

Cert Date \_\_\_\_\_  
Cert Expires \_\_\_\_\_



# Infant Participant Form

Project \_\_\_\_\_ Site \_\_\_\_\_

## Identification

Family ID  -

PAN

Out-of-State Transfer

## Out-of-State Transfer Only

Priority

Cert Expires   -   -

### Name

Last	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Middle	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### Social Security Number

-  -

### Date of Birth

-   -

### Sex

**Race** (may select one or more, if applicable)

- A  Asian
- B  Black
- P  Native Hawaiian or Other Pacific Islander
- I  American Indian or Alaska Native
- W  White

### Ethnicity

Hispanic or Latino

### Identification-Verification Method

- 01  Birth Certificate
- 02  Hospital Records
- 03  Baptismal Certificate
- 06  WIC Identification Card
- 07  Immunization Card
- 10  Official ID
- 12  Passport / Immigration Record
- 13  Other \_\_\_\_\_

## Other Program Participation

- Medicaid
- Food Stamps
- AFDC/TANF
- EPSDT/THSteps

Medicaid Number

## Immunizations

Current

## Measurements

Height  -  /8ths"

Measure Date   -   -

HCT

Weight  lbs  oz

HGB  .

## Health-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 \_\_\_\_\_

### Referred from

- 00  Self or None
- 02  Child Health — Health Dept
- 03  Hospital
- 04  Private Physician
- 05  Family Planning
- 06  Immunizations
- 07  EPSDT/THSteps
- 08  AFDC/TANF, Medicaid, or Food Stamps
- 09  ECI
- 10  CIDC
- 11  Community-Service Org
- 12  Shelter
- 13  Friend or Family
- 16  Case Manager

### Referred to

- 00  Self or None
- 02  Child Health — Health Dept
- 03  Hospital
- 04  Private Physician
- 06  Immunizations
- 07  EPSDT/THSteps
- 08  AFDC/TANF, Medicaid, or Food Stamps
- 09  ECI
- 10  CIDC
- 11  Community-Service Org
- 12  Shelter
- 15  Other \_\_\_\_\_
- 16  Case Manager
- 99  Do Not Release Client Data

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

## Infant

Birthweight  lbs  oz

Weeks Gestation

Currently Bf

Date Ended Bf   -   -

## Food Package

Food Pkg Code

## Formula

Rx Exp   -   -

Rx Exp   -   -

Rx Exp   -   -

Formula Code

Formula Code

Formula Code

## EBT Only

Qty

Qty

Qty

## Nutrition Education

NE Code

NE Code

NE Code

# WIC Infant Nutritional Risk Codes

## Anthropometric — Priority I

- 103 \_\_\_ **Infant Underweight** — Less than or equal to 5th percentile weight for length (R)
- 104 \_\_\_ **Infant at Risk of Becoming Underweight** — Greater than the 5th and less than or equal to the 10th percentile weight for length (R)
- 114 \_\_\_ **Infant at Risk of Becoming Overweight** — Infant born to a woman who was obese (BMI greater than or equal to 30) at the time of conception or at any point in the first trimester of the pregnancy, or having a biological father who is obese (BMI greater than or equal to 30) at the time of certification (R)
- 121 \_\_\_ **Short Stature** — Less than or equal to 5th percentile length for age (R)
- 122 \_\_\_ **Infant at Risk of Short Stature** — Greater than the 5th and less than or equal to the 10th percentile length for age (R)
- 134 \_\_\_ **Failure to Thrive (FTT) (R)**
- 135 \_\_\_ **Inadequate Growth (R)**
- 141 \_\_\_ **Low Birthweight** — Birthweight of 5 lbs. 8 oz. or less (2500 g or less)
- 142 \_\_\_ **Prematurity** — 37 weeks or less gestation
- 143 \_\_\_ **Very Low Birthweight** — Birthweight of 3 lbs. 5 oz. or less (1500 grams)
- 151 \_\_\_ **Small for Gestational Age** — Diagnosed by a physician
- 152 \_\_\_ **Low Head Circumference** — Less than 5th percentile head circumference
- 153 \_\_\_ **Large for Gestational Age** — Birthweight of 9 lbs. or more (4000 g or more) or diagnosed by a physician

## Biochemical — Priority I

- 201 \_\_\_ **Low Hematocrit / Low Hemoglobin (R)**  
9 to 12 months: Hct less than 33% or  
Hgb less than 11.0 g/dL
- 211 \_\_\_ **Lead Poisoning** — Blood lead level of 10 µg/dL or greater (R)

## Clinical / Health / Medical — Priority I

### Nutrition-Related Risk Conditions

- 341 \_\_\_ **Nutrient Deficiency Diseases** — Malnutrition, scurvy, rickets, hypocalcemia, osteomalacia, and vitamin K deficiency (Refer to nutrition risk manual for other conditions) (R)
- 342 \_\_\_ **Gastro-Intestinal Disorders** — Ulcers, liver and gallbladder diseases, malabsorption syndromes, bowel diseases, GER, and pancreatitis (R)
- 343 \_\_\_ **Diabetes Mellitus**
- 344 \_\_\_ **Thyroid Disorders**
- 345 \_\_\_ **Hypertension**
- 346 \_\_\_ **Renal Disease** — Excluding urinary-tract infections
- 347 \_\_\_ **Cancer (R)**
- 348 \_\_\_ **Central Nervous System Disorders** — Epilepsy, cerebral palsy, spina bifida, and myelomeningocele
- 349 \_\_\_ **Genetic and Congenital Disorders** — Cleft lip or palate, Down syndrome, thalassemia major, and sickle-cell anemia (not sickle-cell trait)
- 350 \_\_\_ **Pyloric Stenosis**
- 351 \_\_\_ **Inborn Errors of Metabolism** — PKU, hyperlipoproteinemia, and galactosemia (refer to nutrition risk manual for other conditions)
- 352 \_\_\_ **Infectious Diseases within Past Six Months** — Bronchiolitis (three episodes in past six months), TB, pneumonia, meningitis, parasitic infections, HIV or AIDS, and hepatitis (R)
- 353 \_\_\_ **Food Allergy** — Wheat, eggs, milk, corn, or peanuts
- 354 \_\_\_ **Celiac Disease** — Celiac sprue, gluten enteropathy, or nontropical sprue
- 355 \_\_\_ **Lactose Intolerance**
- 356 \_\_\_ **Hypoglycemia**
- 357 \_\_\_ **Drug Nutrient Interactions**
- 359 \_\_\_ **Recent Major Surgery, Trauma, Burns in Past Two Months** — Occurrences more than two months previous must have the continued need for nutritional support diagnosed by a physician
- 360 \_\_\_ **Other Medical Conditions** — Heart and cardiorespiratory disease and cystic fibrosis (R)
- 362 \_\_\_ **Developmental, Sensory or Motor Disabilities Interfering with the Ability to Eat** — Disabilities that restrict the ability to intake, chew, or swallow food or require tube-feeding to meet nutritional needs; minimal brain function, brain damage, birth injury, head trauma, other disabilities, or feeding problems due to a developmental disability

## Other Health Risks

- 381 \_\_\_ **Dental Problems** — Nursing bottle or baby-bottle caries (smooth surface decay of maxillary anterior and primary molars) (R)
- 382 \_\_\_ **Fetal Alcohol Syndrome (FAS)**

## Dietary — Priority IV

- 428 \_\_\_ **Risk Associated with Complementary Feeding Practices** — For infants 4–12 months only
- 460 \_\_\_ **Inappropriate Nutrition Practices**

## Other Risks — Various Priorities (See each code)

- 502 \_\_\_ **Transfer of Certification** (no priority)
- 603 \_\_\_ **Infant Breastfeeding Complications or Potential Complications** — Jaundice, weak, or ineffective suck, difficulty latching on to mother's breast, or less than six wet diapers / day (Priority I)
- 701 \_\_\_ **Infant Up to 6 Months Old of WIC Mother** (Priority II)
- 702 \_\_\_ **Breastfeeding Infant of Woman at Nutritional Risk** (Priority I, II, or IV)
- 703 \_\_\_ **Infant of Woman with Mental Retardation or Alcohol or Drug Abuse During Most Recent Pregnancy** (Priority I)
- 704 \_\_\_ **Infant Up to 6 Months of a Woman Who Would Have Been Eligible During Pregnancy** (Priority II)  
Pregnancy Risk Code: \_\_\_\_\_
- 801 \_\_\_ **Homelessness** (Priority IV)
- 802 \_\_\_ **Migrancy** (Priority IV)
- 901 \_\_\_ **Recipient of Child Abuse/Neglect within Past Six Months (R)** (Priority IV)
- 902 \_\_\_ **Infant of Woman or Primary Caregiver with Limited Ability to Make Feeding Decisions and/or Prepare Food** (Priority IV)  
\_\_\_ 17 years or younger  
\_\_\_ Mentally disabled/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 IV)