pueblo of Zuñi (NM)	5	95	N/R	95
Sac and Fox Nation (OK)	10	90	10	90
Santo Domingo (NM)	10	90	10	90
WCD (OK)	10	90	10	90

**Exhibit D5.35C (continued)**

**State Anthropometric Nutritional Risk Standards for Weight for Height (Length) for Infants and Children**

State	Infants		Children	
	Underweight for Height (under percentile)	Overweight for Height (over percentile)	Underweight for Height (under percentile)	Overweight for Height (over percentile)
<b><i>Mountain Plains</i></b>				
Colorado	10	90	10	90
Iowa	5	95	5	95
Kansas	10	95	10	95
Missouri	10	90	10	90
Montana	10	90	10	90
Nebraska	10	90	10	90
North Dakota	10	90	10	90
South Dakota	10	90	10	90
Utah	10	90	10	90
Wyoming	10	90	10	90
Cheyenne River Sioux (SD)	10	90	10	90
Omaha-Santee Sioux (NE)	10	90	10	90
Rosebud Sioux (SD)	10	90	10	90
Shoshone-Arapahoe (WY)	10	90	10	90
Standing Rock Sioux (ND)	10	90	10	90
Three Affiliated (ND)	10	90	10	90
Ute Mountain Ute (CO)	10	90	10	90
Winnebago (NE)	10	90	10	90

**Exhibit D5.35C (continued)**

**State Anthropometric Nutritional Risk Standards for Weight for Height (Length) for Infants and Children**

State	Infants		Children	
	Underweight for Height (under percentile)	Overweight for Height (over percentile)	Underweight for Height (under percentile)	Overweight for Height (over percentile)
<b>Western</b>				
Alaska	5	95	5	95
American Samoa	10	90	10	90
Arizona	10	95	10	95
California	5	N/R	5	95
Guam	5	95	5	95
Hawaii	5	95	5	95
Idaho	5	95	5	95
Nevada	5	95	5	95
Oregon	10	90	10	90
Washington	10	90	10	90
ITC-Arizona	10	90	10	90
ITC-Nevada	10	90	10	90
Navajo Nation (AZ)	10	90	10	90

**Notes**

Standards are based on anthropometric percentiles developed by the National Center for Health Statistics (NCHS).  
N/R = Not reported.



**Exhibit D5.37**

**State Anthropometric Nutritional Risk Standards for Current Weight for Height for Breastfeeding Women and for Postpartum Women**

State	Breastfeeding Women		Postpartum Women	
	Underweight for Height (percent under standard)	Overweight for Height (percent over standard)	Underweight for Height (percent under standard)	Overweight for Height (percent over standard)
<b><i>Northeast</i></b>				
Connecticut	10	20	10	20
Maine	N/R	N/R	N/R	N/R
Massachusetts	10	20	10	20
New Hampshire	10	20	10	20
New York	N/R	N/R	10	10
Rhode Island	10	20	10	20
Vermont	5	25	5	25
Indian Township (ME)	10	20	10	20
Pleasant Point (ME)	10	20	10	20
Seneca Nation (NY)	10	20	10	20
<b><i>Mid-Atlantic</i></b>				
Delaware	10	20	10	20
District of Columbia	10	20	10	20
Maryland	10	20	10	20
New Jersey	10	10	10	10
Pennsylvania	15	N/R	15	N/R
Puerto Rico	10	20	10	20
Virginia	10	20	10	20
Virgin Islands	10	30	10	20
West Virginia	10	20	10	20

Exhibit D5.37 (continued)

State Anthropometric Nutritional Risk Standards for Current Weight for Height for Breastfeeding Women and for Postpartum Women

State	Breastfeeding Women		Postpartum Women	
	Underweight for Height (percent under standard)	Overweight for Height (percent over standard)	Underweight for Height (percent under standard)	Overweight for Height (percent over standard)
<b><i>Southeast</i></b>				
Alabama	10	N/R	10	N/R
Florida	10	35	10	N/R
Georgia	10	20	10	20
Kentucky	10	20	10	20
Mississippi	10	20	10	20
North Carolina	10	20	10	20
South Carolina	10	20	10	20
Tennessee	10	20	10	20
Eastern Band-Cherokee (NC)	10	20	10	20
Mississippi Choctaw	10	20	10	20
<b><i>Midwest</i></b>				
Illinois	10	20	10	20
Indiana	5	15	5	15
Michigan	10	20	10	20
Minnesota	10	20	10	20
Ohio	10	20	10	20
Wisconsin	10	20	10	20

Exhibit D5.37 (continued)

State Anthropometric Nutritional Risk Standards for Current Weight for Height for Breastfeeding Women and for Postpartum Women

State	Breastfeeding Women		Postpartum Women	
	Underweight for Height (percent under standard)	Overweight for Height (percent over standard)	Underweight for Height (percent under standard)	Overweight for Height (percent over standard)
<b>Southwest</b>				
Arkansas	10	20	10	N/R
Louisiana	10	20	10	20
New Mexico	10	20	10	20
Oklahoma	10	20	10	20
Texas	10	20	10	20
ACL WIC (NM)	10	20	10	20
Cherokee Nation (OK)	5	15	5	15
Chickasaw Nation (OK)	10	20	10	20
Choctaw Nation (OK)	10	20	N/R	20
Citizen-Potawatomi (OK)	10	15	10	15
Eight Northern Pueblos (NM)	15	20	15	20
Five Sandoval Pueblos (NM)	10	10	10	10
ITC-Oklahoma	10	15	10	15
Muscogee Creek Nation (OK)	10	20	N/R	N/R
Osage Nation (OK)	10	20	10	20
Otoe-Missouria (OK)	10	20	10	20
Pueblo of Isleta (NM)	10	20	10	20
Pueblo of San Felipe (NM)	15	20	10	20
Pueblo of Zuñi (NM)	15	20	15	20
Sac and Fox Nation (OK)	10	10	N/R	N/R
Santo Domingo (NM)	10	20	10	20
WCD (OK)	10	15	10	15

Exhibit D5.37 (continued)

State Anthropometric Nutritional Risk Standards for Current Weight for Height for Breastfeeding Women and for Postpartum Women

State	Breastfeeding Women		Postpartum Women	
	Underweight for Height (percent under standard)	Overweight for Height (percent over standard)	Underweight for Height (percent under standard)	Overweight for Height (percent over standard)
<b>Mountain Plains</b>				
Colorado	10	20	10	20
Iowa	10	20	10	20
Kansas	10	20	10	20
Missouri	10	N/R	10	N/R
Montana	10	20	10	20
Nebraska	10 <sup>a</sup>	20 <sup>a</sup>	10 <sup>a</sup>	20 <sup>a</sup>
North Dakota				
South Dakota	10	10	10	10
Utah	10	20	10	20
Wyoming	10	20	10	20
Cheyenne River Sioux (SD)	10	20	10	20
Omaha-Santee Sioux (NE)	10	10	N/R	20
Rosebud Sioux (SD)	5	20	5	20
Shoshone-Arapahoe (WY)	15	20	15	20
Standing Rock Sioux (ND)	10	20	10	20
Three Affiliated (ND)	5	20	5	20
Ute Mountain Ute (CO)	10	20	10	20
Winnebago (NE)	N/R	20	N/R	20

**Note**

<sup>a</sup>Standards for North Dakota are based on Body Mass Index (BMI) anthropometric criteria. For breastfeeding and/or postpartum women, BMI  $\leq$  21 indicates underweight for height; BMI  $\geq$  27.1 indicates overweight for height.

**Exhibit D5.37 (continued)**

**State Anthropometric Nutritional Risk Standards for Current Weight for Height for Breastfeeding Women and for Postpartum Women**

State	Breastfeeding Women		Postpartum Women	
	Underweight for Height (percent under standard)	Overweight for Height (percent over standard)	Underweight for Height (percent under standard)	Overweight for Height (percent over standard)
<i>Western</i>				
Alaska	10	20	10	20
American Samoa	10	20	10	20
Arizona	10	20	10	20
California	10	20	10	20
Guam	10	20	10	20
Hawaii	15	20	15	20
Idaho	10	20	10	20
Nevada	10	20	10	20
Oregon	10	20	10	20
Washington	10	N/R	10	N/R
ITC-Arizona	10	20	10	20
ITC-Nevada	5	20	5	20
Navajo Nation (AZ)	10	10	10	10

**Notes**

Standard height and weight percentiles are based on the Metropolitan Life Actuarial Tables, 1959.  
N/R= Not reported.

**Exhibit D5.38A**

**Summary of State Nutritional Risk Eligibility Criteria for Hemoglobin Values for Pregnant Women**

Hemoglobin Value	States with Criteria by Trimester									States with a Constant Criterion		
	First Trimester			Second Trimester			Third Trimester					
	Number	Percent	Cumulative Percent	Number	Percent	Cumulative Percent	Number	Percent	Cumulative Percent	Number	Percent	Cumulative Percent
10.0	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	1	3.1%	3.1%
10.4	0	0.0	0.0	16	29.1	29.1	0	0.0	0.0	0	0.0	3.1
10.5	0	0.0	0.0	16	29.1	58.2	1	1.8	1.8	0	0.0	3.1
10.6	0	0.0	0.0	1	1.8	60.0	0	0.0	1.8	0	0.0	3.1
10.7	0	0.0	0.0	1	1.8	61.8	0	0.0	1.8	0	0.0	3.1
10.9	16	29.1	29.1	4	7.3	69.1	18	32.7	34.5	2	6.3	9.4
11.0	16	29.1	58.2	6	10.9	80.0	16	29.1	63.6	5	15.6	25.0
11.1	1	1.8	60.0	2	3.6	83.6	1	1.8	65.5	0	0.0	25.0
11.2	0	0.0	60.0	2	3.6	87.3	1	1.8	67.3	0	0.0	25.0
11.3	0	0.0	60.0	2	3.6	90.9	0	0.0	67.3	2	6.3	31.3
11.4	3	5.5	65.5	0	0.0	90.9	4	7.3	74.5	0	0.0	31.3
11.5	2	3.6	69.1	0	0.0	90.9	4	7.3	81.8	1	3.1	34.4
11.6	2	3.6	72.7	2	3.6	94.5	2	3.6	85.5	0	0.0	34.4
11.7	4	7.3	80.0	0	0.0	94.5	3	5.5	90.9	1	3.1	37.5
11.9	3	5.5	85.5	1	1.8	96.4	1	1.8	92.7	3	9.4	46.9
12.0	5	9.1	94.5	2	3.6	100.0	1	1.8	94.5	15	46.9	93.8
12.2	1	1.8	96.4	0	0.0	100.0	1	1.8	96.4	0	0.0	93.8
12.3	1	1.8	98.2	0	0.0	100.0	0	0.0	96.4	0	0.0	93.8
12.4	0	0.0	98.2	0	0.0	100.0	0	0.0	96.4	1	3.1	96.9
12.5	0	0.0	98.2	0	0.0	100.0	0	0.0	96.4	1	3.1	100.0
12.7	1	1.8	100.0	0	0.0	100.0	1	1.8	98.2	0	0.0	100.0
13.0	0	0.0	100.0	0	0.0	100.0	1	1.8	100.0	0	0.0	100.0
Total Reporting	55			55			55			32		
Median		11.0			10.5			11.0			12.0	
Mean		11.3			10.8			11.2			11.7	
Mode		10.9			10.4			10.9			12	
Standard deviation		0.477			0.443			0.471			0.555	

**Notes**

When WIC applicants or participants have blood test values less than or equal to the criteria listed in this table, they are considered to be at nutritional risk. Hemoglobin values are reported in grams per deciliter. Hematocrit values are reported as percents.

All State WIC agencies establish nutritional risk eligibility criteria for pregnant women: 52 States reported trimester-based criteria for both hemoglobin and hematocrit values; 31 States reported constant criteria for both hemoglobin and hematocrit values. One State reported trimester-based criteria for hemoglobin values and constant criteria for hematocrit values. One State reported constant criteria for hemoglobin values and no criteria for hematocrit values; two States reported trimester-based criteria for hemoglobin values and no criteria for hematocrit values. One State reported trimester-based criteria for hematocrit values and no criteria for hemoglobin values.

Calculations for measure of central tendency are based on numbers of States reporting eligibility criteria for specific blood measures.

**Exhibit D5.38B**

**Summary of State Nutritional Risk Eligibility Criteria for Hemoglobin Values for Breastfeeding and Postpartum Women**

Hemoglobin Value	Breastfeeding Women			Postpartum Women		
	Number	Percent	Cumulative Percent	Number	Percent	Cumulative Percent
10.0	1	1.1	1.1	0	0.0	0.0
10.9	1	1.1	2.3	2	2.3	2.3
11.0	4	4.6	6.9	4	4.7	7.0
11.3	1	1.1	8.0	2	2.3	9.3
11.4	1	1.1	9.2	0	0.0	9.3
11.7	1	1.1	10.3	2	2.3	11.6
11.8	1	1.1	11.5	0	0.0	11.6
11.9	21	24.1	35.6	20	23.3	34.9
12.0	36	41.4	77.0	36	41.9	76.7
12.1	1	1.1	78.2	2	2.3	79.1
12.2	3	3.4	81.6	2	2.3	81.4
12.3	1	1.1	82.8	1	1.2	82.6
12.4	5	5.7	88.5	5	5.8	88.4
12.5	2	2.3	90.8	2	2.3	90.7
12.6	4	4.6	95.4	4	4.7	95.3
12.7	2	2.3	97.7	2	2.3	97.7
13.0	1	1.1	98.9	1	1.2	98.8
13.4	0	0.0	98.9	1	1.2	100.0
13.5	1	1.1	100.0	0	0.0	100.0
Total Reporting	87			86		
Median		12.0			12.0	
Mean		12.0			12.0	
Mode		12.0			12.0	
Standard deviation		0.452			0.415	

**Notes**

When WIC applicants or participants have blood test values less than or equal to the criteria listed in this table, they are considered to be at nutritional risk. Hemoglobin values are reported in grams per deciliter.

All State WIC agencies establish nutritional risk eligibility criteria for breastfeeding and postpartum women: 83 States reported both hemoglobin and hematocrit values for breastfeeding and postpartum women; one State reported both hemoglobin and hematocrit values for breastfeeding women but only hematocrit values for postpartum women. Three States only reported hemoglobin values and one State only reported hematocrit values for breastfeeding and postpartum women.

Calculations for measures of central tendency are based on numbers of States reporting eligibility criteria for specific blood measures.

**Exhibit D5.38C**

**State Nutritional Risk Eligibility Criteria for Hemoglobin Values for Pregnant, Breastfeeding, and Postpartum Women by State**

State	Pregnant Women			Constant Criterion	Breastfeeding Women	Postpartum Women
	First Trimester	Second Trimester	Third Trimester			
<b><i>Northeast</i></b>						
Connecticut				12.0	12.0	12.0
Maine	11.0	10.5	11.0		12.0	12.0
Massachusetts				12.0	12.0	12.0
New Hampshire	12.0	12.0	11.0		12.0	12.0
New York				12.0	12.0	12.0
Rhode Island	11.0	10.5	11.0		12.0	12.0
Vermont	12.0	11.0	12.0		12.6	12.6
Indian Township (ME)	11.0	10.5	11.0		12.0	12.0
Pleasant Point (ME)	11.0	10.5	11.0		12.0	12.0
Seneca Nation (NY)	10.9	10.4	10.9		11.9	11.9
<b><i>Mid-Atlantic</i></b>						
Delaware				11.5	12.0	12.0
District of Columbia				11.0	11.0	11.0
Maryland				11.0	11.0	11.0
New Jersey				12.0	12.0	12.0
Pennsylvania				11.3	11.3	11.3
Puerto Rico				11.9	11.9	11.9
Virginia				10.9	11.9	11.9
Virgin Islands				12.0	12.0	12.0
West Virginia	11.0	10.5	11.0		12.0	12.0



Exhibit D5.38C (continued)

State Nutritional Risk Eligibility Criteria for Hemoglobin Values for Pregnant, Breastfeeding, and Postpartum Women by State

State	Pregnant Women				Breastfeeding Women	Postpartum Women
	First Trimester	Second Trimester	Third Trimester	Constant Criterion		
<b>Southeast</b>						
Alabama				11.3	12.3	11.3
Florida	12.2	11.6	12.2		12.2	12.1
Georgia				11.9	11.9	11.9
Kentucky				12.0	12.0	12.0
Mississippi				11.0	12.0	12.0
North Carolina	11.0	10.5	11.0		12.0	12.0
South Carolina	11.0	10.5	11.0		12.0	12.0
Tennessee				11.7	11.7	11.7
Eastern Band-Cherokee (NC)	11.0	10.5	11.0		12.0	12.0
Mississippi Choctaw				11.0	11.0	11.0
<b>Midwest</b>						
Illinois	10.9	10.4	10.9		11.9	11.9
Indiana	10.9	10.4	10.9		11.9	11.9
Michigan	11.0	10.5	11.0		12.0	12.0
Minnesota	11.0	10.5	11.0		12.0	12.0
Ohio	11.0	10.5	11.0		12.0	12.0
Wisconsin	10.9	10.4	10.9		11.9	11.9

Exhibit D5.38C (continued)

State Nutritional Risk Eligibility Criteria for Hemoglobin Values for Pregnant, Breastfeeding, and Postpartum Women by State

State	Pregnant Women			Constant Criterion	Breastfeeding Women	Postpartum Women
	First Trimester	Second Trimester	Third Trimester			
<b>Southwest</b>						
Arkansas				12.0	13.0	13.0
Louisiana				10.9	10.9	10.9
New Mexico	11.7	11.3	11.7		12.7	12.7
Oklahoma				11.9	11.9	11.9
Texas	12.0	11.0	11.0		12.0	12.0
ACL WIC (NM)				12.5	13.5	13.4
Cherokee Nation (OK)				12.0	12.0	12.0
Chickasaw Nation (OK)				12.0	12.0	12.0
Choctaw Nation (OK)				12.0	12.0	12.0
Citizen-Potawatomi (OK)				12.0	12.0	12.0
Eight Northern Pueblos (NM)	11.7	11.2	13.0		12.4	12.3
Five Sandoval Pueblos (NM)	11.5	11.0	11.5		12.5	12.5
ITC-Oklahoma				10.0	10.0	
Muscogee Creek Nation (OK)	10.9	10.4	10.9		11.9	11.9
Osage Nation (OK)				12.0	12.0	12.0
Otoe-Missouria (OK)				12.0	12.0	12.0
Pueblo of Isleta (NM)	11.7	11.3	11.7		12.7	12.7
Pueblo of San Felipe (NM)	11.4	10.9	11.4		12.4	12.4
Pueblo of Zuñi (NM)				12.4	12.4	12.4
Sac and Fox Nation (OK)				12.0	12.0	12.0
Santo Domingo (NM)	11.5	11.0	11.5		12.5	12.5
WCD (OK)				12.0	12.0	12.0

Exhibit D5.38C (continued)

State Nutritional Risk Eligibility Criteria for Hemoglobin Values for Pregnant, Breastfeeding, and Postpartum Women by State

State	Pregnant Women			Constant Criterion	Breastfeeding Women	Postpartum Women
	First Trimester	Second Trimester	Third Trimester			
<i>Mountain Plains</i>						
Colorado	11.6	11.1	11.6		12.6	12.6
Iowa	10.9	10.4	10.9		11.9	11.9
Kansas	11.0	10.5	11.5		12.0	12.0
Missouri				11.0	11.0	11.0
Montana	12.3	11.6	11.9		12.6	12.6
Nebraska	11.1	10.6	11.1		12.1	12.1
North Dakota	11.0	10.5	11.0		11.8	11.7
South Dakota	11.0	10.5	11.0		12.0	12.0
Utah	11.7	10.7	11.2		12.2	12.2
Wyoming	11.6	11.1	11.6		12.6	12.6
Cheyenne River Sioux (SD)	10.9	10.4	10.9		11.9	11.9
Omaha-Santee Sioux (NE)	10.9	10.4	10.9		11.9	11.9
Rosebud Sioux (SD)	12.0	11.0	10.5		12.0	12.0
Shoshone-Arapahoe (WY)	12.7	12.0	12.7		12.4	12.4
Standing Rock Sioux (ND)	10.9	10.4	10.9		12.2	12.2
Three Affiliated (ND)	11.9	10.9	10.9		11.9	11.9
Ute Mountain Ute (CO)	11.4	10.9	11.4		12.4	12.4
Winnebago (NE)	N/R	N/R	N/R		N/R	N/R

Exhibit D5.38C (continued)

State Nutritional Risk Eligibility Criteria for Hemoglobin Values for Pregnant, Breastfeeding, and Postpartum Women by State

State	Pregnant Women			Constant Criterion	Breastfeeding Women	Postpartum Women
	First Trimester	Second Trimester	Third Trimester			
<i>Western</i>						
Alaska	10.9	10.4	10.9		11.9	11.9
American Samoa	10.9	10.4	10.9		12.0	12.0
Arizona	10.9	10.4	10.9		11.9	11.9
California	10.9	10.4	10.9		11.9	11.9
Guam	11.0	10.5	11.5		12.0	12.0
Hawaii	11.9	11.9	10.9		11.9	10.9
Idaho	11.9	11.2	11.7		11.9	11.9
Nevada	11.0	10.5	11.4		12.0	12.0
Oregon	10.9	10.4	10.9		11.9	11.9
Washington	12.0	11.0	11.0		12.0	12.0
ITC-Arizona	10.9	10.4	10.9		11.9	11.9
ITC-Nevada	10.9	10.4	10.9		11.9	11.9
Navajo Nation (AZ)	11.4	10.9	11.4		11.4	12.4

**Note**

N/R = Not reported.

Exhibit D5.38D

Summary of State Nutritional Risk Eligibility Criteria for Hemoglobin Values for Infants and Children

Hemoglobin Value	Infants			Children (Age at Certification)					
				1 Year Old			2 - 4 Years Old		
	Number	Percent	Cumulative Percent	Number	Percent	Cumulative Percent	Number	Percent	Cumulative Percent
9.9	2	2.3	2.3	1	1.2	1.2	0	0.0	0.0
10.0	0	0.0	2.3	1	1.2	2.3	0	0.0	0.0
10.3	0	0.0	2.3	1	1.2	3.5	0	0.0	0.0
10.4	1	1.1	3.4	0	0.0	3.5	0	0.0	0.0
10.8	1	1.1	4.6	1	1.2	4.7	0	0.0	0.0
10.9	21	24.1	28.7	20	23.3	27.9	9	10.3	10.3
11.0	37	42.5	71.3	32	37.2	65.1	24	27.6	37.9
11.1	1	1.1	72.4	1	1.2	66.3	10	11.5	49.4
11.2	5	5.7	78.2	5	5.8	72.1	14	16.1	65.5
11.3	3	3.4	81.6	4	4.7	76.7	4	4.6	70.1
11.4	4	4.6	86.2	4	4.7	81.4	5	5.7	75.9
11.5	4	4.6	90.8	7	8.1	89.5	7	8.0	83.9
11.6	3	3.4	94.3	3	3.5	93.0	2	2.3	86.2
11.7	2	2.3	96.6	2	2.3	95.3	3	3.4	89.7
11.8	0	0.0	96.6	0	0.0	95.3	2	2.3	92.0
11.9	2	2.3	98.9	2	2.3	97.7	3	3.4	95.4
12.0	0	0.0	98.9	1	1.2	98.8	3	3.4	98.9
12.4	1	1.1	100.0	0	0.0	98.8	0	0.0	98.9
12.5	0	0.0	100.0	1	1.2	100.0	0	0.0	98.9
12.6	0	0.0	100.0	0	0.0	100.0	1	1.1	100.0

**Exhibit D5.38D (continued)**

**Summary of State Nutritional Risk Eligibility Criteria for Hemoglobin Values for Infants and Children**

Hemoglobin Value	Infants			Children (Age at Certification)					
				1 Year Old			2 - 4 Years Old		
	Number	Percent	Cumulative Percent	Number	Percent	Cumulative Percent	Number	Percent	Cumulative Percent
Total reporting	87			86			87		
Median		11.0			11.0			11.2	
Mean		11.1			11.1			11.3	
Mode		11.0			11.0			11.0	
Standard deviation		0.345			0.371			0.335	

**Notes**

When WIC applicants or participants have blood test values less than or equal to the criteria listed in this table, they are considered to be at nutritional risk. Hemoglobin values are reported in grams per deciliter. Hematocrit values are reported as percents.

All State WIC agencies establish nutritional risk eligibility criteria for infants and children: 84 States reported criteria for both hemoglobin and hematocrit values, although one State did not report these data for 1 year old children. Three States reported criteria only for hemoglobin values; one State reported criteria only for hematocrit values.

Calculations for measures of central tendency are based on numbers of States reporting eligibility criteria for specific blood measures.

**Exhibit D5.38E**

**State Nutritional Risk Eligibility Criteria for Hemoglobin Values for Infants and Children**

State	Children		
	Infants	1 Year Old	2 - 4 Years Old
<b><i>Northeast</i></b>			
Connecticut	11.0	11.0	11.5
Maine	11.0	11.0	11.2
Massachusetts	11.0	11.0	11.0
New Hampshire	11.0	11.0	11.0
New York	11.0	11.0	11.0
Rhode Island	11.2	11.2	11.2
Vermont	11.5	11.5	11.5
Indian Township (ME)	11.0	11.0	11.0
Pleasant Point (ME)	11.0	11.0	11.0
Seneca Nation (NY)	10.9	10.9	10.9
<b><i>Mid-Atlantic</i></b>			
Delaware	11.5	11.5	11.5
District of Columbia	11.0	11.0	11.0
Maryland	11.0	11.5	11.5
New Jersey	11.0	11.0	11.0
Pennsylvania	11.3	11.3	11.3
Puerto Rico	11.9	11.9	11.9
Virginia	10.9	10.9	10.9
Virgin Islands	11.0	11.5	11.5
West Virginia	11.0	11.0	11.2

**Exhibit D5.38E (continued)**

**State Nutritional Risk Eligibility Criteria for Hemoglobin Values for Infants and Children**

State	Infants	Children	
		1 Year Old	2 - 4 Years Old
<b><i>Southeast</i></b>			
Alabama	11.3	11.3	11.3
Florida	11.2	11.4	11.4
Georgia	11.3	11.3	11.9
Kentucky	11.2	11.2	11.2
Mississippi	11.0	11.0	11.0
North Carolina	11.0	11.5	11.5
South Carolina	11.0	11.0	11.2
Tennessee	11.0	11.0	11.0
Eastern Band-Cherokee (NC)	11.0	11.5	11.5
Mississippi Choctaw	11.0	11.0	11.0
<b><i>Midwest</i></b>			
Illinois	10.9	10.9	11.1
Indiana	10.9	10.9	11.1
Michigan	11.0	11.0	11.2
Minnesota	11.0	11.0	11.2
Ohio	11.0	11.0	11.2
Wisconsin	10.9	10.9	11.1



**Exhibit D5.38E (continued)**

**State Nutritional Risk Eligibility Criteria for Hemoglobin Values for Infants and Children**

State	Children		
	Infants	1 Year Old	2 - 4 Years Old
<i>Southwest</i>			
Arkansas	11.6	12.0	12.0
Louisiana	10.9	10.9	10.9
New Mexico	11.7	11.7	12.0
Oklahoma	10.9	10.9	11.2
Texas	11.0	11.2	11.2
ACL WIC (NM)	12.4	12.5	12.6
Cherokee Nation (OK)	11.0	11.0	11.0
Chickasaw Nation (OK)	11.0	11.0	11.0
Choctaw Nation (OK)	11.0	11.0	11.0
Citizen-Potawatomi (OK)	11.0	11.0	11.0
Eight Northern Pueblos (NM)	11.6	11.6	11.8
Five Sandoval Pueblos (NM)	11.5	N/R	11.7
ITC-Oklahoma	9.9	10.0	11.0
Muscogee Creek Nation (OK)	10.9	10.9	11.7
Osage Nation (OK)	10.9	10.9	10.9
Otoe-Missouria (OK)	11.0	11.0	11.0
Pueblo of Isleta (NM)	11.7	11.7	12.0
Pueblo of San Felipe (NM)	11.4	10.3	11.4
Pueblo of Zuñi (NM)	10.4	11.4	11.4
Sac and Fox Nation (OK)	11.0	11.0	11.0
Santo Domingo (NM)	11.5	11.5	11.7
WCD (OK)	11.0	11.0	11.0

**Exhibit D5.38E (continued)**

**State Nutritional Risk Eligibility Criteria for Hemoglobin Values for Infants and Children**

State	Infants	Children	
		1 Year Old	2 - 4 Years Old
<i>Mountain Plains</i>			
Colorado	10.8	10.8	11.0
Iowa	10.9	10.9	10.9
Kansas	11.0	11.0	11.0
Missouri	11.0	11.0	11.0
Montana	11.9	11.9	11.9
Nebraska	11.1	11.1	11.3
North Dakota	10.9	11.0	11.2
South Dakota	11.0	11.0	11.2
Utah	11.2	11.2	11.4
Wyoming	11.6	11.6	11.8
Cheyenne River Sioux (SD)	10.9	10.9	11.1
Omaha-Santee Sioux (NE)	10.9	10.9	11.1
Rosebud Sioux (SD)	11.0	11.0	11.0
Shoshone-Arapahoe (WY)	11.4	11.4	11.6
Standing Rock Sioux (ND)	10.9	10.9	11.1
Three Affiliated (ND)	11.0	11.3	11.3
Ute Mountain Ute (CO)	11.4	11.6	11.6
Winnebago (NE)	N/R	N/R	N/R

**Exhibit D5.38E (continued)**

**State Nutritional Risk Eligibility Criteria for Hemoglobin Values for Infants and Children**

State	Infants	Children	
		1 Year Old	2 - 4 Years Old
<i>Western</i>			
Alaska	10.9	10.9	11.1
American Samoa	10.9	10.9	11.0
Arizona	10.9	10.9	11.1
California	10.9	10.9	10.9
Guam	11.0	11.0	11.0
Hawaii	9.9	9.9	10.9
Idaho	11.2	11.2	11.4
Nevada	11.0	11.0	11.2
Oregon	10.9	10.9	11.1
Washington	11.0	11.0	11.2
ITC-Arizona	10.9	10.9	11.1
ITC-Nevada	10.9	10.9	10.9
Navajo Nation (AZ)	11.4	11.4	11.1

**Note**

N/R = Not reported.

**Exhibit D5.38F**

**Summary of State Nutritional Risk Eligibility Criteria for Hematocrit Values for Pregnant Women**

Hematocrit Value	States with Criteria by Trimester									States with a Constant Criterion		
	First Trimester			Second Trimester			Third Trimester					
	Number	Percent	Cumulative Percent	Number	Percent	Cumulative Percent	Number	Percent	Cumulative Percent	Number	Percent	Cumulative Percent
31.0	0	0.0%	0.0%	1	1.9%	1.9%	0	0.0%	0.0%	0	0.0%	0.0%
31.9	0	0.0	0.0	15	28.3	30.2	0	0.0	0.0	0	0.0	0.0
32.0	1	1.9	1.9	17	32.1	62.3	1	1.9	1.9	0	0.0	0.0
32.4	0	0.0	1.9	1	1.9	64.2	0	0.0	1.9	0	0.0	0.0
32.9	15	28.3	30.2	1	1.9	66.0	15	28.3	30.2	0	0.0	0.0
33.0	17	32.1	62.3	3	5.7	71.7	17	32.1	62.3	3	9.4	9.4
33.1	0	0.0	62.3	0	0.0	71.7	1	1.9	64.2	0	0.0	9.4
33.4	1	1.9	64.2	2	3.8	75.5	1	1.9	66.0	0	0.0	9.4
33.8	0	0.0	64.2	1	1.9	77.4	0	0.0	66.0	0	0.0	9.4
33.9	0	0.0	64.2	4	7.5	84.9	2	3.8	69.8	3	9.4	18.8
34.0	0	0.0	64.2	3	5.7	90.6	4	7.5	77.4	5	15.6	34.4
34.4	2	3.8	67.9	0	0.0	90.6	2	3.8	81.1	0	0.0	34.4
34.8	1	1.9	69.8	0	0.0	90.6	1	1.9	83.0	0	0.0	34.4
34.9	3	5.7	75.5	1	1.9	92.5	4	7.5	90.6	0	0.0	34.4
35.0	2	3.8	79.2	1	1.9	94.3	2	3.8	94.3	3	9.4	43.8
35.9	2	3.8	83.0	0	0.0	94.3	0	0.0	94.3	3	9.4	53.1
36.0	3	5.7	88.7	1	1.9	96.2	2	3.8	98.1	12	37.5	90.6
36.1	1	1.9	90.6	0	0.0	96.2	0	0.0	98.1	0	0.0	90.6
36.9	1	1.9	92.5	1	1.9	98.1	0	0.0	98.1	0	0.0	90.6
37.0	4	7.5	100.0	1	1.9	100.0	1	1.9	100.0	2	6.3	96.9
38.0	0	0.0	100.0	0	0.0	100.0	0	0.0	100.0	1	3.1	100.0
Total Reporting	53			53			53			32		
Median		33.0			32.0			33.0			35.9	
Mean		33.9			32.8			33.6			35.2	
Mode		33.0			32.0			33.0			36.0	
Standard Deviation		1.473			1.325			1.015			1.274	

**Notes**

When WIC applicants or participants have blood test values less than or equal to the criteria listed in this table, they are considered to be at nutritional risk. Hemoglobin values are reported in grams per deciliter. Hematocrit values are reported as percents.

All State WIC agencies establish nutritional risk eligibility criteria for pregnant women: 52 States reported trimester-based criteria for both hemoglobin and hematocrit values; 31 States reported constant criteria for both hemoglobin and hematocrit values. One State reported trimester-based criteria for hemoglobin values and constant criteria for hematocrit values. One State reported constant criteria for hemoglobin values and no criteria for hematocrit values; two States reported trimester-based criteria for hemoglobin values and no criteria for hematocrit values. One State reported trimester-based criteria for hematocrit values and no criteria for hemoglobin values.

Calculations for measure of central tendency are based on numbers of States reporting eligibility criteria for specific blood measures.

**Exhibit D5.38G**

**Summary of State Nutritional Risk Eligibility Criteria for Hematocrit Values for Breastfeeding and Postpartum Women**

Hematocrit Value	Breastfeeding Women			Postpartum Women		
	Number	Percent	Cumulative Percent	Number	Percent	Cumulative Percent
30.0	2	2.4	2.4	2	2.4	2.4
33.9	2	2.4	4.7	3	3.5	5.9
34.0	3	3.5	8.2	4	4.7	10.6
34.4	1	1.2	9.4	0	0.0	10.6
34.9	1	1.2	10.6	0	0.0	10.6
35.0	2	2.4	12.9	2	2.4	12.9
35.4	0	0.0	12.9	2	2.4	15.3
35.5	1	1.2	14.1	0	0.0	15.3
35.6	1	1.2	15.3	1	1.2	16.5
35.7	2	2.4	17.6	2	2.4	18.8
35.9	19	22.4	40.0	18	21.2	40.0
36.0	27	31.8	71.8	27	31.8	71.8
36.4	2	2.4	74.1	1	1.2	72.9
36.9	3	3.5	77.6	4	4.7	77.6
37.0	8	9.4	87.1	6	7.1	84.7
37.4	0	0.0	87.1	1	1.2	85.9
37.8	1	1.2	88.2	2	2.4	88.2
37.9	2	2.4	90.6	3	3.5	91.8
38.0	6	7.1	97.6	5	5.9	97.6
38.5	1	1.2	98.8	1	1.2	98.8
39.0	1	1.2	100.0	1	1.2	100.0
Total reporting	85			85		
Median		36.0			36.0	
Mean		36.1			36.1	
Mode		36.0			36.0	
Standard deviation		1.116			1.161	

**Notes**

When WIC applicants or participants have blood test values less than or equal to the criteria listed in this table, they are considered to be at nutritional risk. Hematocrit values are reported as percents.

All State WIC agencies establish nutritional risk eligibility criteria for breastfeeding and postpartum women: 83 States reported both hemoglobin and hematocrit values for breastfeeding and postpartum women; one State reported both hemoglobin and hematocrit values for breastfeeding women but only hematocrit values for postpartum women. Three States only reported hemoglobin values and one State only reported hematocrit values for breastfeeding and postpartum women.

Calculations for measures of central tendency are based on numbers of States reporting eligibility criteria for specific blood measures.

**Exhibit D5.38H**

**State Nutritional Risk Eligibility Criteria for Hematocrit Values for Pregnant, Breastfeeding, and Postpartum Women by State**

State	Pregnant Women				Breastfeeding Women	Postpartum Women
	First Trimester	Second Trimester	Third Trimester	Constant Criterion		
<i><b>Northeast</b></i>						
Connecticut				36.0	36.0	36.0
Maine	33.0	32.0	33.0		37.0	37.0
Massachusetts				36.0	36.0	36.0
New Hampshire	37.0	37.0	34.0		37.0	37.0
New York				37.0	37.0	37.0
Rhode Island	33.0	32.0	33.0		36.0	36.0
Vermont	36.0	33.0	36.0		38.0	38.0
Indian Township (ME)	33.0	32.0	33.0		35.7	35.7
Pleasant Point (ME)	33.0	32.0	33.0		35.7	35.7
Seneca Nation (NY)	32.9	31.9	32.9		35.9	35.9
<i><b>Mid-Atlantic</b></i>						
Delaware				33.0	36.0	36.0
District of Columbia				33.0	33.0	33.0
Maryland				33.0	33.0	33.0
New Jersey				37.0	37.0	37.0
Pennsylvania				34.0	34.0	34.0
Puerto Rico				33.9	33.9	33.9
Virginia				33.9	36.9	36.9
Virgin Islands				36.0	36.0	36.0
West Virginia	33.0	32.0	33.0		36.0	36.0

Exhibit D5.38H (continued)

State Nutritional Risk Eligibility Criteria for Hematocrit Values for Pregnant, Breastfeeding, and Postpartum Women by State

State	Pregnant Women				Breastfeeding Women	Postpartum Women
	First Trimester	Second Trimester	Third Trimester	Constant Criterion		
<b>Southeast</b>						
Alabama				34.0	37.0	34.0
Florida	37.0	36.0	37.0		37.0	36.9
Georgia				35.9	35.9	35.9
Kentucky				36.0	36.0	36.0
Mississippi				34.0	37.0	37.0
North Carolina	33.0	32.0	33.0		36.0	36.0
South Carolina	33.0	32.0	33.0		36.0	36.0
Tennessee				35.0	35.0	35.0
Eastern Band-Cherokee (NC)	33.0	32.0	33.0		36.0	36.0
Mississippi Choctaw				34.0	34.0	34.0
<b>Midwest</b>						
Illinois	32.9	31.9	32.9		35.9	35.9
Indiana	32.9	31.9	32.9		35.9	35.9
Michigan	33.0	32.0	33.0		36.0	36.0
Minnesota	33.0	32.0	33.0		36.0	36.0
Ohio	33.0	32.0	33.0		36.0	36.0
Wisconsin	32.0	31.0	32.0		35.0	35.0

Exhibit D5.38H (continued)

State Nutritional Risk Eligibility Criteria for Hematocrit Values for Pregnant, Breastfeeding, and Postpartum Women by State

State	Pregnant Women				Breastfeeding Women	Postpartum Women
	First Trimester	Second Trimester	Third Trimester	Constant Criterion		
<i>Southwest</i>						
Arkansas				35.0	38.5	38.5
Louisiana				33.9	33.9	33.9
New Mexico	35.0	34.0	35.0		38.0	38.0
Oklahoma				35.9	35.9	35.9
Texas	36.0	33.0	33.0		36.0	36.0
ACL WIC (NM)				36.0	39.0	39.0
Cherokee Nation (OK)				36.0	36.0	36.0
Chickasaw Nation (OK)				36.0	36.0	36.0
Choctaw Nation (OK)	N/R	N/R	N/R		N/R	N/R
Citizen-Potawatomi (OK)				36.0	36.0	36.0
Eight Northern Pueblos (NM)	35.0	34.0	35.0		38.0	37.9
Five Sandoval Pueblos (NM)	N/R	N/R	N/R		N/R	N/R
ITC-Oklahoma				35.9	35.9	35.9
Muscogee Creek Nation (OK)	32.9	31.9	32.9		36.4	35.9
Osage Nation (OK)				36.0	36.0	36.0
Otoe-Missouria (OK)				36.0	36.0	36.0
Pueblo of Isleta (NM)				35.0	38.0	38.0
Pueblo of San Felipe (NM)	34.4	33.4	34.4		34.4	37.4
Pueblo of Zuñi (NM)				38.0	38.0	38.0
Sac and Fox Nation (OK)				36.0	36.0	36.0
Santo Domingo (NM)	N/R	N/R	N/R		N/R	N/R
WCD (OK)				36.0	36.0	36.0



Exhibit D5.38H (continued)

State Nutritional Risk Eligibility Criteria for Hematocrit Values for Pregnant, Breastfeeding, and Postpartum Women by State

State	Pregnant Women				Breastfeeding Women	Postpartum Women
	First Trimester	Second Trimester	Third Trimester	Constant Criterion		
<i>Mountain Plains</i>						
Colorado	34.8	33.8	34.8		37.8	37.8
Iowa	32.9	31.9	32.9		35.9	35.9
Kansas	33.0	32.0	34.0		36.0	36.0
Missouri				34.0	34.0	34.0
Montana	37.0	35.0	36.0		38.0	38.0
Nebraska	33.4	32.4	33.4		36.4	36.4
North Dakota	33.0	32.0	33.0		35.5	35.4
South Dakota	33.0	32.0	33.0		36.0	36.0
Utah	35.9	32.9	33.9		36.9	36.9
Wyoming	34.9	33.9	34.9		37.9	37.9
Cheyenne River Sioux (SD)	32.9	31.9	32.9		35.9	35.9
Omaha-Santee Sioux (NE)	32.9	31.9	32.9		35.9	35.9
Rosebud Sioux (SD)	37.0	34.0	33.0		37.0	37.0
Shoshone-Arapahoe (WY)	34.9	33.9	34.9		35.9	35.9
Standing Rock Sioux (ND)	32.9	31.9	32.9		35.9	35.9
Three Affiliated (ND)	36.1	34.9	33.1		34.9	36.9
Ute Mountain Ute (CO)	34.9	33.9	34.9		37.9	37.9
Winnebago (NE)	33.0	32.0	33.0		36.0	36.0

Exhibit D5.38H (continued)

State Nutritional Risk Eligibility Criteria for Hematocrit Values for Pregnant, Breastfeeding, and Postpartum Women by State

State	Pregnant Women				Breastfeeding Women	Postpartum Women
	First Trimester	Second Trimester	Third Trimester	Constant Criterion		
<i>Western</i>						
Alaska	32.9	31.9	32.9		35.9	35.9
American Samoa	32.9	31.9	32.9		35.6	35.6
Arizona	32.9	31.9	32.9		35.9	35.9
California	32.9	31.9	32.9		35.9	35.9
Guam	33.0	32.0	34.0		36.0	36.0
Hawaii	36.9	36.9	33.9		36.9	33.9
Idaho	35.9	33.9	34.9		35.9	37.8
Nevada	33.0	32.0	34.0		36.0	36.0
Oregon	32.9	31.9	32.9		35.9	35.9
Washington	36.0	33.0	33.0		36.0	36.0
ITC-Arizona	32.9	31.9	32.9		35.9	35.9
ITC-Nevada	32.9	31.9	32.9		35.9	35.9
Navajo Nation (AZ)	34.4	33.4	34.4		35.9	35.4

**Note**

N/R = Not reported.

**Exhibit D5.38I**

**Summary of State Nutritional Risk Eligibility Criteria for Hematocrit Values for Infants and Children**

Hematocrit Value	Infants			Children (Age at Certification)					
				1 Year Old			2 - 4 Years Old		
	Number	Percent	Cumulative Percent	Number	Percent	Cumulative Percent	Number	Percent	Cumulative Percent
30.9	2	2.4%	2.4%	1	1.2%	1.2%	0	0.0%	0.0%
31.0	0	0.0	2.4	1	1.2	2.4	0	0.0	0.0
32.8	1	1.2	3.5	1	1.2	3.5	0	0.0	0.0
32.9	18	21.2	24.7	16	18.8	22.4	5	5.9	5.9
33.0	25	29.4	54.1	20	23.5	45.9	8	9.4	15.3
33.4	1	1.2	55.3	1	1.2	47.1	0	0.0	15.3
33.5	1	1.2	56.5	0	0.0	47.1	0	0.0	15.3
33.9	6	7.1	63.5	6	7.1	54.1	15	17.6	32.9
34.0	20	23.5	87.1	25	29.4	83.5	38	44.7	77.6
34.4	2	2.4	89.4	1	1.2	84.7	2	2.4	80.0
34.8	0	0.0	89.4	1	1.2	85.9	0	0.0	80.0
34.9	4	4.7	94.1	4	4.7	90.6	2	2.4	82.4
35.0	3	3.5	97.6	2	2.4	92.9	0	0.0	82.4
35.4	0	0.0	97.6	0	0.0	92.9	2	2.4	84.7
35.5	0	0.0	97.6	1	1.2	94.1	1	1.2	85.9
35.8	0	0.0	97.6	0	0.0	94.1	1	1.2	87.1
35.9	1	1.2	98.8	1	1.2	95.3	4	4.7	91.8
36.0	1	1.2	100.0	4	4.7	100.0	6	7.1	98.8
37.0	0	0.0	100.0	0	0.0	100.0	1	1.2	100.0
Total reporting	85			85			85		
Median		33.0			33.9			34.0	
Mean		33.5			33.7			34.2	
Mode		33.0			34.0			34.0	
Standard deviation		0.852			0.967			0.912	

**Notes**

When WIC applicants or participants have blood test values less than or equal to the criteria listed in this table, they are considered to be at nutritional risk. Hemoglobin values are reported in grams per deciliter. Hematocrit values are reported as percents.

All State WIC agencies establish nutritional risk eligibility criteria for infants and children: 84 States reported criteria for both hemoglobin and hematocrit values, although one State did not report these data for 1 year old children. Three States reported criteria only for hemoglobin values; one State reported criteria only for hematocrit values.

Calculations for measures of central tendency are based on numbers of States reporting eligibility criteria for specific blood measures.

**Exhibit D5.38J**

**State Nutritional Risk Eligibility Criteria for Hematocrit Values for Infants and Children**

State	Children		
	Infants	1 Year Old	2 - 4 Years Old
<b><i>Northeast</i></b>			
Connecticut	33.0	33.0	34.0
Maine	33.0	33.0	34.0
Massachusetts	34.0	34.0	34.0
New Hampshire	34.0	34.0	34.0
New York	34.0	34.0	34.0
Rhode Island	34.0	34.0	34.0
Vermont	34.0	34.0	34.0
Indian Township (ME)	33.0	33.0	33.0
Pleasant Point (ME)	33.0	33.0	33.0
Seneca Nation (NY)	32.9	32.9	32.9
<b><i>Mid-Atlantic</i></b>			
Delaware	33.0	33.0	33.0
District of Columbia	33.0	33.0	33.0
Maryland	33.0	34.0	34.0
New Jersey	34.0	34.0	34.0
Pennsylvania	34.0	34.0	34.0
Puerto Rico	33.9	33.9	33.9
Virginia	33.9	33.9	33.9
Virgin Islands	35.0	35.5	35.5
West Virginia	33.0	33.0	34.0

**Exhibit D5.38J (continued)**

**State Nutritional Risk Eligibility Criteria for Hematocrit Values for Infants and Children**

State	Children		
	Infants	1 Year Old	2 - 4 Years Old
<b><i>Southeast</i></b>			
Alabama	34.0	34.0	34.0
Florida	34.0	34.0	34.0
Georgia	33.9	33.9	35.9
Kentucky	34.0	34.0	34.0
Mississippi	34.0	34.0	34.0
North Carolina	33.0	34.0	34.0
South Carolina	33.0	33.0	34.0
Tennessee	33.0	33.0	33.0
Eastern Band-Cherokee (NC)	33.0	34.0	34.0
Mississippi Choctaw	34.0	34.0	34.0
<b><i>Midwest</i></b>			
Illinois	32.9	32.9	33.9
Indiana	32.9	32.9	33.9
Michigan	33.0	33.0	34.0
Minnesota	33.0	33.0	34.0
Ohio	33.0	33.0	34.0
Wisconsin	32.9	32.9	33.9

**Exhibit D5.38J (continued)**

**State Nutritional Risk Eligibility Criteria for Hematocrit Values for Infants and Children**

State	Infants	Children	
		1 Year Old	2 - 4 Years Old
<b>Southwest</b>			
Arkansas	33.5	36.0	36.0
Louisiana	33.9	33.9	33.9
New Mexico	35.0	35.0	36.0
Oklahoma	32.9	32.9	33.9
Texas	33.0	34.0	34.0
ACL WIC (NM)	35.9	36.0	37.0
Cherokee Nation (OK)	34.0	34.0	34.0
Chickasaw Nation (OK)	33.0	33.0	33.0
Choctaw Nation (OK)	N/R	N/R	N/R
Citizen-Potawatomi (OK)	34.0	34.0	34.0
Eight Northern Pueblos (NM)	34.9	34.9	36.0
Five Sandoval Pueblos (NM)	N/R	N/R	N/R
ITC-Oklahoma	30.9	31.0	34.0
Muscogee Creek Nation (OK)	32.9	32.9	35.4
Osage Nation (OK)	34.0	34.0	34.0
Otoe-Missouria (OK)	34.0	34.0	34.0
Pueblo of Isleta (NM)	35.0	35.0	36.0
Pueblo of San Felipe (NM)	34.4	35.9	34.4
Pueblo of Zuñi (NM)	33.0	36.0	36.0
Sac and Fox Nation (OK)	34.0	34.0	34.0
Santo Domingo (NM)	N/R	N/R	N/R
WCD (OK)	34.0	34.0	34.0

**Exhibit D5.38J (continued)**

**State Nutritional Risk Eligibility Criteria for Hematocrit Values for Infants and Children**

State	Infants	Children	
		1 Year Old	2 - 4 Years Old
<b><i>Mountain Plains</i></b>			
Colorado	32.8	34.8	35.8
Iowa	32.9	32.9	32.9
Kansas	33.0	33.0	33.0
Missouri	34.0	34.0	34.0
Montana	36.0	36.0	36.0
Nebraska	33.4	33.4	34.4
North Dakota	32.9	33.0	34.0
South Dakota	33.0	33.0	34.0
Utah	33.9	33.9	34.9
Wyoming	34.9	34.9	35.9
Cheyenne River Sioux (SD)	32.9	32.9	32.9
Omaha-Santee Sioux (NE)	32.9	32.9	33.9
Rosebud Sioux (SD)	34.0	34.0	34.0
Shoshone-Arapahoe (WY)	34.9	34.9	35.9
Standing Rock Sioux (ND)	32.9	32.9	33.9
Three Affiliated (ND)	33.0	34.0	34.0
Ute Mountain Ute (CO)	34.9	34.9	35.9
Winnebago (NE)	33.0	33.0	34.0

**Exhibit D5.38J (continued)**

**State Nutritional Risk Eligibility Criteria for Hematocrit Values for Infants and Children**

State	Infants	Children	
		1 Year Old	2 - 4 Years Old
<i>Western</i>			
Alaska	32.9	32.9	33.9
American Samoa	32.9	32.8	32.9
Arizona	32.9	32.9	33.9
California	32.9	32.9	32.9
Guam	33.0	33.0	33.0
Hawaii	30.9	30.9	33.9
Idaho	33.9	33.9	34.9
Nevada	33.0	33.0	34.0
Oregon	32.9	32.9	33.9
Washington	33.0	33.0	34.0
ITC-Arizona	32.9	32.9	33.9
ITC-Nevada	32.9	32.9	33.9
Navajo Nation (AZ)	34.4	34.4	35.4

**Note**

N/R = Not reported.