| Cert Date | |
|---------------|--|
| Cert Expires_ | |



| Project | Site | |
|---------|------|--|

| Cert Expires | (B) Chi | iid Participant Fo | orm | |
|--|--------------------|--|--|---|
| Id | lentification ———— | | Out-of-State Transf | fer Only — |
| Family ID PAN [| | Out-of-State Transfer | Priority Cert Expires | M M D D Y Y Y Y |
| Name Last | Current Y N | Social Security Number Date of Birth M M - D D - Y Y Y Sex M F Height - /8ths" | Race (may select one or more, if applicable) AAsian BBlack PNative Hawaiian or Other Pacific Islander IAmerican Indian or Alaska Native WWhite Ethnicity Hispanic or Latino Measurements Measure Date Measure Date | Identification-Verification Method 01Birth Certificate 02Hospital Records 03Baptismal Certificate 06WIC Identification Card 07Immunization Card 10Official ID 12Passport / Immigration Record 13Other |
| | ————Heal | Ith-Care Sources / Referrals - | | |
| Health-Care Sources 00 Self or None 02 Child Health — Health Dept 03 Hospital 04 Private Physician 06 Immunizations 07 EPSDT/THSteps 15 Other | | red from 09ECI 10CIDC 11Community-Service Org 12Shelter 13Friend or Family 14Advertisement 16Case Manager | Reference O Self or None O2 Child Health — Health Dept O3 Hospital O4 Private Physician O6 Immunizations O7 EPSDT/THSteps O8 AFDC/TANF, Medicaid, or Food Stamps | 09 ECI 10 CIDC 11 Community-Service Org 12 Shelter 15 Other 16 Case Manager |

Nutritional Risk: Turn to back side for data-entry codes.

| — Food Package — | Formula | | Nutrition Education | |
|--------------------------------------|----------------------------|--------------|---------------------|--------------------|
| . cou i donago | Tormala | | EBT Only | Hatilion Education |
| Food Pkg Code | Rx Exp M M - D D - Y Y Y Y | Formula Code | Qty | NE Code |
| | Rx Exp M M - D D - Y Y Y Y | Formula Code | Qty | NE Code |
| | Rx Exp M M - D D - Y Y Y Y | Formula Code | Qty | NE Code |
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WIC Child Nutritional Risk Codes

trauma, birth injury, other disabilities, or feeding problems due

to a developmental disability such as pervasive developmental

disorder, which includes autism

Anthropometric — Priority III Clinical / Health / Medical — Priority III Other Health Risks _Child Underweight — Less than or equal to 5th percentile **Nutrition-Related Risk Conditions** weight-for-length (younger than 24 months) or less than or _Nutrient Deficiency Diseases — Malnutrition, scurvy, rickets, equal to 5th percentile BMI for age (2-5 years) (R) hypocalcemia, and osteomalacia (Refer to nutrition risk manual _Child at Risk of Becoming Underweight — Greater than the for other conditions.) (R) 5th and less than or equal to the 10th percentile weight-for-_Gastro-Intestinal Disorders — Ulcers, liver and gallbladder length (younger than 24 months) or BMI for age (2-5 years) (R) diseases, GER, malabsorption syndromes, bowel diseases, and Dietary — Priority IV **Child Overweight** — For children 24 months or older — Greater pancreatitis (R) than or equal to 95th percentile BMI (R) 343 Diabetes Mellitus Child at Risk of Becoming Overweight — For children 344 ____Thyroid Disorders 24 months or older — Greater than or equal to 85th and 428 345 ____Hypertension less than 95th percentile BMI. For children 12 months or **older** having a biological parent who is obese (BMI greater **346** _____Renal Disease — Excluding urinary-tract infections than or equal to 30) at the time of certification (if mother is 347 Cancer (R) pregnant or has had a baby within the past 6 months, use her Central Nervous System Disorders — Epilepsy, cerebral palsy, 348 preconceptional weight to assess obesity) (R) spina bifida, and myelomeningocele _Short Stature — Less than or equal to 5th percentile length or _Genetic and Congenital Disorders — Cleft lip or palate, Down stature for age (R) syndrome, thalassemia major, muscular dystrophy, and sickle-122 **Child at Risk of Short Stature** — Greater than the 5th and less cell anemia (not sickle-cell trait) than or equal to the 10th percentile length or stature-for-age. (R) _Inborn Errors of Metabolism — PKU, hyperlipoproteinemia, Failure to Thrive (FTT) (R) and galactosemia (Refer to nutrition risk manual for other (R) (Priority V) Inadequate Growth (R) conditions.) 902 **Low Birthweight** — For children younger than 24 months only 352 Infectious Diseases within Past Six Months — Bronchiolitis — Birthweight of 5 lbs. 8 oz. or less (2500 g or less) (three episodes in past six months), TB, pneumonia, meningitis, (Priority V) parasitic infections, HIV or AIDS, and hepatitis (R) **Prematurity** — For children younger than 24 months only — 37 weeks or less gestation. **_Food Allergy** — Wheat, eggs, milk, corn, or peanuts 143 _____Very Low Birthweight — For children younger than 24 Celiac Disease — Celiac sprue, gluten enteropathy, or months only — Birthweight of 3 lbs. 5 oz. or less (1500 g) nontropical sprue _Small for Gestational Age —For children younger than _Lactose Intolerance 24 months — Diagnosed by a physician _Hypoglycemia 357 ____Drug Nutrient Interactions Biochemical — Priority III _Recent Major Surgery, Trauma, Burns in Past Two 201 ____Low Hematocrit / Low Hemoglobin — (R) **Months** — Occurrences more than two months previous must _ 12 to 24 months: Hct less than 33.0% or have the continued need for nutritional support diagnosed by a Hgb less than 11.0 g/dL physician _____ 2 to 5 years: Hct less than 33.0% or Other Medical Conditions — Juvenile rheumatoid arthritis, Hgb less than 11.1 g/dL cardiorespiratory diseases, heart disease, cystic fibrosis, and persistent moderate or severe asthma requiring daily Blood test *must* be performed at each certification prior to medication (R) 24 months. _Clinical Depression (R) Blood test may be waived for children 2 to 5 years old, if at _Developmental, Sensory or Motor Disabilities Interfering previous certification: with the Ability to Eat — Disabilities that restrict the ability Hematocrit was 33% or greater, or to intake, chew, or swallow food or require tube-feeding to meet Hemoglobin was 11.1 g/dL or greater nutritional needs; minimal brain function, brain damage, head

381 _____Dental Problems — Nursing or baby-bottle caries, smooth

surface decay of the maxillary anterior and the primary molars, periodontal disease, tooth decay, tooth loss or ineffectively replaced teeth (R)

382 Fetal Alcohol Syndrome (FAS)

- **401** _____Failure to Meet Dietary Guidelines For children 2–5 years
- Risk Associated with Complementary Feeding Practices For children younger than 24 months only
- 470 Inappropriate Nutrition Practices

Other Risks — Various Priorities (See each code)

- _Possibility of Regression (Priority VII)
- ____Transfer of Certification (No Priority)
- Homelessness (Priority V)
- 802 ____Migrancy (Priority V)
- Recipient of Child Abuse or Neglect within Past Six Months
- _Child of Woman or Primary Caregiver with Limited Ability to Make Feeding Decisions and/or Prepare Food —

____ 17 years or younger

- Mentally disabled or delayed, or mental illness such as clinical or postpartum depression
- Physical disability which restricts or limits ability to prepare food
- Current use or history of abusing alcohol or other drugs
- 903 _____Foster Care During previous six months (Priority V)

 (\mathbf{R}) = Allowable regression risk code for children.

only qualified for risks 401, 428, or 470.

AND