

Instructions for Completing WIC Certification Forms

Participant Forms: WIC-36, -38, -39, -40, -41

- **Completing the forms**

Information must be recorded in all sections, except in shaded areas of the Participant form, which are optional fields. For specifics on the data entry of this information, refer to the Texas-WIN Local Agency and Clinic Reference Manual.

- **Cert Date/Cert Expires:** (shaded, optional field) Record the date the certification was completed and the date the certification expires. The certification expiration date can be obtained from the computer after data entry. Although this section is optional, it is highly recommended that the certification date be recorded. This information is useful when conducting quality assurance audits (self-audits), if the Texas-WIN system is down or unavailable, or if the form becomes dislodged from the files.
- **Project/Site:** Record the local agency's project number and the site number where the applicant is certified. If the participant transfers to another clinic, the receiving clinic must record the new site number on the form.
- **Family ID or Primary Account Number:** (shaded, optional field) Record the number located on the Family Identification (FID) card, or the Primary Account Number (PAN) on the Electronic Benefits Transfer (EBT) card.
- **Out-of-State Transfers:** (shaded, optional field) Completing the fields for out-of-state transfers is not required, but encouraged.
 - **Out-of-State Transfer:** Check "Y" for yes or "N" for no for "Out-of-State" transfers only.
 - **Priority:** You do not need to write the priority level on the form. The computer will automatically assign the priority level.
 - **Cert Expires:** Record the certification expiration date.
- **Name:** Record the applicant's last and first name. Middle name is not required.
- **Social Security Number:** (Infant and Child Participant forms) Record the social security number of the infant or child, if available. Although the boxes in this section are not shaded on the form, entering the social security number is not required, but encouraged. If the parent/guardian/caretaker is unable to provide the social security number, the boxes may be left blank. Verbal declarations are

acceptable (written proof is not mandatory). Any social security number obtained shall be documented on the WIC-35. Refer to Policy CS: 13.0, Collection and Use of Social Security Numbers.

- **Date of Birth:** Record the date of birth.
- **Sex:** (Infant and Child Participant forms) Record the gender of the infant or child by checking either "M" for male or "F" for female.
- **Race and Ethnicity:** Check or circle the appropriate race or races *self-identified* by the participant. Check "Y" for yes or "N" for no for "Hispanic" or "Latino," to indicate the participant's ethnicity. Visual identification of race and ethnicity should only be used only if a participant chooses not to self-identify. Refer to Policy CR:09.0, Collection of Race and Ethnicity Data.
- **Identification Verification Method:** (Infant and Child Participant form) Identify the document used to verify the identification of the infant or child by checking or circling one identification method. Refer to CS: 05.0, Identification of WIC Applicant.
- **Other Program Participation:** Identify all programs in which the applicant currently participates by either circling or checking the appropriate programs. Recording the Medicaid number is optional (shaded, optional field).
- **Immunizations:** (Infant and Child Participant forms) Check "Y" for yes or "N" for no to indicate the infant's immunization status upon leaving the clinic.
- **Height/Weight:** Record the applicant's height to the nearest 1/8 inch and weight to the nearest ounce. If the height/weight data is unknown or not available, enter "99 0/8 inches and 999 lbs., 0 ounces."
- **Measure date:** Recording the date is not required unless the measurements were taken on a day other than the certification date.
- **Diet Score:** Record the number of deficiencies assessed after scoring the dietary recall. If the CA opts to stop scoring at three deficiencies, record 03 in the Diet Score boxes. If there are less than three deficiencies record 00, 01, or 02 on the form. If the Local Agency has opted not to score the dietary recall because other risk conditions exist, enter 00 in the Diet Score boxes. Refer to Policy CS: 17.0, Documentation of a Complete Nutrition Assessment and Guidelines for Nutrition Assessment: Diet History (Dietary Recall and Assessment).
Infants: The diets of infants are not scored; the diet score XX has been prerecorded on the Infant Participant Form. Dietary deficiencies are identified as

individual risk codes and recorded on the backside of the Participant form, WIC Infant Nutritional Risk Codes.

- **Hct/Hgb:** Record either the hematocrit or hemoglobin value. Bloodwork shall not be performed on infants younger than 6 months of age. Do not obtain a hematocrit or hemoglobin on infants younger than 9 months of age, unless 1) there is no other nutrition risk identified to qualify the infant, 2) the certifying authority (CA) determines blood work is required because the infant may be at nutritional risk, or 3) the requirement to return to the clinic for blood work between 9 and 12 months presents a barrier for program participation. If the hematocrit or hemoglobin data values are unknown or not available, enter 99 for hematocrit and 99.9 for hemoglobin. **Note:** Premature infants shall not have a blood test before 9 months corrected/adjusted age.
- **Health Care Sources:** Identify the applicant's source of health care by either checking or circling the appropriate information. One or more sources may be identified.
- **Referred From:** Identify the source which best represents from where the participant was referred to WIC by either checking or circling the appropriate information.
- **Referred To:** Identify all referrals made to the applicant by either checking or circling the appropriate information. This includes verbal, as well as written referrals. Note: check or circle 99, *Do Not Release Applicant Data*, when the applicant declines to allow the release of their information (i.e., name, date of birth, address and phone number) as indicated on the WIC-35-2 form, *Sharing of Information*.
- **Nutritional Risk** conditions are listed on the backside of the Participant form. All nutritional risk conditions must be identified on the form by either circling or checking the appropriate codes. Risk codes may be listed on the front of the Participant form for ease of data entry, if desired, but they must be identified on the back of the form as official documentation.
- **Food Pkg Code:** Record the food package number that corresponds to the participant's age/category and food package description.
Infants: An infant, birth to 3 months, who is exclusively breastfed and receives no formula will not have a food package code, so no code will be entered on the assessment form or in the WIN system.
- **Rx Exp Date:** If the participant is receiving non-contract formula, the formula prescription expiration date must be documented on the Participant form. The formula expiration date is the last day of the final month for which vouchers are

issued. Changes in the prescription expiration date may be documented in the additional formula prescription expiration date boxes. Documentation of prescription changes on the Participant form is optional, as long as the changes are documented elsewhere (e.g., non-contract formula prescription form or progress notes) in the participant's chart.

- **Formula Code:** If the participant is receiving formula, there will be a formula code in addition to the food package code that will be selected and recorded on the assessment form. Documentation of prescription changes on the Participant form is optional, as long as the changes are documented elsewhere (e.g., non-contract formula prescription form or progress notes) in the participant's chart.
- **Breastfed Infants:** If the infant is breastfed only, leave this section blank.
- **NE Code:** Record the nutrition education code/s that correspond with the nutrition education provided.

Infants Only:

- **Birth Weight:** Record the infant's weight at birth. If the birth weight is unknown or not available, enter 0 lbs., 01 ounces.
- **Weeks Gestation:** Record the number of weeks gestation. If the weeks gestation is unknown or not available, enter 99.
- **Currently Bf:** Check "Y" for yes if the infant is currently breastfed or "N" for no if the infant is not currently breastfed.
- **Date Ended Bf:**
 - If the infant is currently breastfed, leave this section blank.
 - If the infant was breastfed or received any of his mother's expressed milk even once on the day he was born, enter one day after the infant's date of birth.
 - If the infant was breastfed beyond the first day of life, but is no longer breastfeeding, enter the date the infant stopped nursing or receiving expressed milk from his mother.
 - If the infant was never breastfed nor received his mother's expressed milk even once, enter the infant's date of birth.

Women Only:

- **Delivery Date** (Pregnant, Breastfeeding and Postpartum): Record the estimated date of delivery for pregnant women and the actual date of delivery for breastfeeding and postpartum women.
- **Trimester Prenatal Care** (Pregnant, Breastfeeding and Postpartum): Record the trimester in which the applicant first received prenatal care.
- **Wks Gestation** (Breastfeeding and Postpartum Only): Record the gestational week in which the applicant delivered the baby. If the weeks gestation is unknown or not available, enter 99.

- **Pre-Preg Wt** (Pregnant, Breastfeeding and Postpartum): Record the applicant's weight before pregnancy. If the pre-pregnancy weight is unknown or not available, enter 999 lbs.
- **Preg Wt Gain** (Breastfeeding and Postpartum Only): Record the number of pounds gained during most recent pregnancy. If the pregnancy weight gain is unknown or not available, enter 999 lbs.
- **Gravida** (Pregnant, Breastfeeding and Postpartum): Record the number of times the woman has been pregnant.
- **Para** (Pregnant, Breastfeeding and Postpartum): Record the number of births after 20 or more weeks gestation, regardless of outcome.
- **Pregnancy Outcome** (Breastfeeding and Postpartum Only): Record the appropriate code (L, S, M, A, or N) under the "Outcome" column. The weight in pounds and ounces and the sex of the infant(s) should be recorded in the appropriate columns. The additional rows are intended for multi-fetal births.
- **Previously Bf Other Infants** (Pregnant and Breastfeeding Only): Check "Y" for yes or "N" for no to indicate if the applicant has previously breastfed other infants, including expressed breast milk.
- **Previously Bf This Infant** (Postpartum Only): Check "Y" for yes or "N" for no to indicate if the woman breastfed the infant at any time, including expressed breastmilk.
- **Interest in Bf** (Pregnant Only): Check "Y" for yes and "N" for no to indicate if the applicant is interested in breastfeeding.
- **Exclusively BF** (Breastfeeding Only): Check "Y" for yes or "N" for no to indicate if the breastfeeding woman exclusively breastfeeds the infant and receives no supplemental formula.

General Instructions: Diet History/Health History Form

WIC -42, -42a, -44, -44a, -45, -45a

Note: Shaded areas on the Diet/Health History Forms are for staff use only.

Infants

1. Record the infant's name, date of birth and age in months in the shaded top right corner of the Diet History form (WIC-42).
2. Ask the parent/guardian/caretaker to record the infant's name and the date on the top of the backside of the form. This is optional and at the discretion of the local agency. The intent of including this information is to allow Local Agency staff a method to "double check" names and their spelling or to ensure that the proper form is completed for the appropriate child in cases where the parent/guardian/caretaker may be completing several forms at one time.
3. Instruct the parent/guardian/caretaker to answer all the questions on the left side on both sides of the form by placing a check mark in the appropriate "Yes" or "No" blank, including the Health History. The shaded areas on this form are intended for staff use only. Instruct the parent/guardian/caretaker to list all the foods and beverages, in addition to breastmilk and/or formula, consumed in the past 24 hours or on a typical day if more appropriate (e.g., if the infant was sick or the parent/guardian/ caretaker was not with the infant in the past 24 hours). If the parent/guardian/caretaker is unable to complete the questions, the Certifying Authority (CA) should obtain information through applicant interview. Some local agencies may opt to have staff complete the form instead of the participant.
4. Review the applicant's responses; identify any and all problems and clarify/document answers in the shaded "Comments" section. If the applicant responded "Yes" to a health question, but further probing reveals that it really is not a valid response, document the clarification in the shaded "Comments" section and place a check mark in the NV (not valid) column. The Code column is available for documenting applicable risk codes. The appropriate risk code/s for each problem identified as a valid risk condition may be either circled or written on the Diet History/ Dietary Recall and Assessment for Infants - WIC-42 and must be recorded on the Infant Participant Form WIC-36 (WIC Infant Nutritional Risk Codes) after all sections on both sides are completed. It is optional, but highly recommended, to circle the risk codes and/or to write in the risk codes not listed on the form in the code column. However, it is mandatory that all identified risk criteria be circled or checked on the Infant Participant Form WIC-36 (WIC Infant Nutritional Risk Codes).

5. It is important to refrain from evaluating the diet information or initiating counseling during the interview. The applicant will be more likely to provide personal and confidential information about the diet and health history during the interview if the CA remains nonjudgmental and encouraging. Identified problems should be addressed through counseling after all information is obtained and assessed.
6. Entering the date and name of the staff member/s taking and/or assessing the diet recall information at the bottom of the Diet History side of the form is optional and at the discretion of the Local Agency Director.

Women and Children

1. Record the applicant's name, date of birth and age in years or months in the shaded top right corner of the Diet History form (WIC - 44, 45).
2. For pregnant, breastfeeding, or postpartum women only, indicate the maternal status by placing a check mark by the appropriate category: pregnant (PG), breastfeeding (BF) or postpartum (PP).
3. Ask the applicant or parent/guardian/caretaker to record their name, or the name of the child, and the date on the top of the backside of the form. This is optional and at the discretion of the local agency. The intent of including this information is to allow Local Agency staff a method to "double check" names and the spelling, or to ensure that the proper form is completed for the appropriate person in cases where the parent/guardian/caretaker may be completing several forms at one time.
4. Instruct the applicant or parent/guardian/caretaker to answer all the questions in the unshaded areas on both sides of the form by placing a check mark in the appropriate Yes or No blank, including the Health History. Instruct them to list all the foods and beverages consumed in the past 24 hours, or on a typical day if more appropriate (e.g., if the applicant or child was sick, or the parent/guardian/caretaker was not with the child in the past 24 hours). If the applicant/parent/caretaker is unable to complete the questions, the Certifying Authority (CA) should obtain information through applicant interview. Some local agencies may opt to have staff complete the form.
5. Review the applicant's responses; identify any and all problems and clarify/document in the shaded "Comments" section. If the applicant/parent/guardian/caretaker responded "Yes" to a health question, but further probing reveals that it really is not a valid response, document the clarification in the shaded "Comments" section and place a check mark in the NV (not valid) column. The Code column is available for documenting applicable risk

codes. The appropriate risk code/s for each problem identified as a valid risk condition may be either circled or written on the Diet History/Health History Form – WIC-44 and WIC-45, and must be recorded on the Participant Form, WIC-38, WIC-39, WIC-40, WIC-41, (WIC Nutritional Risk Codes) after all sections on both sides are completed. It is optional, but highly recommended, to circle the risk codes and/or to write in the risk codes not listed in the code column. However, it is mandatory that all identified risk codes be circled or checked on the Participant Form, WIC-38, WIC-39, WIC-40, WIC-41, (WIC Nutritional Risk Codes).

6. It is important to refrain from evaluating the diet information or initiating counseling during the interview. The applicant will be more likely to provide personal and confidential information about the diet and health history during the interview if the CA remains nonjudgmental and encouraging. Identified problems should be addressed through counseling after all information is obtained and assessed.
7. Entering the date and name of the staff member/s taking and/or assessing the diet recall information at the bottom of the Diet History side of the form is optional and at the discretion of the Local Agency Director.
8. Document any nutrition counseling provided to the applicant on the lower right side of the Diet History form in the section titled Nutrition Education. Completing this section is optional.

Step-by-Step Instructions: 24-Hr. Dietary Recall and Assessment Forms WIC-42, WIC-44, WIC-45

Infants: WIC-42

1. **All Infants:** Identify if the infant has any of the following:
 - Therapeutic diet or special feeding instructions
 - Developmental feeding problems

Document specific problems and circle **Code 362, Developmental, Sensory or Motor Delays Interfering with the Ability to Eat**, if any of these problems are identified. These problems may be the result of minimal brain function, developmental delays, birth injury, head trauma, brain damage or other disabilities. Infants with developmental problems are at increased risk for nutritional problems.

2. **Breastfed Infant, Total or Partial** (Infant may receive breastmilk in a bottle and still be considered breastfed):
 - Indicate the number of feedings in past 24 hours and the average length of feeding from the breast.

Circle **Code 418, Infrequent Breastfeeding as Sole Source of Nutrients**, if infant is totally breastfed (receives no formula/solids) and is younger than 2 months of age receiving less than 8 feedings in 24 hours OR is 2 months or older and is receiving less than 6 feedings in 24 hours.

- Identify any problems with breastfeeding
- Determine number of wet diapers per day

Describe specific problems and circle **Code 603, Breastfeeding Complications/Potential Complications**, if complications were identified. Refer to the Texas Nutrition Risk Code Manual, Risk Code 603, Justification section, to distinguish "breast milk jaundice" (late-onset), from "breastfeeding jaundice" (physiologic or early-onset), and to obtain more information on the above conditions.

3. **Formula-Fed Infant** (If infant is breastfed only, skip this section.)
 - Identify and record the brand/type of formula or milk.

Circle **Code 413, Feeding Cow's Milk**, if whole, low-fat, reduced fat, skim, or nonfat cow's milk (fresh, canned evaporated or sweetened condensed), or recipes using any of these products as the primary source of milk, is fed to infant before 12 months of age.

Circle **Code 411, Inappropriate Infant Feeding Practices**, if infant is fed goat's milk, sheep's milk, imitation milks, or substitute milks in place of breastmilk or FDA-approved infant formula during first year of life.

- Identify the form of the formula: powdered, concentrated liquid or ready-to-use formula.
- Determine if formula is iron fortified. If NO, determine if the infant is taking iron drops.

Circle **Code 411, Inappropriate Infant Feeding Practices**, if infant is between 0 to 6 months of age and is not fed breastmilk or iron-fortified formula as primary source of nutrients, or infant is 7 months or older and does not consume breastmilk or iron-fortified formula as their primary fluid (includes infants prescribed low iron formula without iron supplementation).

- Ask mother/caretaker how the formula is diluted and mixed (see Standard Formula Dilution Chart) and record the information in the space provided.

Standard Formula Dilution		
<i>Type of Formula</i>	<i>Amount of Formula</i>	<i>Amount of Water</i>
Powdered Formula		
Ratio	1 scoop	2 oz.
for 4 oz. bottle	2 scoops	4 oz.
for 8 oz. bottle	4 scoops	8 oz.
Concentrated Liquid Formula		
Ratio	1 oz.	1 oz.
for 4 oz. bottle	2 oz.	2 oz.
for 8 oz. bottle	4 oz.	4 oz.
Ready-to-use formula requires no dilution.		

Circle **Code 415, Improper Dilution of Formula**, if formula is not prepared according to manufacturer's dilution instructions or specific instructions accompanying a prescription, this includes routine over-dilution or under-dilution of formula, or if anything other than water is added to the formula.

- Determine and record if anything other than water is added to the formula.

Circle **Code 411, Inappropriate Infant Feeding**, if honey is added to the formula. Honey has been implicated as the primary food source of *Clostridium botulinum* during infancy. These spores are extremely resistant to heat and are not destroyed by present methods of processing honey. Botulism in infancy is caused by ingestion of the spores, which germinate into the toxin in the lumen of the bowel.

Circle **Code 416, Feeding Other Foods Low in Essential Nutrients**, if corn syrup, sugar, salt, or other inappropriate foods are added to the formula. Refer to the Texas Nutrition Risk Manual, Risk Code 416, Clarifications/Guidelines for more information related to corn syrup.

4. **Bottle-Fed Infant, Breastmilk and/or Formula:** If infant does not receive any liquids in a bottle, this section can be skipped.

Inappropriate Infant Feeding

- Ask parent/guardian/caretaker the number of bottles made at one time and record it in the space provided.
- Determine and record amount of breastmilk/formula in each bottle.
- Determine and record amount of breastmilk/formula consumed at each feeding.
- Determine and record number of bottles consumed in a 24-hour period.
- Estimate/calculate total amount of breastmilk/formula consumed in 24-hours and record in space provided.

Circle **Code 411, Inappropriate Infant Feeding**, if infant is NOT breastfed and is receiving:

Inadequate amount of formula:

0 through 3 months - less than 20 oz. in 24 hours

4 through 5 months - less than 26 oz. in 24 hours

6 through 11 months - less than 24 oz. in 24 hours

OR

Excessive amount of formula:

0 through 4 months - more than 40 oz. in 24 hours

5 through 9 months - more than 36 oz. in 24 hours

10 through 11 months - more than 32 oz. in 24 hours

- Ask parent/guardian/caretaker how long one can of formula lasts and record the information in the space provided.

Lack of Sanitation in Preparation, Handling, and Storage of Formula or Expressed Breastmilk

- Determine if water is boiled before it is mixed with formula.
- Ask parent/guardian/caretaker what is done with leftover breastmilk/formula that is in the bottle and record the answer in the space provided.
- Ask parent/guardian/caretaker how bottles/equipment are cleaned. Bottles and equipment should be washed in hot, soapy water or in a dishwasher. Nipples and bottles should be cleaned with a nipple/bottle brush to remove formula residue. Indicate method in the space provided.
- Ask parent/guardian/caretaker how bottles of breastmilk/formula are stored and indicate the answer in space provided.

Circle **Code 417, Lack of Sanitation in Preparation, Handling, and Storage of Formula or Expressed Breastmilk**, if any of the following problems are identified:

- 1) If infant is younger than 3 months and water is not boiled.
- 2) Unsafe water is used.
- 3) No stove for sterilization.
- 4) Failure to practice appropriate sanitation techniques in preparing bottles.
- 5) Feeding formula that has been at room temperature for more than 2 hours, stored in refrigerator for longer than 48 hours, remains in a bottle one hour after the start of feeding, and/or left in a bottle from an earlier feeding.
- 6) Feeding fresh breastmilk held in the refrigerator for more than 72 hours, adding fresh breastmilk to already frozen breastmilk in a storage container, feeding previously frozen breastmilk thawed in the refrigerator that has been refrigerated for more than 24 hours, and/or saving breastmilk from a used bottle for use at another feeding.

Until infants are at least 3 months of age (or until a physician indicates otherwise), formula should be prepared with water that has been boiled for one minute and cooled to insure proper sterilization; this includes bottled water.

Bottles and equipment must always be washed with soap and water. For the first 3 months of life, bottles and equipment must also be sterilized/boiled for 5 minutes.

If there is any doubt about the safety of the infant's water supply or the cleanliness of the infant's environment, then sterilization of water, bottles and equipment should continue as long as the infant takes formula. For example, during times of flooding, city water may become contaminated. If bottled water is used, it is recommended that it be boiled as above to insure proper

sterilization. Distilled water may be the best choice as it may have fewer contaminants than mineral or spring water.

Even if well-water is boiled, it may still be unsafe for drinking due to contaminants. Local health departments can be contacted concerning the safety of the water. If lead contamination is an issue, bottled water should be used for diluting liquid-concentrate or preparing powdered formula.

Prepared formula should be stored in the refrigerator. Prepared formula from powder or concentrate should be used within 24 to 48 hours. For specific storage instructions, refer to the manufacturer's recommendations on the formula can. Prepared formula can spoil if not refrigerated.

Leftover formula/milk should not be fed to the infant, even if it is stored in the refrigerator. Leftover formula/milk is contaminated by bacteria in the infant's saliva, and milk is an ideal medium for bacterial growth. Refrigeration does not destroy bacteria. Leftover formula/milk should always be discarded.

Inappropriate Use of Nursing Bottles

- Ask parent/guardian/caretaker if the infant is put to bed with a bottle and record answer in the space provided.
- Ask if parent/guardian/caretaker props the bottle for the infant and record answer in space provided.
- Determine and record in the space provided if the infant is allowed to crawl/walk with the bottle or if the bottle is used to pacify the infant.
- Determine and record if the bottle is used to feed liquids other than breastmilk, formula, or water.

Circle **Code 419, Inappropriate Use of Nursing Bottles**, if YES is answered to any of the above questions.

Infants younger than 6 months should be held when given a bottle, regardless of what is in the bottle. Bottles should not be propped because propping the bottle can cause the following problems: choking from liquid flowing into the lungs, ear infections because of fluid entering the middle ear and not draining properly, and tooth decay from prolonged exposure to carbohydrate-containing liquids. Also, holding an infant promotes bonding and nurturing which makes them feel secure.

Routine use of the bottle to feed liquids other than breast milk, formula, or water includes: fruit juice, soda, soft drinks, gelatin water, corn syrup solutions, milk, other sugar-containing beverages, and diluted cereal or other solid foods.

5. All Infants:

- Ask parent/guardian/caretaker if any foods/beverages other than formula/breastmilk have been introduced. If YES, indicate during what month (age of infant) the foods and/or beverages were offered to the infant.
- Ask parent/guardian/caretaker if juice is given to the infant. If YES, record the amount.

Circle **Code 412, Early Introduction of Solid Foods**, if solids have been introduced before four months of age.

Circle **Code 411, Inappropriate Infant Feeding**, if no solids have been introduced by seven months of age.

Circle **Code 414, No Dependable Source of Iron After 6 Months**, if the infant is older than six months and is not receiving iron-fortified formula, iron-fortified cereals, meats, or oral iron supplementation.

Turn the page and continue with the 24-Hour Infant Diet Recall

- Ask parent/guardian/caretaker to list foods/beverages, including breastmilk or formula, that have been given to the baby in the last 24 hours. This should include all foods, beverages, between meal snacks and before bedtime snacks consumed during this time period. Clarify all food and beverage items and identify quantity and/or portion sizes (e.g., ounces, teaspoon/tablespoon and cup portions).

Circle **Code 414, No Dependable Source of Iron After 6 Months**, if the infant is not receiving iron-fortified formula, iron-fortified cereals, meats, or oral iron supplementation.

Circle **Code 402, Vegan Diets**, if the infant is older than 10 months and the parent/guardian states the current practice of intentionally following and providing a vegan diet to the infant. A vegan diet does not include any meat, poultry, fish, eggs, milk, cheese, or other dairy products. Note: An infant receiving a soy-based formula is not considered to be following a vegan diet.

Circle **Code 403, Highly Restrictive Diets**, if the infant consumes a diet that is very low in calories, or a diet that severely limits the intake of important food sources of nutrients or otherwise involves high-risk eating patterns.

- Ask parent/guardian/caretaker if baby is eating finger foods or finger feeding.

Circle **Code 411, Inappropriate Infant Feeding**, if the infant is between seven and nine months, or older than nine months, and has not begun to finger feed, or foods are fed to an infant of inappropriate consistency, size, or shape that put the infant at risk of choking, regardless of age.

Note: Cases of choking and aspiration have occurred when feeding infants foods of inappropriate size, shape, and consistency. In particular, hard, round smooth, slick, sticky pieces of food or foods that do not break apart easily and that can block breathing should be avoided (such as carrots, grapes, hot dogs, nuts, seeds, hard round candies, popcorn, raw vegetables, tough meat and others).

- Ask parent/guardian/caretaker how solid foods are fed to infant.

Circle **Code 411, Inappropriate Infant Feeding**, if solids are fed to infant in the bottle or an infant feeder (which includes enlarging the hole of the nipple to accommodate thickened liquid), if a syringe-type feeder is used, or if infant is fed solids not using a spoon.

Note: Solids should never be fed from a bottle or infant feeder. A spoon is the best method of feeding solids to an infant; it allows them to move food in their mouth using their tongue and to swallow properly. If a physician has instructed a parent to give an infant cereal in a bottle to treat reflux, note the deficiency, but do not counsel on, contradict or oppose the physician's orders.

- Ask parent/guardian/caretaker and record:

If they give water to the infant and how much

If they give the infant tea or coffee

If they give the infant colas or other sweetened beverages

If they give the infant other high calorie non-nutritious foods (for example, corn syrup, sugar, and/or salt)

Circle **Code 416, Feeding Foods Low in Essential Nutrients**, if infant is given plain water in an amount greater than 4 oz. to 8 oz. per day, any amount of tea, coffee, colas, any caffeine-containing foods or beverages, or any sweetened beverages or high calorie low-nutrient foods (e.g., corn syrup, sugar, and/or salt). During the nursing period, the amount of water available in breastmilk or formula is sufficient to replace water loss from the skin, lungs, feces, and urine and to provide for growth. Healthy infants usually require little or no supplemental water. A total of 4-8 ounces per day of plain water is appropriate for infants when solid foods are started or in hot weather for formula-fed or partially breastfed babies.

- Ask parent/guardian/caretaker if honey is given to infant.

Circle **Code 411, Inappropriate Infant Feeding**, if honey is given to infant.

Record any other dietary related risk criteria identified through applicant interview.

Inappropriate Foods

Inappropriate foods for an infant are those foods that are determined inappropriate based on the infant's developmental status and therefore, may increase the risk of choking, gastrointestinal disturbance and allergic reactions. For example, peanuts and popcorn are inappropriate foods for infants because they can cause choking.

Appropriate Foods

Appropriate foods for an infant are those foods that are determined to be appropriate based on the infant's age and developmental status. For example, cereal is considered an appropriate food for an infant four months of age or older. It is *not* an appropriate food for an infant younger than this age.

Non-nutritious Foods

Non-nutritious foods are those foods that provide little or no nutrient contribution except calories. For example, sodas and sweetened tea provide no nutrient contribution except calories.

NOTE: Transfer all identified risk codes to Infant Participant Form, WIC-36 (WIC Infant Nutritional Risk Codes) after all sections have been completed. Identified problems should be addressed through counseling after all information is obtained and assessed.

Women and Children: WIC-44, WIC-45

1. Ask the applicant/parent/guardian/caretaker to list all foods and beverages consumed by the applicant/child in the past 24-hour period, or on a typical day, on the left side of the page under the 24-Hour Dietary Recall section. The list should include all foods, beverages, between meal snacks and before bedtime snacks eaten during this period. Indicate the amount of each food or beverage consumed.

2. Instruct the applicant/parent/guardian/caretaker to answer the Food Habit Questions (the right side of the Diet History form) by checking either "Yes" or "No" to the right of the question. Identify if the applicant practices or has any of the following food habits:
 - Follows a vegan diet (a diet that does not include any meat, poultry, fish, eggs, milk, cheese, or other dairy products).
 - Follows a special or highly restrictive diet (a diet very low in calories or nutrients).
 - **Children only:** Drinks from a bottle if older than 14 months.
 - **Breastfeeding women only:** Drinks 3 or more cups of coffee or caffeine containing beverages a day (refer to "Caffeine Content of Common Beverages" in the Reference section of the Texas Risk Condition Manual).
 - **Pica** – Craves or consumes non-food items including, but not limited to dirt, clay, starch, paint chips, or large quantities of ice.
 - **Children only:** Drinks 1 ½ cups (12 ounces) or more of fruit juice.
 - **Children only:** If younger than two years old – drinks nutrient poor or high calorie beverages on a regular basis, e.g., Kool-Aid, or sodas, or drinks nonfat or reduced-fat milk.
 - **Pregnant women* only:** Experiences nausea, vomiting, heartburn or constipation.
 - Does not have a working stove or refrigerator and/or running water.[†]

* The question on the women's form "Do you have nausea, vomiting, heartburn or constipation?" does not have a Risk Code number. This question was intended to alert the interviewer of problems a woman might be experiencing during pregnancy, which could be affecting her diet. These problems should be addressed through counseling. However, should the woman report experiencing severe vomiting that results in dehydration and acidosis, this would be considered the Clinical/Health/Medical condition **Hyperemesis Gravidarum, Risk Code 301.**

† The question addressing a working stove and refrigerator, and running water is intended to identify participants that are homeless, and/or not able to store and/or prepare foods safely. This helps the CA select the proper food package for the applicant.

3. If the applicant/parent/guardian/caretaker was unable to complete the form, obtain the dietary recall and responses to food habit questions during the interview. If the applicant has completed the form before the interview, refer to "Guidelines for Obtaining a Dietary Recall" in the WIC Nutrition Training Guide, Instructions for Completing Dietary Recall and Assessment Forms, for correct techniques in verifying this information.
4. Circle the specific risk code for each food habit identified.
5. Write any comments you might have about the diet or any food habit problems identified in the shaded "Comments" area.
6. Refer to Policy CS: 17.0 and the Guidelines for Nutrition for Assessment for instructions on scoring the dietary recall. It is at the discretion of the Local Agency to score diets when other risk conditions are identified. Amounts of foods and beverages must be documented, as nutrition counseling is based on dietary practices.

Step-by-Step Instructions: WIC Health History

Forms WIC-42, WIC-44, WIC-45

Infants: WIC-42

The first five questions are general health and diet related questions. They do not have specific risk codes assigned under the Code column because they encompass a variety of risk criteria and require the CA to probe for additional information before identifying a risk. Document information in the shaded "Comments" section to clarify/verify "Yes" answers. If further probing reveals that it really is not a risk condition, document clarification in the shaded "Comments" section and place a check mark in the NV (not valid) column. Examples include:

Was the infant born with any medical problems? Medical problems could include, but are not limited to:

- **348 - Central Nervous System Disorders** such as neural tube defects, spina bifida.
- **349 - Genetic and Congenital Disorders** such as cleft lip or palate, Down syndrome
- **350 - Pyloric Stenosis**
- **351 - Inborn Errors of Metabolism** such as PKU, galactosemia
- **362 - Developmental Delays, Sensory or Motor Delays** such as birth injury, brain damage
- **382 - Fetal Alcohol Syndrome (FAS)**

Has the infant ever had any health problems? Health problems could include, but are not limited to:

- **342 - Gastro-Intestinal Disorders** including small bowel enterocolitis and syndrome, malabsorption syndromes, and liver disease.
- **346 - Renal Disease**
- **352 - Infectious Diseases** including TB, pneumonia, meningitis, parasitic infections, bronchiolitis (usually affects children younger than 24 months of age) and HIV/AIDS. The infectious disease must be present within the past six months.
- **360 - Other Medical Conditions** including cardiorespiratory diseases, heart disease, cystic fibrosis, and persistent moderate or severe asthma.

Has the infant been in the hospital (other than when born) or emergency room? Valid responses could include, but are not limited to:

- Surgeries or hospitalizations related to complications to any of the above health problems or medical conditions.
- A medical condition that requires special nutritional considerations or special diets.

The next two questions are related to diet:

Is the infant on a special diet for medical reasons?

- Special diets could be the result of any of the above health problems and medical conditions, but could also include food allergies.

Are there any foods that you limit, avoid or do not give your infant for any reason?

- Answers to this question could include food allergies, milk or soy allergy/intolerance, feeding problems or dietary restrictions because of specific health problems. This question also tries to identify any unusual eating practices, for example vegan diets, or highly restrictive diets that are very low in calories or nutrients.

The next three questions have risk codes identified in the Code column. Include documentation in the shaded "Comments" section to clarify/verify "Yes" answers. Place a check mark in the NV (not valid) box if condition is not a valid risk.

- **Code 357** addresses **Drug Nutrient Interactions**. List any medications the infant is taking, either prescription or over-the-counter drugs, to determine any drug nutrient interactions. In order to assign this risk code, the name of the prescription or over-the-counter drug must be documented, as well as the condition it is being used to treat and the length of time the infant has been taking the medication. Refer to: Pronsky, AM, Food-Medication Interactions, 13th Edition, 2005.
- **Code 423** addresses **Inappropriate or Excessive Intake of Dietary Supplements** including vitamins, minerals and herbal remedies. Examples include, but are not limited to inappropriate or excessive amounts of single or multivitamin or mineral or herbal remedy not prescribed by a physician. While many herbal teas may be safe, some have undesirable effects, particularly in infants who are fed herbal teas or who receive breast milk from mothers who have ingested herbal teas. Examples of teas with potentially harmful effects to infants include licorice, comfrey leaves, sassafras, senna, buckhorn bark, and chamomile/manzanilla.

NOTE: Code 423 DOES NOT apply to the regular use of a multi-vitamin/mineral supplement that provides no more than 100% of the Daily Value for vitamins and minerals.

- **Code 424** addresses **Inadequate Vitamin/Mineral Supplementation**. Examples include iron and fluoride. **Inadequate iron supplementation** in infants is identified through risk criteria 411, *Inappropriate Infant Feeding Practices* and 414, *No Dependable Source of Iron at 6 Months or Later*. These risks apply to infants birth to six months old receiving low iron formula without iron supplementation, or infants older than six months receiving no dependable source of iron, which would include no iron-fortified formula, iron-fortified cereals, meats, or oral iron supplements. **Fluoride supplementation** is defined as 0.25 mg of fluoride daily when the water supply contains less than 0.3 ppm of fluoride. Unless you suspect fluoride problems in your area, it is not necessary to know the fluoride content of your water supply. If you are concerned about fluoride levels, contact your local health department or a dentist to assist in obtaining these values.

The question addressing a working stove and refrigerator, and running water is to identify participants who are homeless, and/or not able to store and/or prepare foods safely. This also would identify potential improper formula preparation and sterilization. This should help the CA select the proper food package for the applicant.

The question addressing abuse/neglect, **Code 901, Recipient of Abuse within Past Six Months**, provides the 1-800 National Domestic Violence Hotline. It is mandatory, and the responsibility of the CA to report cases of abuse or neglect for all infants to the local child protective services.

The last questions refer to the health care of the infant. Record the name of the physician/clinic where infant receives health care and immunizations and the length of time since the last visit. Referrals may be documented in the shaded "Comments" section.

Children: WIC-44

The first three questions are general questions. They do not have specific risk codes assigned under the Code column because they encompass a variety of risk criteria and require the CA to probe for additional information before identifying a risk condition. Document information in the shaded "Comments" section to explain/clarify "Yes" answers. Examples include:

Was the child born with any medical problems? Medical problems could include:

- **348 - Central Nervous System Disorders** such as neural tube defects, spina bifida
- **349 - Genetic and Congenital Disorders** such as cleft lip or palate, Down syndrome
- **351 - Inborn Errors of Metabolism** such as PKU, galactosemia
- **362 - Developmental Delays, Sensory or Motor Delays** such as birth injury, brain damage
- **382 - Fetal Alcohol Syndrome (FAS)**

Has the child ever had any health problems? Health problems could include:

- **342 - Gastro-Intestinal Disorders** including small bowel enterocolitis and syndrome, malabsorption syndromes, and liver disease.
- **346 - Renal Disease**
- **352 - Infectious Diseases** including TB, pneumonia, meningitis, parasitic infections, bronchiolitis (usually affects children under 24 months of age) and HIV/AIDS. The infectious disease must be present within the past six months.
- **360 - Other Medical Conditions** including cardiorespiratory diseases, heart disease, cystic fibrosis, and persistent (moderate or severe) asthma requiring daily medication.

Has the child been in the hospital (other than when born) or emergency room? Valid responses could include:

- Surgeries or hospitalizations related to complications to any of the above health problems or medical conditions.
- Medical condition that requires special nutritional considerations or special diets.

The next two questions are related to diet:

Is the child on a special diet for medical reasons?

- Special diets could be the result of any of the above health problems and medical conditions, and could also include food allergies.

Are there any foods that you limit, avoid or do not give your child for any reason?

- Answers to this question could include food allergies, milk or soy allergy/intolerance, feeding problems or dietary restrictions because of specific health problems. This question also tries to identify any unusual feeding practices, for example vegan diets, or highly restrictive diets that are very low in calories or nutrients.

The next five questions have assigned risk codes in the code column. Document information in the shaded "Comments" section to clarify/verify "Yes" answers and check "NV" if you determine the answer is not valid.

- **357 - Drug Nutrient Interactions** - List any medications the child is taking, either prescription or over-the-counter drugs, to determine any drug nutrient interactions. In order to assign this risk code, the name of the prescription or over-the-counter drug must be documented, as well as the condition it is being used to treat and the length of time the child has been taking the medication. Refer to: Pronsky, AM, Food-Medication Interactions, 13th Edition, 2005).
- **359 - Recent Major Surgery, Trauma or Burns in Past Two Months** severe enough to compromise nutritional status.
- **381 - Dental Problems.**
- **423 - Inappropriate or Excessive Intake of Dietary Supplements** including vitamins, minerals, and herbal remedies. Examples include: inappropriate or excessive amounts of single or multivitamins, or mineral or herbal remedies not prescribed by a physician. While many herbal teas may be safe, some might have undesirable effects. **NOTE:** Code 423 DOES NOT apply to the regular use of a multi-vitamin/mineral supplement that provides no more than 100% of the Daily Value for vitamins and minerals.
- **Code 424 - Inadequate Vitamin/Mineral Supplementation.** For example, when the water supply contains less than 0.3 ppm fluoride and children younger than 36 months are not taking 0.25 mg fluoride daily and children 36-72 months are not taking 0.50 mg fluoride daily, or when the water supply contains 0.3-0.6 ppm fluoride and children 36-72 months are not taking 0.25 mg fluoride daily. Unless you suspect fluoride problems in your area, it is not necessary to know the fluoride content of your water supply. If you are concerned about fluoride levels, contact your local health department to assist in obtaining these values.

The question addressing abuse/neglect, **Code 901 - Recipient of Abuse within Past Six Months**, provides the 1-800 National Domestic Violence Hotline. It is mandatory, and the responsibility of the CA, to report cases of abuse or neglect for all children to the local child protective services.

The last two questions address health care issues. They are intended to be used for referrals to health care sources/services needed to insure that participants are receiving adequate health care. Referrals may be documented in the shaded "Comments" section.

Pregnant/Breastfeeding/Postpartum Women: WIC-45

The first four questions are general health history questions. They do not have specific risk codes assigned under the Code column because they encompass a variety of codes and require the CA to probe for additional information before identifying a risk condition. Document information in the shaded "Comments" section to clarify/verify "Yes" answers. If further probing revealed the situation/condition is not really a risk condition, document clarification in the shaded "Comments" section and place a check mark in the "NV" (not valid) column.

The next two questions are related to diet:

Is the woman on a special diet for medical reasons or weight loss?

Special diets could be the result of any of the health problems and medical conditions identified in the first five questions, and could also include food allergies. This question is also intended to identify those women who are practicing unsafe diets for weight loss.

Are there any foods that you limit, avoid or do not eat for any reason?

Answers to this question could include food allergies, milk or soy allergy/intolerance, feeding problems or dietary restrictions because of specific health problems. This question also tries to identify any unusual eating practices, for example, vegan diets, or highly restrictive diets that are very low in calories or nutrients.

The next questions have assigned risk codes in the code column. Document information in the shaded "Comments" section to clarify/verify "Yes" answers, and check "NV" if you determine the answer is not valid.

- **357 - Drug Nutrient Interactions** - List any medications the applicant is taking, either prescription or over-the-counter drugs, to determine any drug nutrient interactions. In order to assign this risk code, the name of the prescription or over-the-counter drug must be documented, as well as the condition it is being used to treat and the length of time the participant has been taking the medication. Refer to: Pronsky, AM, Food-Medication Interactions, 13th Edition, 2005).
- **358 - Eating Disorders.**
- **359 - Recent Major Surgery, Trauma or Burns in Past Two Months** severe enough to compromise nutritional status.
- **371 - Maternal Smoking.**
- **372 - Alcohol Use.**
- **373 - Illegal Drug Use.**

- **381 - Dental Problems.**
- **Code 423** addresses **Inappropriate or Excessive Intake of Dietary Supplements** including vitamins, minerals and herbal remedies. Examples include, inappropriate or excessive amounts of single or multivitamins, or mineral or herbal remedies not prescribed by a physician. While many herbal teas may be safe, some might have undesirable effects. **NOTE:** Code 423 DOES NOT apply to the regular use of a multi-vitamin/mineral supplement that provides no more than 100% of the Daily Value for vitamins and minerals.
- **Code 424 - Inadequate Vitamin/Mineral Supplementation.** Examples include pregnant women not taking 30 mg of iron daily.
- **Code 602** addresses **Breastfeeding Complications or Potential Complications.** This risk code only applies to women certified as a breastfeeding women and does NOT apply to the pregnant breastfeeding mother. If a pregnant woman answers "Yes" to this question, counsel and make appropriate referrals. However, it is NOT possible to assign this risk code to a pregnant woman, she will qualify with another risk code specific to her pregnancy.

Code 901 addresses **Recipient of Abuse/Battering within Past Six Months.** The question addressing abuse/neglect provides the 1-800 National Domestic Violence Hotline. It is the responsibility of the CA to provide the woman with the hotline telephone number, or a local number, if services are locally available. If you are reporting a teen under the Rider 33 law, you **MUST** also assign risk code when the sexual abuse occurred within the past six months. This risk code should be automatically assigned regardless if the answer to the risk code 901 question on the Health History form is "no."

Complete the bottom portion of the Health History related to pregnancy outcomes only during the woman's initial visit to the clinic. Once this information is obtained, completing this section at each certification is unnecessary. The local agency staff must refer to this section during subsequent certifications and insure that the participant's chart contains all previous and current pregnancy information.

Ask the participant if she has used birth control in the past and make the appropriate family planning referral if applicable.