ARKANSAS DEPARTMENT OF HEALTH

MEMORANDUM # 15-2

TO: Regional Offices and Local Health Units

ATTN: WIC Coordinators, Nutrition Coordinators and WIC Issuance Personnel

FROM: Susan Handford, Director, WIC Program

DATE: May 1, 2015

SUBJECT: WIC Farmers' Market Nutrition Program (FMNP) FFY15
Revised USDA Income Eligibility Guidelines

Farmers' Market Nutrition Program(FMNP)

The Department of Health has received funds from the USDA Food and Nutrition Service to operate the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) Farmers' Market Nutrition Program (FMNP) for FFY 2015. The mission of the WIC FMNP is to provide Arkansas locally grown, fresh, unprepared fruits, vegetables and herbs directly to WIC participants and to increase awareness and sales at local farmers' markets. **FMNP will operate in the following counties**: (Arkansas, Benton, Boone, Carroll, Craighead, Cross, Faulkner, Garland, Hempstead, Hot Spring, Howard, Jefferson, Lee, Madison, Miller, Pope, Pulaski, St. Francis and Washington Counties)

The FMNP check issuance will take place during a four (4) month period, beginning May 1, 2015 ending August 31, 2015. Each eligible participant will be asked if they want to participate in the FMNP. If they do, they will be issued one $16 booklet containing four $4 checks. These checks may be redeemed at the booths of authorized farmers selling fruits, vegetables and herbs at FMNP approved farmers' markets. FMNP checks and issuance materials will be shipped to each participating local health unit (LHU), prior to the beginning date of May 1, 2015.

Each LHU in the designated counties will receive a supply of FMNP checks based on a percentage of the current caseload of women and children. FMNP Issuance Record forms, numbered to match the checks in the booklet, are attached to each booklet. FMNP check security and accountability must be maintained at all times.

Participation in FMNP is voluntary. All women and children WIC participants, eligible for WIC during the approved four (4) month issuance period, are given the option to participate in the program. **Participants receive only one issuance of FMNP checks**. **Infants are not eligible for the program. No checks will be replaced for any reason. No checks will be mailed**.

Issuance Procedures

Issuance Inquiry

- Ask eligible participants if they would like FMNP checks prior to completing issuance records.

Issuance

- Check the General Notes in the participant's record to ensure they have not already received FMNP checks this year.
- **Issue the check booklets numerically.**
- Complete the entire attached FMNP Issuance Record form on each check booklet issued.
- Enter the participant **State WIC ID** number (*not Household ID*).
- Enter the participant type, using **C** for Child, **P** for Pregnant, **NBF** for Postpartum and **BF** for Breastfeeding.
- Document the WIC clinic number in the space provided.
- Print the participant name (last name, first name).
- Print the initials of issuance personnel.
- Date the Issuance Record.
- Observe while the participant or responsible adult signs the Issuance Record.
- Send the original issuance records (white) to WIC State Office (Slot 43) **daily** (or as often as the courier comes to your LHU) by courier. Maintain the copy of the issuance record (yellow) in the LHU and file numerically.
- Review and issue the "FMNP Food List and Instructions – one to each family".
- Issue the "List of Approved Farmers' Markets". Tell participants that checks may be used at any *WIC approved* farmers' market in the state.
- Remind them to go early, as the market will close when all produce is sold.
- Checks may not be issued after August 31, 2015.

Documentation

- List the date of issuance and check numbers issued to participants in the **General Notes** of their SPIRIT record.

Checks Voided During Issuance Due to Errors

- Stamp the white original issuance record, the yellow copy and all checks "VOID."
- Send the original white issuance record along with the voided checks to the WIC State Office by courier (Slot 43).
- File the voided yellow issuance copy numerically with the other yellow issuance copies.

Security/Accountability

- Only dedicated ADH staff should have access to FMNP checks. They should never be left unattended and are to be kept locked up when not in use. (Policy WIC-78)
- All excess check booklets which were not issued to participants by August 31st must be sent back to the WIC State Office **(by UPS only) using WIC's account #718-018. Do not use the ADH courier.** These unissued check booklets must be returned to WIC State Office **by September 5, 2015.**

Checks that were Issued, but not used by Participants

- Any FMNP checks returned by participants or found in participant yellow folders after **September 30, 2015** must be destroyed by shredding. **Do not return to the State Office**.

Training

- LHU issuance staff must have training on FMNP check issuance.
- Document the training on a sign-in sheet with "FMNP Training" and the date of training at the top. **Keep a copy on file at the LHU.**

Nutrition education is a core service of the WIC Program and is made available to all WIC participants receiving WIC FMNP checks. Existing WIC nutrition educators will be providing nutrition education. If an appropriate lesson plan for Farmers' Market is needed, contact Cristy Sellers or Ruth Ann Looney at the WIC State Office at 501-661-2508.
If there are any questions regarding WIC Farmers' Market Nutrition Program, please contact Susan Pfeifer at the WIC State Office at 501-661-2206. Place in Administrative File, Folder-WIC, Yellow Memo.

Revised U.S .Department of Agriculture (USDA) Income Guidelines:

USDA announced adjusted income eligibility guidelines to be used by State Agencies in determining the income eligibility of persons applying to participate in the WIC Program on March 31, 2015 (Federal Register, Volume 80, No. 61). These income eligibility guidelines are to be used in conjunction with WIC regulations and must be implemented no later than July 1, 2015.

Income is defined as current gross income before deductions. Current income refers to all income received by the household during the month (30 days) prior to the date the application for benefits is made (WIC-19). This means for individuals paid monthly, one pay stub is presented; for individuals paid biweekly or twice a month, two paystubs must be presented and for those paid weekly, four weeks of paystubs must be presented at WIC certification.

The attached income guidelines will replace the guidelines implemented June 1, 2014 in the appendix (APP-7) of the WIC Policy Manual.

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INTRODUCTION

The Special Supplemental Nutrition Program for Women, Infants and Children, commonly known as WIC, is a federal program provided through a grant by the Food and Nutrition Service (FNS) of the United States Department of Agriculture (USDA) and operated by the Arkansas Department of Health (ADH).

Pregnant, breastfeeding and postpartum women, infants and children under age five are eligible if they live in Arkansas, are income eligible and have a condition or living situation which places them nutritionally at risk. Income eligibility guidelines are based on 185% of the federal poverty guidelines and are revised yearly.

The Arkansas WIC Program provides nutrition education and support, supplemental foods, health and social service referrals and breastfeeding support during critical times of growth and development to improve health and achieve positive health outcomes.

The Arkansas WIC Program offers WIC Program services including certification, nutrition education, and WIC check and Cash Value Benefit issuance throughout all 75 Arkansas counties. Categorically eligible applicants can apply for WIC Program benefits at any LHU/WIC Clinic.

Numerous studies have shown that pregnant women who participate in WIC have longer pregnancies leading to fewer premature births; have fewer low and very low birth-weight babies; experience fewer fetal and infant deaths; seek prenatal care earlier in pregnancy and consume more of such key nutrients as iron, protein, calcium, and Vitamins A and C.

WIC helps to ensure infants' and children's normal growth reduces levels of anemia, increases immunization rates, improves access to regular health care/social services and improves diets.

ABBREVIATIONS/ACRONYMS

ADH	Arkansas Department of Health
APRN	Advanced Practice Registered Nurse
C	Child
CSFP	Commodity Supplemental Food Program
CPA	Competent Professional Authority
C-Section	Cesarean Section
CVB	Cash Value Benefit
DHS	Department of Human Services
DME	Durable Medical Equipment
DO	Doctor of Osteopathy
DOD	Date of delivery
EDD	Expected date of delivery
EEO	Equal Employment Opportunity
EFNEP	Expanded Food and Nutrition Education Program
EPSDT	Early and Periodic Screening, Diagnosis and Treatment
FDL	Food Delivery Liaison
FNS	Food and Nutrition Service (part of the USDA)
Hct	Hematocrit
Hgb	Hemoglobin
HIPPY	Home Instruction for Parents with Preschool Youngsters
I	Infant

MIP	Maternal Infant Program
MIS	Management Information System
NE	Nutrition Education
OIG	Office of the Inspector General (USDA)
P	Pregnant
PA	Physician's Assistant
PCP	Primary Care Physician
PP	Postpartum
RD	Registered Dietitian (Nutritionist)
RDI	Recommended Dietary Intake
RN	Registered Nurse
SNAP	Supplemental Nutrition Assistance Program (formerly Food Stamp Program)
SPIRIT	Successful Partners in Reaching Innovative Technology
TEA	Transitional Employment Assistance
TEFRA	Tax Equity and Fiscal Responsibility Act of 1982
USDA	United States Department of Agriculture
VENA	Value Enhanced Nutrition Assessment
VOC	Verification of Certification
WIC	Special Supplemental Nutrition Program for Women, Infants, and Children
ID	Identification
LHU	Local Health Unit
LMP	Last Menstrual Period
MI	Middle Initial
MICR	Magnetic Ink Character Recognition

DEFINITIONS

Abuse	Violation of WIC Program regulations by a vendor, participant, authorized representative or proxy.
Appellant	Person with a complaint or person who has requested a Fair Hearing.
Applicants	Pregnant women, breastfeeding women, non-breastfeeding postpartum women, infants and children who are applying to receive WIC benefits, and the breastfed infant of applicant breastfeeding woman. Applicants include individuals who are currently participating in the program but are re-applying because their certification period is about to expire.
Assessment	The process of reviewing an applicant's status to determine eligibility for the WIC Program.
Adjunctive eligibility	Applicants with documentation of eligibility for SNAP, TEA, Medicaid (including TEFRA)for themselves or certain members of the household.
Authorization	The approval of a vendor for WIC Program participation.
Authorized representative	The applicant/participant or parent/caretaker of a child or infant applicant/participant.
Alternate representative/proxy	A person designated by the participant or authorized representative to pick up and/or redeem WIC checks and Cash Value Benefits when a participant or authorized representative cannot do so.
Breastfeeding	The practice of feeding a mother's breast milk to her infant(s) at least once per day.
Categorical eligibility	The classifications of persons for whom WIC services are available: pregnant, breastfeeding and non-breastfeeding postpartum women, infants, and children under age five.
Cash Value Benefit	A food check with a designated monetary amount to purchase only fresh or frozen fruits and vegetables.

Certification	Implementation of criteria and procedures to assess and document each applicant's eligibility for the Program.
Child	Patient type for a person from day of first birthday through month of fifth birthday.
Claim	An assessment by the WIC Program for repayment of the value of WIC and Cash Value Benefits.
Clinic	Health facility where applicants are certified and/or issued WIC.
Competent Professional Authority (CPA)	A registered and licensed or registry eligible Dietitian/Nutritionist; an individual with a bachelor's or master's degree in nutritional science; a physician, registered nurse, or state or locally trained health official such as an individual with a bachelor's degree in health education, family consumer science or licensed practical nurse who has successfully completed WIC Competency Based Training.
Compliance	When applicable rules and regulations are followed.
Complaint	An allegation against a participant, vendor, the WIC Program, or Program staff.
Contract formula	Infant formula, excluding special/exempt formula, produced by the manufacturer awarded the infant formula cost containment contract.
Default food package	Standard food packages (see Food Packages definition) with maximum quantities of allowable foods predefined in the MIS system.
Denial	Denial of certification or authorization to participate in WIC because of ineligibility.
Disqualification	Termination of participation in WIC due to change in eligibility status or program abuse during a certification or authorization period. In limited circumstances, termination due to insufficient food funds or other administrative reasons.

Documentation	Presentation of written documents which substantiate statements made by an applicant or participant or a person applying on behalf of an applicant.
Dual participation	A participant receiving WIC checks and Cash Value Benefits from more than one state or clinic site, or duplicate checks from a single clinic site, in the same month.
Electronic signature	A process associated with an application or other record and executed by a person with the intent to sign the record.
Eligibility	All conditions are met for WIC Program participation.
Exclusively breastfeeding infant	The infant receives no infant formula from the WIC Program.
Exclusively breastfeeding woman	A breastfeeding woman whose infant receives no infant formula from the WIC Program.
Fair hearing	A review of disputed WIC Program actions or decisions that affect participation of vendors, applicants, or participants.
Fiscal year	The period of twelve calendar months beginning October 1 of any calendar year and ending September 30 of the following calendar year.
Food delivery system	The method(s) used by the WIC Program to provide WIC foods to participants.
Food packages	The basic food packages authorized by WIC Program Regulations for providing supplemental foods according to participant category.
Food prescription	The specific combination and quantities of allowable foods issued to WIC participants to address their nutritional, cultural and dietary related health needs.
High risk	A nutrition risk factor used for specific nutritional and medical criteria that require the referral to a Nutritionist for further assessment and counseling.

Homeless facility	A place that provides temporary lodging, sleeping accommodations, and meal service, including supervised shelter publicly or privately operated and designed for the purpose of providing temporary accommodation; institution that provides temporary accommodation for persons intended to be institutionalized; or a public or private place not intended or ordinarily used as a regular sleeping accommodation for human beings.
Homeless individuals	A person who lacks a fixed and regular nighttime residence; whose primary residence is a homeless facility (see Homeless Facility definition); living in a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings; or receiving temporary lodging in the residence of another individual.
Household	A group of related or non-related individuals who are living together as one economic unit. Residents of a homeless facility or an institution will not all be considered as members of a single household.
Household Identification Number	A number assigned to a group of related or non-related WIC participants who reside in the same household.
ID Folder	Issued to document participation in the WIC program.
Infant	The patient type for a person from birth to the first birthday.
Instream	Time during which a migrant farm worker and household members are away from home for the purpose of working or seeking work, including the time when they are temporarily located at a work site as well as in transit.
Interstate	Between states.
Intrastate	Within a state, specifically within Arkansas.
Invalidate	To make a WIC check or Cash Value Benefit invalid by stamping or writing “void” or voiding in the patient’s electronic record of checks issued.

Issue cycle	Number of months of WIC checks and Cash Value Benefits that a participant is issued at a time.
MICR (Magnetic Ink Character Recognition)	A check's unique identification number that uses a series of symbols and numbers (0-9), each containing magnetic ink particles preprinted on the check and read mechanically for sorting, processing, proofing, and posting.
Migrant farm worker	An individual whose principal employment is in agriculture on a seasonal basis, who has been so employed within the last twenty-four months, and who establishes, for the purposes of employment, a temporary abode.
MIP	Maternal and Infant Program.
Non-breastfeeding postpartum	The patient type for a non-breastfeeding woman after the end of her pregnancy. This patient may be certified up to six months from the end of her pregnancy if all other eligibility requirements are met.
Non-high risk	A nutritional risk factor not designated as high risk.
Nutrition education	Individual/group sessions designed to improve health status and achieve positive change in dietary and physical activity habits. Nutrition education and nutrition education materials emphasize the relationship between nutrition, physical activity, and health, keeping with the personal/cultural preferences of the individual.
Nutrition risk factor	Measurable characteristic or circumstance defined by the Program that may be associated with an increased likelihood of poor health outcomes, such as poor nutritional status or poor health.
On-site visit	Visit to the premises of a WIC food vendor.
Outreach	The actions involved in locating potentially eligible WIC participants to inform them about the WIC Program.
Partially breastfeeding woman	A breastfeeding woman whose infant receives any amount of formula provided by the WIC Program.

Participant	A person certified as eligible for the WIC Program.
Participant Violation	Any intentional action of a participant, parent, or caretaker of an infant or child participant, or proxy that violates Federal or State statutes, regulations, policies, or procedures governing the program.
Participation	The receipt of WIC and Cash Value Benefits. On some computer reports, the number of persons who have received WIC checks and Cash Value Benefits during a reporting period. Exclusively breastfed infants of participating breastfeeding women and breastfeeding women who receive no supplemental foods but whose breastfed infants receive supplemental foods are counted in participation.
Participant folder	WIC participant record.
Pregnant	The patient type for women certified from conception through six weeks postpartum.
Processing standards	Processing standards are the time limits that must be met between the applicant's request for W IC services and the notification of eligibility or ineligibility.
Recertification	The evaluation of eligibility of a person who has previously been or is currently a participant on the WIC Program.
Referral data	Medical or nutritional assessment information obtained in a medical facility other than a health department clinic and used for nutritional assessment of an applicant.
Resident	For purposes of WIC eligibility, an individual is considered a resident of the State if she lives in Arkansas at the time she applies for the WIC Program. No waiting period is necessary to establish residence and the individual need not have a fixed address. Migrants or seasonal farm workers (see Migrant farm worker definition) may be in transit from one work site to another. Persons with permanent residence in another state visiting friends or relatives are not considered residents.
State WIC Identification Number	An individual number assigned to a participant in the WIC Program.

Special/exempt formula	Exempt infant formulas that may be provided by WIC when there are documented qualifying medical condition(s) as determined and prescribed by a physician, physician assistant or Licensed Advanced Practice Nurse with prescriptive authority and approved by the Regional Nutrition Coordinator or designee.
Standard formula	Contract brand infant formulas produced by the manufacturer awarded the infant formula cost containment contract.
Supplemental foods	Foods chosen for specific nutrients to complete the diets of pregnant, breastfeeding, and non-breastfeeding postpartum women, infants, and children under age five.
Tailored food package	A food package that has been individually modified for an individual participant by the CPA if (1) medically or nutritionally warranted; (2) the participant refuses or cannot use the maximum monthly allowances; or (3) the quantities necessary to supplement another programs' contribution to fill a medical prescription would be less than the maximum monthly allowances.
Tailoring	Adjustments to an individual food package to meet the participant's needs (see Food Packages, Food Package Tailoring).
TEFRA	A provision of the Tax Equity and Fiscal Responsibility Act of 1982 which is a category of Medicaid that provides care to disabled children in their homes rather than institutions.
Transfers	Participants who move from one clinic service area to another or from one state to another.
VENA	Value Enhanced Nutrition Assessment (VENA) is the process of obtaining and synthesizing relevant and accurate information in order to assess an applicant's nutrition status and risk; design appropriate and personalized nutrition education and counseling; tailor the food package to address nutrition needs; and make appropriate referrals.

Vendor	A grocery retailer authorized to accept WIC and Cash Value Benefits in exchange for WIC approved food items.
Vendor monitoring	Activities that identify vendors in and out of compliance with WIC Program regulations.
Verification of certification (VOC)	A card or other document that identifies a person as being currently certified as a WIC participant.
WIC check	The check issued to participants to purchase specified WIC foods.
Year	The period of twelve calendar months beginning January 1 and ending December 31.

CERTIFICATION

Policies:

All WIC services are provided at no cost to applicants. Approved signs must be posted in the waiting area that state there is no cost for WIC services.

The LHU/WIC Clinic staff use the SPIRIT MIS to complete the applicant prescreening process upon initial contact of applicant. The Certification Guided Script is used to accept applications, perform nutritional assessments, determine eligibility and issue WIC checks and Cash Value Benefit checks or a Notice of Ineligibility, according to processing standards.

The WIC certification process includes:

- Assessing eligibility criteria.
- Assessing identity.
- Notifying the applicant of eligibility.
- Providing required WIC Program information.
- Providing nutrition education.
- Prescribing the food package.
- Issuing WIC checks and Cash Value Benefits.*

*Exceptions:

- A woman who has already received checks for a previous certification during the benefit period;
- Partially breastfeeding women > 6 months postpartum who are not prescribed supplemental foods due to the amount of W IC supplemental formula their infants receive from WIC; and
- Exclusively breastfeeding infants less than six months of age.

Eligibility criteria include:

- Categorical eligibility, i.e., pregnant, breastfeeding or non-breastfeeding postpartum women, infants (including breastfeeding infants), and children under age five
- Income
- Nutritional risk
- Residency (live in Arkansas; length of residency does not affect eligibility)

Note: Citizenship or immigration status is not a criterion.

Pregnant Applicants

Lack of documented pregnancy cannot be a barrier to W IC participation. If staff determines that there is sufficient reason to doubt the woman is pregnant, she must be given W IC benefits if all other eligibility criteria are met and allowed up to 60 days to provide proof of pregnancy. This proof can be requested at or subsequent to certification. Pregnancy testing, if done simply to establish WIC eligibility, must be done at no cost to the applicant or the WIC Program. Home pregnancy tests are not acceptable proof of pregnancy.

Information that must be provided to each participant is:

- The purpose of the W IC Program is to provide nutritional support, i.e., education and strategies for a healthy diet, supplemental foods, referrals and breastfeeding promotion and support, during critical times of growth and development, to improve health and achieve positive health outcomes.

- The nutrition assessment process is necessary to identify nutrition needs (e.g., medical conditions, dietary practices and interests) so that W IC can provide benefits that are responsive to the participant's wants and needs.

- The relationship between W IC staff and the participant is a partnership with open dialogue and two-way communication working to achieve positive health outcomes.

- WIC food benefits are prescribed for the individual to promote and support the nutritional well-being of the participant and to help meet the recommended intake of important nutrients or foods.

- The food provided by the Program is supplemental, i.e., it is not intended to provide all of the participant's daily food requirements.

- Each participant must reapply at the end of the certification period and be reassessed for Program eligibility.

If the Program is not currently serving all priority groups, then the Program will use the W IC priority system and the priority designation for the individual to serve the most nutritionally needy.

Processing Standards

Processing standards are the time limits that must be met between the applicant's request for W IC services and the notification of eligibility or ineligibility. Processing standards begin when an individual calls or visits the LHU/W IC Clinic during clinic hours to make an oral or written request for W IC services.

Documentation of the call or visit is maintained, and contact information is recorded in the SPIRIT prescreening and scheduler. Recertification applicants do not receive preferential treatment in the application process. Processing standards for recertification begin on the nutritional assessment appointment date.

If an applicant misses the nutritional assessment appointment, a Notice of Ineligibility is given or sent to the applicant. An attempt must be made to contact each pregnant applicant who misses her first appointment in order to reschedule the appointment.

Processing standards are 10 calendar days for:

- Pregnant women eligible as Priority 1 participants
- Infants under six months of age
- Breastfeeding women
- Members of migrant farm workers' households who plan to immediately leave the area served by the LHU/WIC Clinic

Processing standards are 20 calendar days for all other applicants.

Different processing standards apply when an official WIC waiting list is implemented. See Waiting List policies in this Volume.

Check issuance occurs on the same day as notification of eligibility. Exceptions: A woman who has already received checks for a previous certification during the benefit period; partially breastfeeding women > 6 months postpartum who are not prescribed supplemental foods due to the amount of WIC supplemental formula their infants receive from WIC and exclusively breastfeeding infant less than six months of age.

Rural and Employed Applicants

The LHU must make WIC services accessible to rural or employed WIC applicants/participants to minimize time away from work or distances that they must travel. The LHU must make specific appointment times available for employed applicants in order to give them an opportunity to arrange time off from work, arrange a ride, etc. Other options to make services more accessible to rural or employed persons may include:

- Changing other scheduling practices.
- Extending clinic hours.
- Adding clinic sites.
- Mailing WIC checks and Cash Value Benefit checks due to hardship. (See Hardship in the Food Delivery policy in this Volume.)

Applicant's Physical Presence Requirement

The applicant must be physically present at each certification and recertification in order for eligibility to be determined. A condition or disability that creates a current barrier to the physical presence requirement may serve as a basis for an exception. Physical presence or exception, if applicable, must be documented in the General Notes section in the participant's record.

Eligibility

Participants who are eligible for WIC are:

- Notified of their eligibility for the WIC Program.
- Informed of their rights and responsibilities.
- Issued food checks and Cash Value Benefits for immediate use.
- Informed of how and where to use their checks and Cash Value Benefits.
- Given a nutrition education appointment.
- Appointed to return for check pick up.

Ineligibility

Official notification will be given to applicants advising them of the reason for ineligibility and their right to a fair hearing.

An applicant may be found ineligible for WIC program benefits for the following reasons:

- Family/household income has been found to exceed WIC program guidelines.
- Applicant is not at nutritional risk.
- Applicant is not an Arkansas resident.
- Applicant is found to be categorically ineligible for the WIC Program.
- Applicant's priority is not currently being served by WIC Program.

Applicants and participants have 60 days to file a request for appeal. Individuals who appeal the termination of benefits within 15 days from the date of notice of termination will continue to receive benefits until the hearing official reaches a decision or the certification period expires, whichever occurs first. Exception: Applicants denied benefits at initial certification, participants whose certification period has expired, or participants who become categorically ineligible for benefits may appeal the denial or termination within the 15 days from the date of the notice, but they cannot receive benefits while awaiting the hearing or its results. Copies of all denial documents generated by SPIRIT should be printed and placed in an administrative file and kept for three years in addition to current year.

Certification Period

- Pregnant women are certified for the duration of their pregnancy and up to the last day of the month in which the infant becomes 6 weeks old or the pregnancy ends.

- Breastfeeding women are certified up to the last day of the month in which their infant turns 1 year old or until the women cease breastfeeding, whichever occurs first.

- Non-breastfeeding postpartum women are certified up to the last day of the 6th month after the baby is born or the pregnancy ends.

- Infants under 6 months of age are certified until the last day of the month of their first birthday.

- Infants 6 months or older are certified at intervals of approximately 6 months.

- Children are certified at intervals of approximately 6 months. Certification ends with the last day of the month in which the child reaches the fifth birthday.

Note: To ensure that infants/children receive child health supervision during their certification period, CPA counsels on need for child health services and local medical resources.

Certification periods begin on the date certification is completed.

Participants are notified at least 15 days before each certification period ends. An Official Notification is issued.

Advance written notice must be given to the participant if lack of program funds requires that benefits be terminated before the end of the certification period.

Scheduling Recertification Appointments

WIC staff members issuing checks to a participant will check the SPIRIT details screen for the recertification date. An Official Notification indicating the expiration of the certification period and an appointment for reevaluation should be given not less than 15 days prior to termination. The recertification appointment will be made in the correct month for that participant.

The SPIRIT System will calculate the recertification dates according to categories as follows:

- Pregnant Women: recertification should take place following the last day of the month in which the infant turns 6 weeks old or the pregnancy ends.
- Breastfeeding Women: None.
- Non-breastfeeding postpartum: None.
- Infants: infants certified from 0 to 6 months of age are recertified the month after the infant turns 1 year old. Infants certified over 6 months old are certified at 6 month intervals.
- Children under 5 years old: recertification should take place at 6 month intervals.
- Children turning age 5 during certification period: None. Issue last check in month of fifth birthday.

ADH Employees - Separation of Duties

ADH employees may not accept application, determine income, assess identity and residency documentation, perform nutrition assessment or issue WIC checks or Cash Value Benefits to himself or herself, a family member, a household member or anyone for whom the employee acts as the alternate representative/proxy in completing the WIC certification process.

The same employee cannot perform all eligibility criteria (income, residency and nutritional assessment) *and* issue checks or Cash Value Benefits.

Documentation in Participant Record

General Notes should contain all information that should be included as part of the participant's permanent record and is not documented in another section of the record.

A general note should be entered to document all of the following: any formula changes, prescriptive verbal orders pending receipt of paperwork, food prescription changes, issuance of returned formula or issuance of combination of returned and drop shipped formula, problems with check issuance or printing, reasons checks are voided and or replaced, calls made to or from participant, changes in guardianship or checks/CVB's mailed or returned, breast pump issuance (if SOAP note is not

warranted) or any information/situation not listed that should be available for review at a later date.

Alerts

Alerts should include actions that are to be taken or notices that should be seen by staff when the record is opened. Information in Alerts should also be put in the General Notes, if applicable, for permanent documentation. Alerts can be deleted when the action has been completed or problem solved.

SOAP

SOAP notes are documentation of the assessment of the participant's medical status and plan of care. SOAP notes are completed at all certifications, re-certifications and high risk appointments. Goals must be included in SOAP notes or by using the Goal tab in SPIRIT.

Documents

These are any required documents including, but not limited to, special formula prescriptions and approvals, zero income statements, signature pages for checks, CVB's, rights and responsibilities, guardianship and custody paperwork.

Documents must be scanned into the participant record within two working days.

Voter Registration

In compliance with Act 964 of 1995, voter registration applications should be provided to applicable WIC participants with each certification/recertification visit or any visit where demographic changes are made in SPIRIT (change of address, phone number and name changes should be verified at each LHU visit). ADH policy on voter registration procedures should be followed (GEN-169 Administration General).

INCOME ASSESSMENT

Policies:

Definition of Income

Income is current gross income before deductions. Current income refers to all income received by the household during the month (30 days) prior to the date the application for W IC benefits is made. Excessive medical or other expenses cannot be deducted from the gross income. However, net income is used for farmers and other self-employed persons. Current gross income is used to assess income eligibility for most applicants. Farmers, self-employed persons, seasonal workers, and persons receiving occasional overtime pay may declare income for a period up to 12 months; income fluctuates and annual income may be a more appropriate indicator of the need for W IC benefits. Other examples in which the use of annual income is more appropriate include: a family member who is on a temporary leave of absence from employment, such as maternity leave, teachers who are paid on a 10-month basis and are temporarily on leave during the summer months and college students who work during the summer months and/or school breaks. Current income such as unemployment compensation or income of other family or household members is used for unemployed persons. If the income assessment is being done prospectively (e.g., the sole support of that family has just been laid off but has been authorized to receive unemployment b e n e f i t s f o r t h e n e x t s i x m o n t h s), " current" refers to income that will be available to the family in the next 30 days.

Accuracy in Applicant's Income Assessment

All applicants/authorized representatives should be issued an "Income Checklist for WIC Applicants" (see Appendices) with instructions to read the checklist before income is assessed.

Income includes the following:

- Monetary compensation for services including wages, salary, commissions, or fee
- Net income from farm and non-farm self-employment
- Social Security benefits
- Dividends or interest on savings or bonds, income from estates or trusts, or net rental income
- Public assistance or welfare payments
- Unemployment compensation
- Government civilian employee, military retirement, pensions or veterans' payments
- Private pensions or annuities
- Alimony or child support payment

- Regular contributions from persons not in household
- Net royalties
- Other cash income, including lump sum payments that represent new money intended to be used as income or cash amounts received or withdrawn from any source, such as savings, investments, trust accounts and other resources that are readily available to the family

  - Examples of lump sum payments as new money would include gifts, inheritances, lottery winnings, workman's compensation for lost income, and severance pay

- Military pay/allowances that must be counted as income include:

  - Basic Allowance (BAS)
  - Clothing allowance (annual payment)
  - Family separation allowance (FSA)*
  - Re-enlistment bonus (SRB)
  - Hostile fire/imminent danger pay (HFP/IDP)*
  - Career enlisted flyer incentive pay (CEFIP)*
  - Career sea pay*
  - Cost of living allowance (COLA)
  - Hardship duty pay (HDP)*
  - Foreign language proficiency pay (FLPP)*
  - Special duty assignment pay (SDAP)*
  - Veteran's educational assistance program; GI Bill
  - Military survivor benefits plan (SBP)
  - Reenlistment Bonus (RSB)
  - Stop Pay Loss

  *These payments are excluded if pay is newly received as a result of deployment to a designated combat zone.

- The portion of scholarships or grants received directly by college students is considered cash income except for those items listed below that are not included as income. Income or benefits from the following are **not** included as income:

  - Reimbursements from the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970. (Public Law 91-646, Sec. 216, 42 U.S.C. 4636);
  - Any payment to volunteers under Title I (VISTA and others) and Title II (RSVP, foster grandparents, and others) of the Domestic Volunteer Service Act of 1973 (Public Law 93-113, Sec. 404[g], 42 U.S.C. 5044[g] to the extent excluded by that Act;
  - Payment to volunteers under section 8(b) (1) (B) of the Small Business Act (SCORE and ACE) (Public Law 95-510, Sec. 101, 15 U.S.C. 637[b] [1] [D];
  - Income derived from certain sub marginal land of the United States that is held in trust for certain Indian tribes (Public Law 94-114, Sec. 6, 25 U.S.C. 459e);

- Payments received under the Job Training Partnership Act (Public Law 97-300, Sec. 142[b], 29 U.S.C. 1552[b]);

- Income derived from the disposition of funds to the Grand River Band of Ottawa Indians (Public Law 94-540, Sec. 6);

- Payments received under the Alaska Native Claims Settlement Act (Public Law 94-204, Sec. 4[a], 43 U.S.C. 1626);

- The value of assistance to children or their families under the National School Lunch Act (42 U.S.C. 1760[e], the Child Nutrition Act of 1966 (42 U.S.C. 1780[b], and the Food Stamp Act of 1977 (7 U.S.C. 2017[b]) ;

- Payments by the Indian Claims Commission to the Confederated Tribes and Bands of the Yakima Indian Nation or the Apache Tribe of the Mescalero Reservation (Public Law 95-433, Sec. 2, 25 U.S.C. 609c-1);

- Payments to the Passamaquoddy Tribe and the Penobscot Nation or any of their members received pursuant to the Maine Indian Claims Settlement Act of 1980 (Public Law 96-420, Sec. 6, 9[c], 25 U.S.C. 1725[l], 1728[c]);

- Payments or allowances received pursuant to the Home Energy Assistance Act of 1980 (Public Law 99-125, Title III, Sec. 313[c] [1]);

- Student financial assistance received from any program funded in whole or part under Title IV of the Higher Education Act of 1965, including:

  - Pell Grant
  - Supplemental Educational Opportunity Grant
  - State Student Incentive Grants
  - National Direct Student Loan
  - College Work Study
  - Byrd Honor Scholarship Programs which is used for costs described in section 472 (1) and (2) of that Act (Pub. L. 99-498, section 479B, 20 U.S.C. 1087uu).

    The specified costs set forth in section 472 (1) and (2) of the Act are those costs which are related to the costs of attendance at the educational institution and do not include room and board and dependent care expenses.

- Housing allowance/payment (reflected on the Leave and Earnings Statement as Basic Allowance for Housing/BAH) received by military personnel living on-base or off-base.

- Payments received from the Child Care and Development Block Grant Act Programs (Public Law 102-568, Sec. 658S. Miscellaneous Provisions).

- Lump sum payments that represent reimbursements for lost assets or injuries;

- Cost-of-living allowance provided by 37 U.S.C. 405 to a member of a uniformed service who is on duty outside the contiguous states of the United States and any combat-related military pay for deployed members;

- Military combat pay that is received by the household member who is deployed to a designated combat zone. It is excluded if it is:
  - received in addition to the service member's basic pay;
  - received as a result of the service member's deployment to or service in an area that has been designated as a combat zone; **and**
  - not received by the service member prior to his/her deployment to or service in the designated combat zone.

- Subsidies that households receive through the prescription drug discount card program (Section 186D-31(g)(6) of the Social Security Act);

- Family Subsistence Supplemental Allowance (FSSA) payments provided by the Department of Defense (DOD) to low-income members of the Armed Forces (Public Law 106-398, the Floyd D. Spence National Defense Authorization Act).

Determining Income Eligibility

Income checklist should be reviewed with each applicant. Documentation of income is required on all applicants and must include all sources of income. Documentation of income may include the following:

- Current check stubs
- Signed statement from employer indicating gross earnings for a specified pay period
- W-2 forms or income tax return for the most recent calendar year
- Unemployment letter/notice
- Check/award letter from Social Security stating current amount of earnings
- Recent Leave and Earnings Statement (LES) for military personnel
- Foster child placement letter/foster parent award letter
- Written statement from a third party for applicants reporting zero income or regular contributions from persons not living in household

The income is assessed using the current Maximum Income Criteria for family/household size to determine income eligibility. See W IC Income Eligibility Guidelines in the Appendices. W IC Staff may compare the income of the family during the past 12 months and the family's current rate of income to determine which indicator more accurately reflects the family's status. There are two exceptions: 1) Persons from families with adult members who are unemployed (including laid-off workers must have income eligibility determined by current rate of income and 2) Instream migrant farmworkers (and their families) with expired Verification of Certification (VOC) cards must be considered income-eligible, provided that their income is redetermined once every 12 months.

Adjunctive Eligibility

Applicants with documentation of current eligibility for any of the following are income eligible regardless of the amount of reported income. Self-declaration is not acceptable. Further proof of income is not required, but reported income must be recorded. Do not automatically record zero income for applicants with adjunctive eligibility.

- Medicaid for applicant or other pregnant woman or infant in family/household (includes TEFRA)
- Presumptive Eligibility for applicant (pregnant)
- ARKids First for applicant
- TEA (Transitional Employment Assistance) for applicant or anyone in family/ household. Note: The reference is TANF in SPIRIT.
- SNAP for family/household

Documentation of adjunctive eligibility may include:

- Letter from DHS
- Notification letter that identifies the program and the applicant/household period of eligibility
- Documented phone call to DHS by clinic staff
- On-line access to adjunct programs by clinic staff

If infant is less than two months, Medicaid eligibility of mother while pregnant is the only documentation required.

Migrant farm workers who are in-stream when their Verification of Certification (VOC) expires are income eligible if their income has been determined within the last 12 months, and their VOC has the date of income assessment.

Zero Income

An applicant declaring zero income must be assessed by asking if money is received from any source. If yes, include as household income. Applicants declaring zero income should be prompted to describe in detail their living circumstances and how they obtain basic living necessities such as food, shelter, medical care and clothing. If applicant indicates that no one in the household has a source of income and receives no outside assistance, a written statement from a third party must be obtained and scanned into the participant record. The third party verifier must include name, address and phone number on the letter.

Employees of ADH, relatives of the applicant, or members of the applicant's household cannot be the third party.

Household Size Determination

A family/household is a group of related or nonrelated individuals who are living together as one economic unit (except that residents of a homeless facility or an institution are not considered as members of a single family). A family/household that shares income and consumption of goods and services are related.

A child is counted in the family/household size of the parent or guardian with whom he lives.

If a child resides in a school or institution and the child's support is being paid for by the parent or guardian, the child is counted in the family/household size of that parent or guardian.

A foster child is a family/household size of one if he is the legal responsibility of welfare or other agency. The monthly foster care payments are considered the income of that child. A foster child will be assigned an individual household identification number.

A child for whom a family has accepted legal responsibility (adoption or legal guardianship) is counted in that family's household size.

An unborn child cannot be counted in the family/household size.

Exception: A pregnant woman found income ineligible may be assessed as income eligible if the addition of her unborn infant/infants to her family size would qualify her under W IC eligibility guidelines. The same increased family size may also be used for any of her categorically eligible family members.

The family/household size of homeless persons is the number of persons who usually live together as one economic unit. It does not include all residents of a facility or volunteers offering shelter.

The family/household size of persons renting a room or rooms in a private residence is the number of persons renting the room or rooms together.

Military personnel serving overseas or assigned to a military base, even though they are not living with their families, are considered members of the economic unit.

Income Eligibility Reassessment

Income eligibility is reassessed during a current certification period if any information is received that indicates a participant's household income has changed or been misrepresented. If it is 90 days or less before the end of the participant's certification period, reassessment is not required.

Participants who are no longer adjunctively eligible (Medicaid (includes TEFRA), ARKids, TEA, SNAP, Presumptive Eligibility) must have their income reassessed based on documentation of family/household income.

If a participant is found to be income ineligible at income reassessment, the participant and any other household member(s) currently receiving W IC benefits must be disqualified.

RESIDENCY ASSESSMENT

Policy:

Each applicant or transfer is required to provide current proof or documentation of residency at certification. A Verification of Certification (VOC) does not prove residency. The applicant must reside at the address reported, and the address must be within the boundaries of the state of Arkansas. A post office box address is not sufficient. Current address, phone number and name change should be verified at each LHU visit.

Acceptable proof or documentation of residency includes, but is not limited to:

- Current cable, telephone or utility bill in the name of a household member
- Current mortgage, rent receipts or statement from landlord reflecting address
- Proof of current ARKids First, SNAP, Medicaid (Arkansas, includes TEFRA) or TEA (for anyone in the household)

Acceptable documentation of residency when an applicant uses a post office box because no address exists for the actual location of the residence, such as applicant who lives on a rural private road, is listed below. This documentation must be obtained and scanned into the participant record.

- Map with location of residence marked by applicant and signature of the applicant. Applicant may draw the map or use map provided by the LHU.
- Detailed directions to residence signed by applicant.
- Map location or directions to applicant's residence provided and signed by employee of LHU/W IC Clinic or Region who visits the home for health or social services.

If an applicant does not have proof or documentation of residency, such as a victim of theft, loss, disaster, or a person with a Verification of Certification (VOC), homeless or migrant, the applicant's or authorized representative's signature at the time of certification will be used as a statement attesting to his/her residency.

Note: See Definitions for definition of Resident.

Homeless

Pregnant, breastfeeding, and non-breastfeeding postpartum women, infants or children who meet the Program eligibility and reside in temporary living arrangements or a homeless facility that meets Program requirements are treated equally with all other eligible applicants. A homeless individual is a woman, infant, or child who lacks a fixed and regular nighttime residence; or whose primary nighttime residence is:

- A supervised publicly or privately operated shelter designated to provide a temporary living accommodation;

- An institution that provides a temporary residence for individuals intended to be institutionalized;

- A temporary accommodation of not more than 365 days in the residence of another individual; or

- A public or private place not designed for, or ordinarily used as a regular sleeping accommodation for human beings.

Eligible facilities are determined by using the homeless facility compliance requirements:

- The homeless facility does not accrue financial or in-kind benefit from a person's participation in the Program, e.g., by reducing its expenditures for food services because its residents are receiving WIC foods.

- Foods provided by the W IC Program are not included in communal food services, but are available exclusively to the W IC participant for whom they were issued.

- The homeless facility places no constraints on the ability of the participant to partake of the supplemental foods and nutrition education available under the Program.

If	Then
The Program determines homeless facility meets appropriate criteria,	Applicant is allowed to complete initial or current certification period.
The Program hasnot determined whether the facility meets the criteria,	Applicant is allowed to complete initial or current certification period. The LHU assesses homeless facility for compliance.
The facility doesnot meet or stops meeting the criteria and there is no local facility available which meets the criteria,	Applicant is allowed to complete initial or current certification period and is referred to a compliant facility when one becomes available.
The applicant continues to reside in a facility which does not meet the criteria,	Recertification is allowed. No further food item, except infant formula, is issued unless the participant vacates the facility or the facility becomes compliant. The participant is referred to the nearest compliant facility.

The LHU/WIC Clinic maintains a list of homeless facilities that do and do not meet the criteria that allow residents of the facility to receive WIC benefits. ADH staff must also contact the facilities to ensure compliance. See Facility Compliance Agreement in WIC Forms and Instructions, FOR-52.

IDENTITY ASSESSMENT

Policy:

Each applicant is required to provide acceptable proof or documentation of identity at certification and for transfers. Current address, phone number and name change should be verified at each LHU visit.

Acceptable proof or documentation of identity includes:

- Photo ID, such as current driver's license, passport, school ID, or military ID. Discount shopping membership cards or any cards of undetermined legitimacy are not acceptable.
- Active Medicaid card
- Social Security card
- Baptismal record
- Birth certificate
- Current check stub
- Health insurance
- Insurance policy
- Medical records, i.e., hospital records, immunization records
- Voter registration card
- Foster care document
- Staff recognition (only after initial certification)
- WIC ID folder showing eligibility for previous month

Migrants, homeless, a victim of theft, loss or disaster, a person with a Verification of Certification (VOC) or a newborn infant with no identification, the applicant or authorized representative's signature at the time of certification will be used as a statement attesting to their identity.

Note: If the WIC Participant Identification Folder (MCH: WIC-15) is lost during a current certification period, the authorized representative must provide proof of identity for self.

ALTERNATE REPRESENTATIVE/PROXY

Policy:

The participant/authorized representative may designate up to two alternate representatives/proxies. The alternate representative/proxy remains the same until the participant/authorized representative notifies LHU/WIC Clinic staff of a change. Notification must be made by the participant/authorized representative in person or by a signed/written statement. Documentation of the notification must be entered into General Notes in the participant record. A written statement must be scanned into the participant record.

A person may be an alternate representative/proxy for only two households.

The alternate representative/proxy:

- Signs the WIC Participant Identification Folder (MCH: WIC-15).
- Must bring the Identification Folder to pick up WIC checks and Cash Value Benefits.
- Must provide identification to LHU staff. (See Identity Assessment policy for acceptable documentation).
- May report improper vendor practices.
- May attend nutrition education.

In circumstances which would place an extreme hardship on the family/household, such as reduced wages or danger of loss of employment, illness or other family crisis, the alternate representative/proxy may be authorized in writing by the authorized representative to bring in an infant or child for nutritional assessment and to pick up the first set of WIC checks and Cash Value Benefits. The statement is scanned into the participant record

All required documentation for the infant or child's household must be presented for certification and WIC check and Cash Value Benefits issuance to the alternate representative/proxy. LHU/WIC staff makes the decision on a case-by-case basis.

An alternate representative/proxy may not be issued a replacement WIC ID folder unless approved by the Regional WIC Coordinator.

VALUE ENHANCED NUTRITION ASSESSMENT (VENA)

Policies:

A WIC Value Enhanced Nutrition Assessment is a health outcome-based process of obtaining and synthesizing relevant and accurate information in order to:

- assess an applicant's nutrition status and risk.
- design appropriate nutrition education and counseling.
- tailor the food package to address nutrition needs.
- make appropriate referrals.

A Value Enhanced Nutrition Assessment screens for all nutrition risk factors (anthropometric, biochemical, clinical, dietary, environmental and family factors). The process includes:

- Collecting accurate and relevant information.
- Applying communication skills to foster openness and rapport with the participant.
- Organizing, synthesizing and evaluating the collected information.
- Drawing appropriate conclusions and relationships from the information collected.
- Prioritizing the issues discovered, identifying solutions, and goal setting.
- Assigning relevant identified risk factors.
- Documenting the information and conclusions concisely and accurately.
- Referring to needed resources.
- Providing necessary follow-up.

Document all information in SPIRIT Certification Guided Script.

Anthropometric Measurements

Measurements must be taken at each certification or other visits as appropriate. Measurements from another health care provider are accepted and are valid for 60 days **IF** the applicant is the same participant type as when the measurements were taken.

- Recumbent length for children < 2 years of age
- Standing height to nearest 1/8 inch for children ≥ 2 years of age who can stand unassisted and women using a stadiometer (measured without shoes)

- Weight of infants and children < 2 years of age using an infant scale (weighed in clean, dry diaper or underwear)
- Weight of children ≥ 2 years of age and women using the adult scale (light, indoor clothing and without shoes, hats and bulky clothing)

Note:

- Children < 2 years of age weighed on an adult scale or measured in the standing position CANNOT be assigned the following nutrition risk factors: 103, 115, and 121.

- Children ≥ 2 years of age who are weighed on an infant scale and measured in the recumbent position CANNOT be assigned the following nutrition risk factors: 103, 113, 114, and 121.

Biochemical Lab Tests

Hemoglobin shall be taken or obtained from a referral source for applicants 6 months of age and older.

- Women: Hemoglobin will be checked at every certification for all women. A woman who is found to have severe anemia (hemoglobin < 9 g/dl; hematocrit <27%) should be referred to her medical care provider immediately. W ritten documentation of the hemoglobin level should be provided to the woman to discuss with her provider.

- Infants: Hemoglobin will be checked once between the ages of 9 and 12 months unless hemoglobin was obtained between 6 and 9 months. If an infant's hemoglobin or hematocrit level is low at the 9 to 12 months check, follow current Anemia Protocol. (See Child Health Volume.)

- Children: Hemoglobin will be checked with each certification between 12 months and 24 months. All children 2-5 years of age can be checked once a year as long as value is in normal range (>11 g/dl hemoglobin; or > 32.9% hematocrit). If value is not within normal range repeat hemoglobin with each certification until normal value is reached. (See Child Health Volume.)

Anthropometric and biochemical data used in determining nutrition status and nutritional risk is valid for 60 days if the applicant is the same patient type as when the data were collected.

Exceptions:

- Hemoglobin/hematocrit data collected on a non-breastfeeding postpartum or breastfeeding woman may be used for either patient type, as long as the test was performed after termination of the pregnancy.

- Hemoglobin/hematocrit results on an infant that were within normal range may be used for a child at certification if the data is within the 60 day timeframe.

- A lead level (children only) is not required for WIC certification, but can be used, if available. The lead level cannot be greater than 12 months old.

Clinical

Collect clinical data to identify medical conditions potentially affecting nutritional health status.

Pregnant woman

- Last menstrual period
- Current and past pregnancy-related conditions
- Age at conception
- Use of alcohol, tobacco and/or illegal drugs
- Current or past medical conditions that affect nutritional status

Breastfeeding woman

- Number of weeks breastfeeding
- Current and past pregnancy-related conditions
- Age at conception
- Use of alcohol, tobacco and/or illegal drugs
- Current or past medical conditions that affect nutritional status
- Infant and maternal factors affecting breastfeeding

Non-breastfeeding postpartum woman

- Current and past pregnancy-related conditions
- Age at conception
- Use of alcohol, tobacco and/or illegal drugs
- Current or past medical conditions that affect nutritional status

Infant and child

- Number of weeks breastfed (if applicable)
- Immunization status (See Referrals to Health and Social Services, Immunization Assessment and Referral, in this Volume.)
- Current and past medical conditions that affect nutritional status

Dietary

Screen applicants for inappropriate nutrition practices.

- Determine specific concerns of applicant related to eating/feeding practices.
- Obtain information that might explain or identify risk factors.
- Determine participant acceptability and use of WIC foods.

Environmental and Family Factors

Screen for factors that may affect nutritional status, such as:

- Primary nighttime residence (homelessness)
- Migrant status
- Food safety, food preparation and storage equipment
- Water source
- Exposure to environmental tobacco smoke
- Abuse or neglect in past six months
- Primary caregiver's ability to make appropriate feeding decisions and/or ability to prepare foods

Other Health Issues and Technical Requirements

Collect data on other health issues and technical requirements.

Pregnant woman

- Medical home
- Oral health/care
- Food security
- Physical activity

Breastfeeding and non-breastfeeding postpartum woman

- Medical home
- Oral health/care
- Food security
- Physical activity

Infant and child

- Medical home
- Immunization screening and referral
- Blood lead status (child only)
- Oral health/care
- Food security
- Physical activity

The LHU/WIC Clinic staff document answers to the applicable VENA questions in the participant record.

Apply communication skills to foster openness and rapport with the participant.

- Use appropriate techniques to establish a relationship and begin a conversation.
- Practice active listening and observation skills.
- Collect information without interrupting or correcting the applicant.
- Check for understanding by paraphrasing or reflecting what was heard.
- Compare client's verbal responses to non-verbal behaviors to assess client's attitude and feelings.
- Use an effective balance of open-ended and closed-ended questions.

Organize, synthesize and evaluate the collected information

- Use critical thinking skills to identify pertinent information and data from all sources.
- Seek additional information as needed.
- Collect all information prior to deciding upon the best course of action.

Draw appropriate conclusions and relationships from the information collected.

- Consider the applicant's point of view about nutrition and health priorities, needs and concerns.
- Identify relationships between behaviors/practices and nutritional risk.
- Draw conclusions about nutritional status supported by objective data, observations, experience, and reasoning.

Prioritize the issues discovered, identify solutions, and set goals.

- Prioritize nutrition problems to be addressed.
- Involve the participant in identifying solutions.
- Encourage the participant to identify a health outcome goal(s).

Assign relevant identified risk factors.

- Evaluate collected information to identify all relevant nutrition risk factors.
- Review automated nutrition risk factors assigned by SPIRIT.
- Manually assign additional identified risk factors.

Document the information and conclusions concisely and accurately.

- Record relevant information (reasons for manually-assigned risk factors, etc.) in SOAP format in the SOAP Notes section in the SPIRIT participant record.
- Record established health outcome goal in appropriate section of the SPIRIT participant record.
- Document information to facilitate communication with other WIC staff to allow for continuity of care and appropriate follow-up.

Refer to needed resources.

- Use SPIRIT referral resources and ADH Common Customer Referral Directory to identify and make needed referrals based on collected information.
- Refer appropriately for nutrition education

contact(s). Provide follow-up as necessary.

- Review (with participant at subsequent visits) progress toward established health outcome goal(s).
- Revise goal(s) as necessary.

Nutrition Risk

Using nutrition risk as a requirement for certification is a unique feature of the W IC program. Participants must be assessed for nutrition risk based on a medical and nutrition assessment.

WIC eligible participants may be at risk of poor nutrition and health outcomes because of insufficient nutrition during the critical growth and development periods of pregnancy, infancy and early childhood.

Nutrition risk assessment uses risk factors defined by risk indicators and cutoff points. Risk factors are any measurable characteristic or circumstance that may be associated with an increased likelihood of poor health outcomes such as poor nutrition status or poor health.

Nutrition risk factors should serve both as indicators of nutrition and health risks and as indicators of nutrition and health benefits. These nutrition risk factors can help identify those who have the greatest need for W IC services because they are either unhealthy or poorly nourished at the time of assessment or are at future risk of ill health. Nutrition risk factors also provide the basis for the priority system for eligible women, infants and children.

Risk Assessment

The W IC Competent Professional Authority (CPA) will review automated nutrition risk factors (see Nutrition Risk Factors in the Appendices) and assign additional applicable risk factors.

High Risk

A high risk participant is defined as a participant who has been assigned any risk factors designated as high risk. The CPA refers all nutritionally eligible participants who meet any of the high risk factors to a Nutritionist for nutrition counseling.

Non-High Risk

A non-high risk participant is defined as a participant who has been found to be at nutrition risk through the VENA process but has not been assigned any risk factors designated as high risk. These participants should be scheduled for a secondary nutrition education contact(s).

Other Nutrition Referrals

- A CPA who suspects a participant is at a higher nutrition risk than assessed but does not currently meet any high risk factors may consult with a Nutritionist, counsel the participant, authorized representative or alternate representative, and may refer to the Nutritionist.
- Any participant can request a referral to the Nutritionist.

Priority System

In determining nutritional risk, the W IC Program identifies specific risk conditions by priority level. The purpose of the priority system is to assure that those in the greatest nutritional need are served by the program first.

If maximum caseload is reached and a waiting list is implemented, participants are served in order of priority. The Arkansas W IC Program currently serves participants eligible under Priorities 1 through 7. For more detailed information about priorities corresponding to each risk factor, see Nutrition Risk Factors in the Appendices.

REFERRALS TO HEALTH AND SOCIAL SERVICES

Policies:

WIC applicants are informed of or referred to other services as appropriate. All applicants are given a copy of the flyer "Do You Need These Services?" (See Appendices) with the location of the local DHS office.

- If the LHU/W IC Clinic is unable to serve an applicant, a referral is made to local food assistance sources. Note: LHU/W IC Clinic staff must maintain a list of local food assistance programs/agencies.

The CPA refers W IC applicants/participants identified at nutritional assessment or increased risk counseling session to the appropriate health and social services providers. Each LHU maintains resource lists of referral sources that include, at a minimum, the following types of providers or agency contacts available:

- Agencies which provide foster care or protective services to infants and children, including infants exposed to drugs prenatally
- Community action agencies
- Head Start Programs, HIPPY programs, and other infant and preschool child care and/or education programs
- Community mental health centers
- Hospitals, clinics, physicians' offices and other health providers. Priority is given to health providers serving pregnant, breastfeeding and postpartum women, infants and children and to health providers providing EPSDT and immunizations to children.
- Unemployment offices
- Social service agencies (including visits twice yearly specifically with eligibility workers for TEA, SNAP and Medicaid (includes TEFRA)
- Farm worker organizations and/or agencies serving migrant and/or seasonal farm workers
- Religious and/or community organizations
- Minority organizations

- Food bank and/or food pantries

- Homeless facilities or shelters

The CPA determines whether or not the applicant/participant has a health care provider(s).

If	Then
The applicant has a regular source of health care,	Record the health care provider in the participant record.
The applicant/participant does not have a regular source of health care and is eligible for ARKids or Medicaid,	Refer to ConnectCare for assignment of a primary care physician. See flyer "Do You Need These Services?" in the Appendices of this Volume.
The applicant/participant does not have a regular source of health care and is not eligible for ARKids or Medicaid,	Refer to other local providers such as free clinics or other providers available for non-Medicaid eligible clients.

During the nutritional assessment at certification or high risk counseling session, the CPA determines the need for further referrals, makes all appropriate referrals, and documents in the participant's record. Referrals for non-WIC services are made if appropriate:

- EPSDT/Well-Child
- Immunizations
- Prenatal care
- Family planning
- Mother-Infant Program (MIP)
- Drug or alcohol treatment
- Smoking cessation
- Blood lead screening (Refer child at one and two years of age to PCP for blood lead screening and at 36-72 months, if not previously screened.)
- Hgb/Hct check for infant between 9 and 12 months
- Supplemental Nutrition Assistance Program (SNAP)
- Any other risk identified that needs further medical or social service intervention
- For referrals to other programs or outside ADH, see Referrals in the Patient Care Services Volume, Patient Management Section.

Referrals to WIC may be made by:

- Other programs in the LHU
- Outside sources, e.g., physicians, hospitals, other agencies

Immunization Assessment and Referral

- Immunization status is assessed for W IC infant and child applicants or participants at certification and recertification. The Immunization Registry and/or the Immunization Record (IMM-1) are used to assess immunization status. Infants and children due immunizations are referred to LHU immunization staff or their private provider.
- WIC services are not withheld for W IC applicants or participants with immunizations due or overdue.

NUTRITION EDUCATION

Policies:

Nutrition education is individual/group sessions designed to improve health status and achieve positive change in dietary and physical activity habits. Nutrition education and nutrition education materials emphasize the relationship between nutrition, physical activity, and health, keeping with the personal/cultural preferences of the individual.

- Nutrition education is a core service of the WIC Program. Each participant is offered a minimum of two nutrition education contacts during each six months of a certification period.

- Participants may not be denied supplemental foods for failure to attend or participate in nutrition education requirements.

- If more than one member of the family is enrolled in WIC, nutrition intervention will be prioritized using critical thinking skills, professional judgment, and the participant's expressed needs/concerns.

Goals of Nutrition Education

- Emphasizes relationship between nutrition, physical activity and health.

- Accentuates special nutritional needs of pregnant, non-breastfeeding postpartum and breastfeeding women, infants, and children under the age of five.

- Assists participant in achieving positive changes in dietary and physical activity habits.

- Prevents nutrition related problems through the use of supplemental and other nutritious foods.

- Promotes breastfeeding as optimal infant feeding.

- Raises awareness/provides information on dangers of exposure to harmful substances.

Elements of Nutrition Education

- A review of WIC nutrition assessment to identify participant's nutritional risks, needs and concerns;

- Messages/interventions that engage/empower participant in setting individual, simple and attainable goals;

- "How to" support to assist participant in accomplishing goals;
- Counseling methods/teaching strategies relevant to participant's nutritional risks and easily understood by participant;
- Delivery medium that creates opportunities for participant interaction/feedback;
- Continuous support through information/environmental reinforcements;
- Follow up assessment of behavior change/intervention effectiveness.

Delivery

Optimal delivery of nutrition education is a face-to-face personalized and interactive contact using a variety of counseling and teaching strategies. Nutrition education will be delivered by a Nutritionist, Nurse, Family and Consumer Science Specialist or other State approved source. Other methods and mediums such as computer based technology that incorporates the elements of effective nutrition education and engages the participant may be appropriate.

Nutrition education does not include independent use of publications/pamphlets, videotapes, newsletter activities, posters/bulletin board displays.

Materials

Only WIC Program approved informational materials and teaching aids may be used.

- Materials should be used to provide reinforcement to nutrition messages.
- Materials are available through Central Supply or the WIC State Office for all categories of participants. These may include lesson plans, pamphlets, books and videos.
- Classes and materials developed locally should be submitted to the State WIC Office for approval.
- Materials from other agencies must be approved by the State Office.
- Cooperative Extension materials and lesson plans may be used for non-high risk participants when education is provided by Cooperative Extension Services.

NUTRITION EDUCATION CONTACTS

A missed nutrition education appointment must be rescheduled once during the certification period, and the participant or authorized representative must be notified of the new appointment.

Primary Nutrition Education Contact

At certification the CPA provides individual nutrition education that addresses the following:

- Benefits of nutrition education
- Nutrition risk(s) identified in the nutritional assessment
- Benefits of WIC foods
- Participant's nutrition needs based on participant type
- Dangers of substance abuse, when appropriate
- Breastfeeding promotion, when appropriate
- Immunizations, when appropriate
- Goal setting

Note: In the list of nutrition education topics in the SPIRIT Certification Guided Script, "Immunizations," "Use of WIC checks" and "Rights and Responsibilities of the WIC participant" are listed. These are not Nutrition Education topics but are required counseling for certification.

Individual

- **High Risk**

  All participants who are assigned high risk factor(s) must have an assessment and care plan by a Nutritionist.

  A high risk appointment should be scheduled within 45 days of certification and coordinated with other WIC services. Participants with breastfeeding complications and infants with feeding issues or poor weight gain should be referred to the Nutritionist immediately.

  Any participant may be referred to the Nutritionist based on professional judgment of the CPA or at a participant's request.

  A SOAP note format is required for documentation.

- **Non-high Risk**

  For non-high risk contacts, individual nutrition education contacts may be offered through a variety of delivery mediums if group education is not appropriate or available. Documentation is made in participant's record regarding attendance and topic.

Group

Audience targeted for group secondary nutrition education contact is non-high risk participants. The secondary nutrition education contact is scheduled in SPIRIT by allowing the participant to select the class topic of interest to him/her or per client's identified needs. Certifications greater than six months must be scheduled a minimum of once per quarter. Documentation of attendance, provider, and topic is noted in SPIRIT. Scheduling of nutrition education should be coordinated with check issuance. The secondary nutrition education contact may not occur on the same day of certification.

Non-Attendance for Secondary Nutrition Education

Participants who miss a secondary education contact must be rescheduled once during the certification period to coincide with check pick up. High risk may be rescheduled to a non-high risk (group or individual appointments) education or reappointed for a high risk contact based on professional assessment by the Nutritionist.

Clinic Requirements for Nutrition Education

Clinics are required to submit Nutrition Education Plans for approval by Regional W IC and Nutrition Coordinators. These plans are to be submitted by August 30 to be implemented by October 1 of each Federal Fiscal Year.

Optimal class size for group education is recommended with a maximum of 10-15 participants per class if adequate room is available. An adequate number of group classes should be offered to accommodate the clinic's caseload.

A private setting for individual education is required and an environment without distractions for group education is most appropriate and should be offered if possible.

BREASTFEEDING

Policies:

Breastfeeding promotion and support are key components of W IC nutrition education. All prenatal women are counseled about the benefits and basic steps of breastfeeding.

The W IC Program must assure that LHU/W IC Clinics provide a positive environment which endorses breastfeeding as the preferred method of infant feeding and that women have access to breastfeeding promotion and support activities during the prenatal and postpartum periods.

LHU/WIC Clinic

Each LHU/W IC Clinic must create a clinic environment that endorses breastfeeding as the preferred and optimal method of infant feeding. This includes, but is not limited to:

- Formula and displays should be stored out of the view of participants.
- Clinic office supplies, such as cups, pens, notepads and clinic tools, should be free of formula company names, logos or symbols.
- Educational and/or promotional materials distributed to participants must portray breastfeeding as the preferred method of infant feeding and must be:
  - Free of formula product names and/or logos except on the WIC Approved Food List
  - Free of language that undermines the mother's confidence in her ability to breastfeed
  - Designed to show breastfeeding in a positive light
  - Culturally diverse
  - Accurate and reasonably up-to-date
  - WIC approved
- A private space is provided and promoted for staff and participants to breastfeed and/or pump.
- Each LHU must promote breastfeeding in the local community and must provide and document a minimum of one community outreach project a year.

LHU/WIC Clinic Breastfeeding Plan

Each LHU/W IC Clinic must develop and implement a plan to increase breastfeeding duration among WIC participants. The plan should include, but is not limited to:

- Early postpartum follow-up to help new mothers survive the critical first two to four weeks

- Continuous frequent support to mothers during the first three months of breastfeeding through:

  - Education to pregnant women during various intervals of the certification period
  - Support to new breastfeeding mothers by encouraging and offering appointments
    for weekly weight checks until the baby has reached birth weight and breastfeeding is going well, then monthly weight checks until the infant is three months old
  - Issuance of appropriate breastfeeding support materials when needed

The plan should facilitate ongoing communication and consistency regarding breastfeeding within the Region and include provisions for providing information about breastfeeding issues including, but not limited to:

- Breastfeeding information updates
- Formula changes for breastfeeding infants
- Breastfeeding problem-solving
- Staff training needs
- Local Health Unit recognition for accomplishments

LHU/W IC Clinics are required to submit breastfeeding plans for approval by the Regional WIC Coordinator and Regional Nutrition Coordinator. These plans must be submitted by August 30 to be implemented by October 1 of each Federal Fiscal Year.

A copy of the plan is maintained in the LHU/W IC Clinic, and a copy is sent to the Regional WIC Coordinator and Nutrition Coordinator. The Regional W IC Coordinator and Nutrition Coordinator review and send a copy of the plan to the WIC State Office.

Action steps to assist in developing breastfeeding plans to increase breastfeeding duration among new mothers and to increase communication and consistency regarding breastfeeding within each Region are outlined in “Breastfeeding Best Practices Actions” in the Appendices.

Staff

All W IC staff must endorse breastfeeding as the preferred method of feeding infants, especially premature infants and sick infants. Some exceptions for sick infants may apply. WIC staff must make women feel comfortable asking questions about breastfeeding and feeding their infant in the clinic. Staff must provide all pregnant and breastfeeding participants with resources of qualified individuals who are able to answer breastfeeding questions.

The state agency must designate a state WIC Breastfeeding Coordinator. The State Breastfeeding Coordinator must be an RD or RN with specialized training in lactation management, such as Certified Lactation Counselor (CLC), and/or is an International Board Certified Lactation Consultant (IBCLC).

Each Region must designate a Regional Breastfeeding Coordinator to coordinate breastfeeding promotion and support in the Region. The Regional Breastfeeding Coordinator must be an RD or RN and must have successfully completed WIC competency-based breastfeeding training for professionals and WIC-approved advanced lactation training within the past three years and have received ongoing updates.

Each LHU must designate a staff person to coordinate breastfeeding promotion and support in the LHU. The LHU staff breastfeeding resource person must be a W IC CPA, have completed breastfeeding competency-based training for professionals, and be willing to complete additional WIC-approved training when available.

A Breastfeeding Peer Counselor is a member of the LHU WIC staff. She is an adjunct to the local WIC staff and provides information, guidance, and support to pregnant and breastfeeding WIC participants. Peer Counselors have a primary role to encourage breastfeeding among WIC participants.

Education and Support

All pregnant participants must receive quality breastfeeding education and support.

Each pregnant woman's knowledge, concerns, and attitudes about breastfeeding are addressed by the CPA using a client-centered counseling technique, such as "The Three Step Education." The woman should receive education specifically targeted to the concerns and questions generated from "The Three Step Education" assessment. The WIC Nutrition Education Plans (Breastfeeding Promotion, Nutrition for the Breastfeeding/Non-breastfeeding postpartum Woman, Beginning Breastfeeding) are a resource for information to use in the targeted breastfeeding education.

WIC-approved pamphlets and reference books can also be used as other educational resources. A pregnant woman's informed decision to choose not to breastfeed must be respected by WIC staff.

With day-to-day breastfeeding promotion efforts, the few medical contraindications to breastfeeding should also be discussed. Appropriate referrals should be provided. If a woman has any of the following, she should be counseled not to breastfeed.

- HIV
- Untreated maternal tuberculosis
- Untreated hepatitis A or hepatitis B virus
- Untreated Lyme's Disease
- Maternal human T-cell leukemia virus type 1 (HTLV-1)
- Maternal use of radiopharmaceuticals (chemo/radiation medications)
- Maternal substance abuse
- Maternal use of medications not approved for use by breastfeeding women

The one absolute medical contraindication to breastfeeding for an infant is one who is born with galactosemia. For all other medical conditions, expressed breast milk or breast milk through breastfeeding may be acceptable to meet all or part of the infant's nutritional needs in the first six months of life.

For more information regarding each of these conditions, contact the Breastfeeding Helpline at 1-800-445-6175.

All breastfeeding participants, regardless of their breastfeeding pattern, must receive quality nutrition services.

Pregnant women must receive information that exclusive breastfeeding provides ideal nutrition and is recommended for full-term infants for the first 6 months of life followed by continued breastfeeding along with appropriate foods until at least 12 months of age and thereafter as long as mutually desired. Breastfeeding women must receive adequate support and assistance from staff in order to maintain or increase their milk supply.

Breastfed infants must receive a food package that is consistent with their nutritional needs. Partially breastfed infants must be issued only the amount of supplemental formula needed. Every effort should be made to help the mother resolve problems related to inadequate or perceived inadequate milk supply. W IC checks that include infant formula should only be given when specifically requested and after appropriate breastfeeding assessment and education has occurred.

Breastfeeding mothers and babies who are experiencing complications or concerns must receive appropriate assessment and assistance in a timely manner. Mothers of hospitalized or premature infants must receive timely assistance and be issued breast pumps to assist with breastfeeding.

Breastfeeding mothers with plans to return to work or school must receive guidance and aids to assist them with continued breastfeeding.

Breast Pumps

Prior to issuing formula, W IC CPAs should provide participants appropriate counseling for breastfeeding complications/concerns and make them aware of the availability of breast pumps when use is indicated.

Manual breast pumps are available upon request for distribution to W IC breastfeeding women. W omen must receive instruction on proper use and care when they are issued manual breast pumps.

Women who are assessed and found to have the need may be issued a loaner electric or personal double electric breast pump. Women who receive the electric breast pump must also be instructed on proper use and care. Once a pump is issued, the W IC staff periodically follows up with the client to answer her questions and reassess the need if issued a loaner breast pump. Personal use electric breast pumps are available for moms to keep. Women issued breast pumps or pump kits should be advised that pumps are intended for personal use only and that offering to sell WIC benefits verbally, in print or online is considered program abuse.

Breastfeeding Women Who Discontinue Breastfeeding During Their Certification Period

A breastfeeding participant who states plans to discontinue breastfeeding must receive appropriate counseling to address the reason(s), further breastfeeding education and an assessment to determine continuance if provided a breast pump.

If a woman certified as breastfeeding discontinues breastfeeding prior to six months postpartum, the participant record must be updated by completing the following steps:

- Update the breastfeeding information in the Health Information tab of the infant's record. The system automatically updates the infant information in the record of the linked mother.

- Assess current certification criteria to determine continued program eligibility as a non-breastfeeding postpartum woman. Update participant record with applicable risk factors, food package and a General Note. Risks factors must be deleted added and/or remain unchanged dependent on individual nutritional assessment.

A breastfeeding participant who discontinues breastfeeding and is more than six months postpartum is no longer eligible for the WIC Program. The participant record must be updated by completing the following steps:

- Document in the General Notes in the participant record the reason the participant was discharged from the Program.

- Issue an Official Notification to the participant.

The infant food prescription must be changed to formula feeding and checks issued.

Formula may be issued to the infant regardless of prior breast pump issuance, the food package issued to the mother, or the age of the infant.

Breastfeeding Peer Counselor Program

The WIC Breastfeeding Peer Counselor Program is available to all prenatal and breastfeeding WIC participants in participating counties.

Goals

The goals of the Breastfeeding Peer Counselor Program are to encourage WIC participants to initiate and continue breastfeeding and to increase general public acceptance and support of breastfeeding through community partnerships.

A Breastfeeding Peer Counselor is a member of the LHU WIC staff. She is an adjunct to the local WIC staff and provides information, guidance, and support to pregnant and breastfeeding WIC participants. Peer Counselors have a primary role to encourage breastfeeding among WIC participants. They:

- Provide information so women can make informed infant feeding decisions.
- Teach women how to breastfeed and what to expect.
- Help the mother cope with the normal adjustments of the early weeks and months of breastfeeding.

Scope of Practice

The role of the Breastfeeding Peer Counselor is to promote and support breastfeeding. Situations/conditions outside the Breastfeeding Peer Counselor scope of practice are outlined during "Loving Support Breastfeeding Peer Counselor Orientation."

Breastfeeding Peer Counselors support normal breastfeeding. They do not treat, prescribe, or attempt to remedy potential serious problems. The Breastfeeding Peer Counselor refers problems that are beyond her basic area of knowledge or problems that have not resolved in 24 hours to the following resources in the indicated priority:

- Regional designated breastfeeding expert(s)
  - LHU breastfeeding resource
  - Regional Breastfeeding Coordinator
- State Breastfeeding Peer Counselor Coordinator
- WIC Program Breastfeeding Helpline (1-800-445-6175)
- National Breastfeeding Helpline (1-800-994-9662)

When Breastfeeding Peer Counselor Should Yield

When peer counselors identify any of the following problems or situations, they must immediately consult their WIC designated breastfeeding expert (such as the LHU Breastfeeding Resource person, Regional Breastfeeding Coordinator, State Breastfeeding Peer Counselor Coordinator, or the WIC Breastfeeding Helpline) to discuss the best plan for supporting the mother and infant, including the referrals that are appropriate.

The peer counselor will continue to provide support while the designated expert or health care provider is addressing the issue, unless the supervisor or peer determines that it is best to discontinue peer support.

Pregnancy Issues:

- Spotting or bleeding
- Excessive vomiting or nausea
- Swelling
- Contractions, suggesting premature labor
- Baby stops moving
- Other troublesome medical situations

Baby concerns:

- Baby is born preterm or low birth weight
- Baby is sick
- Baby has fewer than 6 wet diapers and 3 stools per 24 hours in the first month after the baby is 4 days old
- Baby fails to gain weight or gains weight slowly; loses more than 7% of birthweight; has not regained by 2 weeks postpartum; gain is less than 4.5 ounces per week
- Baby has difficulty latching or remaining latched after several attempts
- Baby appears unhappy at the breast or refuses to breastfeed
- Baby is still hungry after feedings despite 24 hours of increased frequency and duration of breastfeeding
- Breastfeeding's typically last more than 45 minutes
- Baby is jaundiced
- Baby has congenital defect such as cleft lip/palate or Down's Syndrome
- Baby has restricted tongue movement from a tight frenulum

Mother Concerns:

- Mother has engorgement or plugged ducts that are not resolved after 24 hours
- Mother has a fever (suggesting possible mastitis)
- Mother has a nipple discomfort that does not improve after 24 hours
- Mother is supplementing with formula before the baby is 1 month old and wants to increase her milk production or reduce/eliminate formula supplements
- Mother has been formula feeding the baby since birth and now wants to breastfeed
- Mother is exclusively pumping her milk and now wants to put her baby to breast
- Mother wants to breastfeed an adopted baby
- Mother is breastfeeding more than one baby
- Mother wants to breastfeed but has been advised NOT to by her health care provider
- Mother finds a lump in her breast

Illness in Mother or Baby:

- Mother or baby have symptoms of thrush/yeast infection
- Mother or baby are vomiting or have diarrhea
- Mother or baby are hospitalized
- Mother has symptoms of mastitis
- Mother has a physical handicap
- Mother or baby has a chronic or acute illness
- Hepatitis B or C, tuberculosis, cytomegalovirus (CMV) or chicken pox
- Renal, liver, intestinal, heart problems or cystic fibrosis
- Metabolic disorder such as diabetes mellitus

After referral, the Breastfeeding Peer Counselor continues to support the mother and baby according to plan of care developed by referral source.

Provision of Services

The Breastfeeding Peer Counselor provides services to the pregnant/breastfeeding WIC participant.(See Staffing, Breastfeeding Staff Qualifications, Roles and Responsibilities in this Volume.)

Home Visits

Determination of the practice of home visits by Breastfeeding Peer Counselors is made on the Regional and local levels.

WIC Loving Support Breastfeeding Peer Counselors make home visits only with supervisor knowledge and approval of the visit. Breastfeeding Peer Counselors should contact their supervisor to request approval for a home visit in the following situations:

Prenatal WIC participant:

- Is confined to bed rest and expresses desire for education and information about breastfeeding.

Breastfeeding WIC participants:

- In the Breastfeeding Peer Counselor's opinion needs support that is within the Peer Counselors Scope of Practice and has no means of transportation to visit with the Peer Counselor at the Local Health Unit.

When Breastfeeding Peer Counselors make home visits they must inform their supervisor and their LHU administrator of:

- Where they are going
- Approximately how long they will be gone
- A phone number where they can be reached
- If the visit is taking longer than anticipated the Breastfeeding Peer Counselor should notify her supervisor and LHU administrator.
- If at any point in the process of making a home visit a Breastfeeding Peer Counselor feels her safety is threatened she should immediately withdraw from the situation and return to her LHU.

Any Peer Counselor who elects to make home visits on his/her own personal time after being directed not to conduct home visits by his/her supervisor is in no way representative of the Arkansas Department of Health (ADH).

A WIC Breastfeeding Peer Counselor who makes a home visit on his/her own personal time is doing so at his/her own risk and liability. The Breastfeeding Peer Counselor cannot file for travel compensation or flex time or overtime for such visits.

Any indication of acting as a representative of the ADH, including wearing ADH identification badges, during unauthorized home visits will be considered insubordination and subject to ADH disciplinary policy.

Breastfeeding Peer Counselors will be available to WIC participants outside usual clinic hours and outside the WIC environment.

Outside Clinic Hours

Breastfeeding Peer Counselors should make every effort to meet the needs of WIC participants. This may include but is not limited to:

- Facilitating breastfeeding support groups outside usual clinic hours.

- Responding to after hour communications from participants where the breastfeeding relationship appears threatened.

Outside Clinic Environment

Breastfeeding Peer Counselor services outside WIC environment may include but not limited to:

- Home visits with supervisor approval

- Hospital visits with supervisor approval

- Community outreach to any agencies/businesses/organizations with common interest in women of childbearing years

- Collaboration with community partners in events that support breastfeeding (EX: Breastfeeding support group held with hospital partnership).

Documentation

The Breastfeeding Peer Counselor documents activities in the SPIRIT participant folder and on approved Breastfeeding forms.

Community Partnerships

The Breastfeeding Peer Counselor, in conjunction with regional resources, seeks opportunities to establish and enhance community partnerships. Appropriate community partnerships might include, but are not limited to:

- Hospitals
- Arkansas health education cooperatives
- Community health centers
- Physicians' offices
- Community lactation consultants
- Pregnancy resource centers
- Local or state lactation affiliate groups

FOOD PACKAGES

(See Memorandum No. 13-10, Subject: WIC Approved Food List Changes, Date: May 28, 2013.)

Policies:

The WIC food packages provide supplemental foods designed to address the nutritional needs of WIC participants. W IC food packages and nutrition education are the primary means by which W IC affects the dietary quality and habits of participants. W IC is not the primary source of food, but the W IC food benefits are scientifically-based and intended to address the supplemental nutritional needs of participants.

Default food packages are designed according to the category and nutritional needs of participants. The full monthly allowance of all supplemental foods must be made available to every participant, but may be tailored by the CPA within each default food package, to meet the needs of the individual participant.

Tailoring may be done to reduce or eliminate food(s) provided to an individual participant when:

- Medically or nutritionally warranted, e.g., to eliminate a food due to a food allergy
- A participant refuses or cannot use the maximum monthly allowances

The CPA is responsible for insuring the initial food package and future food packages are correctly entered into the participant's Food Prescription file at the time of certification. Any request for a change in a food or formula during the certification period is referred to a CPA. Any change to a food prescription, including formula, must be documented in the General Notes of the participant folder.

Note: Formula amounts for Children/W omen with Special Needs (Food Package III) may be tailored to maximum amount (see Arkansas W IC Approved Formulas in the Appendices) as approved by the Regional Nutrition Coordinator or designated Nutritionist.

Food Package Tailoring

- **Peanut Butter**

For women and children who are two years of age or older with the following risk factors, an 18-ounce jar of peanut butter may be offered and issued in place of the beans in the default food packages.

- 101 Underweight woman
- 103 Underweight child
- 131 Low maternal weight gain
- 132 Maternal weight loss during pregnancy
- 134 Failure to thrive

- 135 Inadequate weight gain
- 331 Pregnancy at a young age
- 335 Multifetal gestation
- 338 Pregnant woman currently breastfeeding an infant
- 338a Pregnant woman currently breastfeeding a child
- 801 Homeless
- 802 Migrant

- **Calcium-fortified Juice**

  - Inadequate calcium intake from other food sources
  - Lactose intolerance or milk allergy
  - To supplement, not replace, calcium from dairy foods and other calcium-rich foods

- **Milk**

  - Children under the age of 2 years
    - Standard issuance is whole milk,
    - May not receive non-fat dry milk, skim evaporated milk or acidophilus milk
    - Reduced-fat (2%) milk may be issued with medical documentation (see WIC Policy, Medical Documentation) and one of the following risk factors:
    - 114a At risk of becoming overweight
    - 115 High weight-for-length

Note: Medical documentation must include prescription, appropriate diagnosis, food item to be tailored and/or issued and length of prescription (may be up to six months). Amount to issue is not necessary.

  - Children 2 and older and women
    - Must receive low-fat (1%) or fat free (skim) milk
    - May not receive regular evaporated milk
    - Children receiving food package III with a medical diagnosis of FTT that supports the need for extra calories and/or fat may be issued whole milk with a prescription. Special formula must be issued but can be tailored down to meet individualized needs.
    - Women and children may receive -reduced fat (2%) milk with medical documentation (see WIC Policy, Medical Documentation) and one of the following risk factors:
      - 101 Underweight woman
      - 103 Underweight or at risk for underweight child
      - 131 Low Maternal Weight Gain
      - 132 Maternal weight loss during pregnancy
      - 134 Failure to thrive

- 135 Inadequate Growth
- 338 Pregnant woman currently breastfeeding an infant
- 338a Pregnant woman currently breastfeeding a child
- 341 Nutrient deficiency diseases
- 342 Gastrointestinal disorders
- 347 Cancer
- 348 Central nervous system disorder
- 349 Genetic congenital disorders
- 352 Infectious diseases
- 355 Lactose Intolerance
- 359 Recent major surgery, trauma, burns
- 360 Other medical conditions
- 362 Developmental sensory, or motor disabilities interfering with the ability to eat
- 381 Oral health conditions
- 382 Fetal alcohol syndrome

Note: Medical documentation must include prescription, appropriate diagnosis, food item to be tailored and/or issued and length of prescription (may be up to six months). Amount to issue is not necessary.

Note:
CPA may approve milk changes with appropriate medical documentation and risk factor assignment. Approval from a nutritionist is not necessary.

- **Acidophilus and Lactose Free Milk**
  - May substitute up to the full amount of milk offered (See Acidophilus Milk Food Packages)
  - Lactose-free dairy products should be offered before soy-based beverages to participants with lactose intolerance that cannot drink milk

- **Soy-based Beverage**
  - Vegan diet, severe lactose maldigestion, milk allergy, or other qualifying medical condition
  - May substitute up to the full amount of milk offered (See Soy-based Beverage Food Packages)
  - Lactose-free dairy products should be offered before soy-based beverages to participants with lactose intolerance that cannot drink milk
  - Cheese should be eliminated from the soy beverage food package if milk allergy has been diagnosed
  - Yogurt should not be issued with the soy beverage food package if milk allergy has been diagnosed

- **Yogurt**
  - Only one quart of yogurt per month may be issued; one quart of yogurt will be substituted for one quart of milk
  - Children under the age of 2 years receive whole fat yogurt
  - Children 2 and older and women receive low-fat (1%) or nonfat yogurt
  - Children under the age of 2 years may receive lowfat or nonfat yogurt if they qualify to receive -reduced fat (2%) milk

- **Infant Fruits and Vegetables**
  - A child receiving food package III may replace the CVB with jarred infant fruits and vegetables with medical documentation (see W IC Policy, Medical Documentation) and one of the following risk factors:
    - 142 Prematurity
    - 347 Cancer
    - 348 Central nervous system disorder
    - 349 Genetic congenital disorders
    - 359 Recent major surgery, trauma, burns
    - 362 Developmental, sensory, or motor disabilities interfering with the ability to eat
    - 381 Oral health condition
    - 382 Fetal Alcohol Syndrome

Note: Medical documentation must include prescription, appropriate diagnosis, food item to be tailored and/or issued and length of prescription (may be up to six months). Amount to issue is not necessary.

- **Ready-to-Use (RTU) Infant Formula**
  - Unsanitary or restricted water supply
  - Difficulty in diluting powder formula
  - Formula not available in powder form
  - A specific allergen in one product form
  - RTU form improves the participant's compliance in consuming the prescribed (special/exempt formula only)
- **Concentrate Infant Formula**
  - Tube feeding
  - Aspiration syndromes such as but not limited to Meconium Aspiration
  - Reflux secondary due to congestive heart failure and respiratory disorders
  - Addison's Disease
  - Sickle Cell Anemia WITH organ failure
  - Autoimmune disorders such as but not limited to HIV, neonatal, lupus
  - Prematurity
  - Human Research Protocol requiring concentrate liquid infant formula (infant participating in a research project)
  - Any condition or disorder in which a sterile product is needed

Note: Nutritionists may use professional judgment to determine other circumstances in which an infant may benefit from the use of concentrate formula**.**

- **Homeless**
  - The CPA tailors food packages to meet the special needs of homeless participants who have inadequate food storage or preparation resources. Acceptable substitutions include:
    - 18 oz peanut butter in lieu of 1 lb dry beans
    - 18 oz peanut butter in lieu of 1 dozen eggs
    - Evaporated milk in lieu of regular fluid milk (see unit equivalents)
    - Powdered milk in lieu of regular fluid milk (see unit equivalents)
    - Additional cheese in lieu of regular fluid milk (see unit equivalents)
    - Powder infant formula in lieu of RTU or concentrate unless contraindicated by medical diagnosis

Note: See Homeless policy (WIC-24-WIC-25) in this Volume.

- **Breastfed Infants**

  - The food package given to an infant who is breastfeeding should not discourage the establishment of or continuation of breastfeeding. Formula in any amount should not be given automatically to the infant. The CPA must determine the amount of formula to be issued to a breastfed infant and not automatically issue the maximum amount.
  - The CPA determines the amount of formula to be issued to a breastfed infant based on actual need of the infant, counsels the mother about the establishment and maintenance of breastfeeding, and only then authorizes the amount of formula based on actual need.
  - If an infant of a Partially Breastfeeding Woman receives more formula than the default food package allows, the woman's food package will be affected as follows:
  - ≤ 6 months postpartum—will receive Non-breastfeeding Postpartum Woman Food Package*
  - > 6 months postpartum—will receive no WIC checks/CVB's but will continue to receive breastfeeding support and will be counted as a Breastfeeding Woman till one year postpartum*
  - During the first month of life, if one can of powder formula (or equivalent) amount is not sufficient, then infant and mother can be updated to Fully Formula/Non-breastfeeding Postpartum categories and additional formula up to the maximum allowed can be issued.

  Note: Partially Breastfeeding > Max is not an allowed option in the first month of life.

*These changes are done by editing the existing food package and discontinuing issuance of WIC checks/CVB's after the infant's six month birthday. This is not automatically adjusted by the WIC MIS. It is recommended that an Alert be set as a reminder to discontinue issuance.

The participant category should not be changed; these women are still considered and counted as Partially Breastfeeding Women.

- The mother of an infant who receives a full formula food package from birth to one month is ineligible to receive an electric breast pump. The State Office WIC Breastfeeding staff should be contacted to approve valid exceptions on a case by case basis. All other breastfeeding support should be provided as needed. These participants may receive a manual pump at any time during certification.
- Multifetal Pregnancy/Partially Breastfeeding Multiples
  - Receive exclusively breastfeeding package

Pro-rated Food Packages

The W IC SPIRIT MIS automatically pro-rates a participant's food package by one-fourth (1/4) for every week by which the participant is late picking up the food checks. An infant's check is never pro-rated by more than one-half (1/2).

A CPA has the ability to adjust a participant's pro-rated food package. This might be done in cases such as:

- The participant has been incorrectly scheduled for pick up.
- There is a hardship in picking up (see Hardship in the Food Delivery policy).
- The LHU/WIC Clinic was closed due to weather, holiday, etc., on what would be a normal business day.

Other situations may be determined at the CPA's discretion.

Contract Formula

The Arkansas W IC Program has a contract with Nestle Gerber to provide the following formulas to infants not solely breastfed. These formulas are referred to as standard contract formulas. These formulas are routinely provided in powder form. No non-contract standard formula may be substituted and issued.

Gerber Good Start Gentle
Gerber Good Start Soothe
Gerber Good Start Soy

The CPA assesses the infant, discusses choices with the authorized representative, and determines the infant formula to be issued. Exceptions are determined on a case-by-case basis and according to applicable policy. See Special/Exempt Formula and Food Package Tailoring in this policy.)

Infants $\geq$ 6 months of age receiving standard contract formulas may be assigned food package III if medical documentation that meets requirements (see WIC Policy, Medical Documentation) is received from a physician, physician assistant (PA), Advanced Practice Nurse (APRN) or Doctor of Osteopathy (DO) and the participant has one of the following risk factors:

- 142 Prematurity
- 347 Cancer
- 348 Central Nervous System Disorder
- 349 Genetic Congenital Disorders
- 359 Recent Major Surgery, Trauma, Burns
- 362 Developmental, Sensory, or Motor Disabilities Interfering with the Ability to Eat
- 381 Oral Health Conditions
- 382 Fetal Alcohol Syndrome

All requests for participants receiving standard contract formula to be issued food package III must be approved by the Regional Nutrition Coordinator or designated nutritionist.

CPAs with requests for food package III issuance must treat the medical documentation/prescription like a special/exempt formula prescription, and an expiration date must be entered. Prescriptions can be approved for up to 3 months unless diagnosis qualifies for 6 month approval (see W IC Policy, Special/Exempt Formula). Infant participants who forego receiving infant foods (fruits, vegetables, cereal) may receive formula in the amount issued to 4-5 month old infants in the same feeding category. This option must be medically indicated; this option is not to enhance caloric intake, but should only be used when the intake of solid food is not permissible. After 3 months a nutrition assessment must be completed by the CPA to determine appropriateness of delayed introduction of solids.

Special/exempt formula can be issued according to policy after a complete health and dietary assessment of the participant.

Special/Exempt Formula

Any Arkansas approved formula (see W IC Approved Special/Exempt Formulas by Manufacturer in this policy), other than contract formulas, are special/exempt formulas.

Authorization of a W IC approved special/exempt formula is limited to cases in which a well-documented qualifying medical condition exists (see Arkansas W IC Approved Formulas in Appendices) for which trying a different brand of formula would put the infant at risk, or after a challenge with a contract formula, results in an adverse reaction.

Permissible conditions donot include non-specific symptoms such as fussy, gassy, spitting up, constipation, colic or formula intolerance.

Requests for all special/exempt formulas require a prescription or Arkansas W IC Program Special Formula Request (W IC-51) from a physician, Doctor of Osteopathy (DO), physician assistant (PA) with prescriptive authority or an Advanced Practice Nurse (APRN) with prescriptive authority, excluding Department of Health W omen's Health Practitioners.

Infants, children and women receiving under Food Package III may only be issued the supplemental foods available for participant type with a physician's approval (see Food Package III (Women) and Medical Documentation in this policy). Approval for the supplemental foods must be indicated on a prescription or Special Formula Request (W IC-51) or obtained by the CPA through a telephone call to the physician/DO/PA/APRN. The approval or disapproval of the supplemental foods must be documented in the participant record (SOAP Note or Notes).

The request for a special/exempt formula is referred to the CPA. The CPA reviews the prescription or Special Formula Request (W IC-51) using the Special Formula Approval (W IC-49). Faxed prescriptions are acceptable.

The CPA completes the CPA portion of the W IC-49 and refers the request to the Regional Nutrition Coordinator or Nutritionists designated by the Region for review to approve/not approve. In the absence of the Regional W IC Nutrition Coordinator and designated Nutritionists, the request is referred to a State WIC Nutrition Consultant, Nutritionist or Nutrition Coordinator.

Formula may only be approved for a maximum period of three months. Exceptions which may warrant longer approval periods up to 6 months are:

- Tube feeding
- PKU
- Galactosemia
- Cystic Fibrosis
- Short Bowel Syndrome
- Fatty Acid Oxidation Disorders (FAOD)
- Cow's Milk Allergy (CMA) (must be a confirmed diagnosis; not for an intolerance)
- Specified malabsorption
- Preterm infants discharged on a preterm transitional formula
- Palliative care
- Conditions requiring the use of Similac PM 60/40

If a formula is not approved, the CPA, Regional Nutrition Coordinator, or designated Nutritionists informs the participant or authorized representative, provides documentation (Special Formula Not Approved By WIC [WIC-50]), scans a copy of the denied WIC-51 or prescription into the participant record within 2 days and refers the participant back to the physician/DO/PA/APRN. The CPA, Regional Nutrition Coordinator/designated Nutritionists will discuss options with the participant/authorized representative and if appropriate, offer a standard formula or regular food package suitable to the participant type.

All food package III requests, approved or denied must be documented by the approving nutritionist on a WIC State Office approved form and submitted to the WIC State Office by the 5th day of the following month.

The prescription or Special Formula Request (WIC-51) and the Special Formula Not Approved By WIC (WIC-50) forms must be scanned into the participant record within 2 days of receipt. Any additional comments or information must be documented in the participant record (SOAP Note or General Notes).

The physician/DO/PA/APRN must evaluate the need to continue a special/exempt formula and, if the formula is to be continued, a new prescription or WIC-51 must be provided every three or six months depending on diagnosis. Exception: An infant turning one year will be required to have a prescription if formula is requested past one year of age.

All prescriptions to continue a special/exempt formula must go through the designated approval process.

Any change in the prescription during the effective dates (i.e., discontinuation of the prescribed formula, change to a different formula, etc.) requires a new prescription and approval.

All participants placed on a special/exempt formula must be given a high risk appointment with a Nutritionist.

Issuance of special/exempt formula to an out-of-state transfer is limited to one month if there is no prescription available. The participant must provide a prescription at or before the next month's issuance of benefits. Formulas that are not Arkansas WIC approved cannot be issued.

Requests for Additional Special/Exempt Formula

WIC participants who are in need of additional special/exempt formula in addition to the amount W IC can provide are to be referred to their Primary Care Physician (PCP). The PCP can refer to a Medicaid or private insurance approved provider of Durable Medical Equipment (DME). The CPA can provide the participant a statement listing the number of cans of formula W IC provides, or with a signed release from the participant can send a statement to the PCP or DME. (See Sample DME/Insurance Letter in the Appendices-APP-20).

All referrals to Medicaid or insurance companies and DMEs must come from the participant's doctor. LHU/W IC Clinics may not accept or distribute materials, pamphlets or referral forms from any of the DME's doing business in Arkansas.

The Special Formula Not Approved By W IC Form (W IC-50) can be provided to the participant by the CPA if a request is received by a medical provider for a formula that WIC does not currently provide.

WIC Approved Special/Exempt Formulas by Manufacturer

Abbott
Alimentum Expert Care

Similac PM 60/40

Mead Johnson
- EnfaCare
- Nutramigen Enflora LGG
- Nutramigen Lipil (concentrate or RTU only)
- Portagen
- Pregestimil

Nestle Gerber
- Boost Kid Essentials
- Gerber Good Start Premature 24 cal
- Nutren Junior 1.0
- Nutren Junior 1.0 with Fiber

Nutricia
- Neocate Infant DHA/ARA
- Neocate Jr, with Prebiotics
- Periflex Infant
- PKU Periflex Junior Plus

Medical Documentation

Medical documentation (Special Formula Request [WIC- 51] or prescription) is required for the issuance of:

- Any WIC approved exempt/special formula for an infant, child, or woman
- Any WIC approved contract formula for a child or woman
- Any authorized supplemental foods issued to participants who receive Food Package III, including the issuance of infant foods for children
- Any milk changes due to milk fat content for a child or woman

Medical documentation must be kept on file at the local clinic. All medical documentation must be written and may be provided as an original written document, by facsimile (FAX) or by telephone to a CPA until written confirmation is received. Written confirmation must be obtained within one week of telephone call. Medical documentation/prescriptions must be reviewed and approved according to policy before scanning into the record. If documentation is received on a WIC-51 all signatures of staff must be obtained before scanning into the record (receiver and approving CPA). Written medical documentation is to be scanned into the participant's record within 2 days of receipt. All medical documentation must include:

- Name of authorized WIC formula being prescribed
- Amount of formula needed per day
- Authorized supplemental foods appropriate for the qualifying conditions
- Amount of supplemental foods
- Length of time the prescribed WIC formula and/or supplemental food is required by the participant
- Diagnosis
- Physician, DO, PA, or APRN signature, date, and contact information (electronic prescriptions with electronic signatures are acceptable)

Note: Medical documentation/prescriptions can only be approved after a complete health and dietary assessment of the participant. If the participant cannot be physically present for an assessment, the CPA must communicate with the authorized representative or proxy to obtain necessary health information before approving food package changes and/or if necessary, contacting the approving Nutritionist.

Participant Categories and Default Food Packages

Food Package I (Infants Birth through 5 Months)

This food package is designed for issuance to infant participants from birth to 5 months who do not have a condition qualifying them to receive Food Package III.

WIC regulations require that a participant only be issued a maximum amount of formula over a certification period. Therefore, monthly formula issuance amounts will vary dependent on the reconstituted amount, the age of the infant and the number of months that the infant will be issued formula.

Contact the Regional Nutrition Coordinator or WIC State Office for questions concerning issuance amounts.

Fully Breastfed
Breastfeeding education, encouragement and support through *Loving Support* guidance

Partially Breastfed
Breastfeeding education, encouragement and support through *Loving Support* guidance

Birth to 1 month
1 can powder Gerber Good Start Gentle, Gerber Good Start Soothe, or Gerber Good Start Soy

Note: Contact the Regional Nutrition Coordinator or designated Nutritionists for exempt/special formula approval and amounts.

Breastfeeding education, encouragement and support through Loving Support guidance

1 through 3 months
4-5 cans powder Gerber Good Start Gentle, Gerber Good Start Soothe, or Gerber Good Start Soy

Note: Contact the Regional Nutrition Coordinator or designated Nutritionists for exempt/special formula approval and amounts.

4 through 5 months
5 cans powder Gerber Good Start Gentle, Gerber Good Start Soothe, or Gerber Good Start Soy

Note: Contact the Regional Nutrition Coordinator or designated Nutritionists for exempt/special formula approval and amounts.

Fully Formula Fed
Birth through 3 months
9 cans powder Gerber Good Start Gentle, Gerber Good Start Soothe, or Gerber Good Start Soy

Note: Contact the Regional Nutrition Coordinator or designated Nutritionists for exempt/special formula approval and amounts.

4 through 5 months
10 cans powder Gerber Good Start Gentle, Gerber Good Start Soothe, or Gerber Good Start Soy

Note: Contact the Regional Nutrition Coordinator or designated Nutritionists for exempt/special formula approval and amounts.

Food Package II (Infants 6 through 11 months)

This food package is designed for issuance to infant participants from 6 through 11 months of age who do not have a condition qualifying them to receive Food Package III.

WIC regulations require that a participant only be issued a maximum amount of formula over a certification period. Therefore, monthly formula issuance amounts will vary dependent on the reconstituted amount, the age of the infant and the number of months that the infant will be issued formula.

Contact the Regional Nutrition Coordinator or WIC State Office for questions concerning issuance amounts.

Standard Package
Fully Breastfed
24 oz infant cereal
256 oz infant fruits and vegetables (64—4 oz jars)
77.5 oz infant meat (31—2.5 oz jars)

Partially BF
3-4 cans powder Gerber Good Start Gentle, Gerber Good Start Soothe, or Gerber Good Start Soy
24 oz infant cereal
128 oz infant fruits and vegetables (32—4 oz jars)

Note: Contact the Regional Nutrition Coordinator or designated Nutritionists for exempt/special formula approval and amounts.

Fully Formula Fed
7 cans powder Gerber Good Start Gentle, Gerber Good Start Soothe, or Gerber Good Start Soy
24 oz infant cereal
128 oz infant fruits and vegetables (32—4 oz jars)

Note: Contact the Regional Nutrition Coordinator or designated Nutritionists for exempt/special formula approval and amounts.

Alternate Package

Fully Breastfed—6-8 months
24 oz infant cereal
256 oz infant fruits and vegetables (64—4 oz jars)
77.5 oz infant meat (31—2.5 oz jars)

Fully Breastfed—9-11 months
24 oz infant cereal

128 oz infant fruits and vegetables (32—4 oz jars)
77.5 oz infant meat (31—2.5 oz jars)
$8.00 Cash Value Benefit for fresh fruits and vegetables

Partially BF—6-8 months
3-4 cans powder Gerber Good Start Gentle, Geber Good Start Soothe, or Geber Good Start Soy
24 oz infant cereal
128 oz infant fruits and vegetables (32—4 oz jars)

Partially BF—9-11 months
3-4 cans powder Gerber Good Start Gentle, Geber Good Start Soothe, or Geber Good Start Soy
24 oz infant cereal
64 oz infant fruits and vegetables (16—4 oz jars)
$4.00 Cash Value Benefit for fresh fruits and vegetables

Fully Formula Fed—6-8 months
7 cans powder Gerber Good Start Gentle, Geber Good Start Soothe, or Gerber Good Start Soy
24 oz infant cereal
128 oz infant fruits and vegetables (32—4 oz jars)

Fully Formula Fed—9-11 months
7 cans powder Gerber Good Start Gentle, Geber Good Start Soothe, or Geber Good Start Soy
24 oz infant cereal
64 oz infant fruits and vegetables (16—4 oz jars)
$4.00 Cash Value Benefit for fresh fruits and vegetables

Note: Contact the Regional Nutrition Coordinator or designated Nutritionists for exempt/special formula approval and amounts.

Food Package III

This food package is reserved for issuance to infants, children and women receiving a formula because the use of conventional foods is precluded, restricted, or inadequate to address their special nutritional needs. Medical documentation, and if applicable, risk factor assignment must meet the requirements described in this section. Participants who are eligible to receive this food package must have one or more qualifying conditions, as determined by a health care professional licensed to write medical prescriptions under State law.

The qualifying conditions include, but are not limited to, premature birth, low birth weight, failure to thrive, inborn errors of metabolism and metabolic disorders, gastrointestinal disorders, malabsorption syndromes, immune system disorders, severe food allergies that require an elemental formula, and life-threatening disorders, diseases and medical conditions that impair ingestion, digestion, absorption or the use of nutrients that could adversely affect the participant's nutrition status. This food package may not be issued solely for the purpose of enhancing nutrient intake or managing body weight.

This food package is not authorized for:

- Infants whose only condition is
  - A diagnosed formula intolerance or food allergy to lactose, sucrose, milk protein or soy protein that does not require the use of an special/exempt infant formula
  - A non-specific formula or food intolerance
- Women and children who have a food intolerance to lactose or milk protein that can be successfully managed with the use of one of the other WIC food packages (i.e., Food Packages IV–VII)
- Any participant solely for the purpose of enhancing nutrient intake or managing body weight without an underlying qualifying condition

Note: Contact Regional Nutrition Coordinator or designated Nutritionists for exempt/special formula approval and amounts.

Food Package III (Infants)

Formula must be a WIC approved infant formula.

Standard Package

Fully Breastfed
Birth through 5 months
NA

6 through 11 months
24 oz infant cereal
256 oz infant fruits and vegetables (64 – 4 oz jars)
77.5 oz infant meats (31 – 2.5 oz jars)

Partially Breastfed
Birth to 1 month 1 can powder special/exempt formula or amount equivalent to no more than 104 fluid ounces (Contact Regional Nutrition Coordinator or designated Nutritionists for exempt/special formula approval and amounts)

1 through 3 months
Formula (Contact Regional Nutrition Coordinator or designated Nutritionists for exempt/special formula approval and amounts.)

4 through 5 months
Formula (Contact Regional Nutrition Coordinator or designated Nutritionists for exempt/special formula approval and amounts.)

6 through 11 months
Formula (Contact Regional Nutrition Coordinator or designated Nutritionists for exempt/special formula approval and amounts.)
24 oz infant cereal
128 oz infant fruits and vegetables (32—4 oz jars)

Fully Formula Fed

Birth through 3 months
Formula (Contact Regional Nutrition Coordinator or designated Nutritionists for exempt/special formula approval and amounts.)

4 through 5 months
Formula (Contact Regional Nutrition Coordinator or designated Nutritionists for exempt/special formula approval and amounts.)

6 through 11 months
Formula (Contact Regional Nutrition Coordinator or designated Nutritionists for exempt/special formula approval and amounts.)
24 oz infant cereal
128 oz infant fruits and vegetables (32—4 oz jars)

Alternate Package
Fully Breastfed
Birth through 5 months
NA

6 through 8 months
24 oz infant cereal
256 oz infant fruits and vegetables (64—4 oz jars)
77.5 oz infant meats (31—2.5 oz jars)

9 through 11 months
24 oz infant cereal
128 oz infant fruits and vegetables (32—4 oz jars)
77.5 oz infant meats (31—2.5 oz jars)
$8.00 Cash Value Benefit for fresh fruits and vegetables

Partially Breastfed
Birth to 1 month
1 can powder special/exempt formula or amount equivalent to no more than 104 fluid ounces (Contact Regional Nutrition Coordinator or designated Nutritionists for exempt/special formula approval and amounts)

1 through 3 months
Formula (Contact Regional Nutrition Coordinator or designated Nutritionists for exempt/special formula approval and amounts)

4 through 5 months
Formula (Contact Regional Nutrition Coordinator or designated Nutritionists for exempt/special formula approval and amounts)

6 through 8 months
Formula (Contact Regional Nutrition Coordinator or designated Nutritionists for exempt/special formula approval and amounts)
24 oz infant cereal
128 oz infant fruits and vegetables (32—4 oz jars)

9 through 11 months
Formula (Contact Regional Nutrition Coordinator or designated Nutritionists for exempt/special formula approval and amounts)
24 oz infant cereal
64 oz infant fruits and vegetables (16—4 oz jars)
$4.00 Cash Value Benefit for fresh fruits and vegetables

Note: Infant participants who forego receiving infant foods (fruits, vegetables, cereal) may receive formula in the amount issued to 4-5 month old infants in the same feeding category. Thisoptionmustbemedicallyindicated; this option is not to enhance caloric intake, but should only be used when the intake of solid food is not permissible.

Food Package III (Children)

Standard Package
1 to 2 years
910 fluid ounces (Contact Regional Nutrition Coordinator or designated Nutritionists for exempt/special formula approval and amounts.)
2 –64 ounce containers single strength juice
3 gallons whole milk
1 half gallon whole milk (every other month)(or 1 quart yogurt every month)

1 pound cheese
1 dozen eggs
2 pounds whole grains
1 pound dry beans or 64 ounces canned beans
$8.00 Cash Value Benefit for fresh or frozen fruits and vegetables

Note: 64 ounce single strength juice containers are for the child's food package only.

≥ 2 years
910 fluid ounces (Contact Regional Nutrition Coordinator or designated Nutritionists for exempt/special formula approval and amounts.)
2 –64 ounce containers single strength juice
3 gallons low-fat (1%) or skim milk
1 half gallon low-fat (1%) or skim milk (every other month)(or 1 quart yogurt every month)
36 oz cereal
1 pound cheese
1 dozen eggs
2 pounds whole grains
1 pound dry beans or 64 ounces canned beans
$8.00 Cash Value Benefit for fresh or frozen fruits and vegetables

Note: 64 ounce single strength juice containers are for the child's food package only.

Alternate Package
1 to 2 years
910 fluid ounces formula (Contact Regional Nutrition Coordinator or designated Nutritionists for exempt/special formula approval and amounts)
2—64 oz containers single strength juice
3 gallons whole milk
1 half gallon whole milk (every other month)(or 1 quart yogurt every month)
36 oz cereal
1 pound cheese
1 dozen eggs
2 pounds whole grains
1 pound dry beans or 64 ounces canned beans
128 oz infant fruits and vegetables (32—4 oz jars)

Note: 64 ounce single strength juice containers are for the child's food package only.

≥ 2 years
910 fluid ounces formula (Contact Regional Nutrition Coordinator or designated Nutritionists for exempt/special formula approval and amounts)
2—64 oz containers single strength juice
3 gallons low-fat (1%) or skim milk
1 half gallon low-fat (1%) or skim milk (every other month)(or 1 quart yogurt every month)
36 oz cereal
1 pound cheese

36 oz cereal
1 dozen eggs
2 pounds whole grains
1 pound dry beans or 64 ounces canned beans
128 oz infant fruits and vegetables (32—4 oz jars)

Note: 64 ounce single strength juice containers are for the child's food package only.

Food Package III (Women)

Pregnant and partially breastfeeding up to 1 year postpartum
Months 1, 3, 5, 7, 9, 11
910 fluid ounces formula (Contact Regional Nutrition Coordinator or designated Nutritionists for exempt/special formula approval and amounts.)
3 containers juice (11-12 oz. frozen concentrate; 46 oz. single strength can or bottle)
5 gallons low-fat (1%) or skim milk (or 4 gallons, 1 half gallon and 1 quart yogurt) 36 oz cereal
1 pound cheese
1 dozen eggs
1 pound whole grains
1 pound dry beans or 64 ounces canned beans
18 oz peanut butter
$10.00 Cash Value Benefit for fresh or frozen fruits and vegetables

Months 2, 4, 6, 8, 10, 12
910 fluid ounces formula (Contact Regional Nutrition Coordinator or designated Nutritionists for exempt/special formula approval and amounts)
3 containers juice (11-12 oz frozen concentrate, 46 oz single strength can or bottle)
4 gallons low-fat(1%) or skim milk (or 4 gallons, 1 half gallon and 1 quart yogurt)
1 half gallon low-fat (1%) or skim milk
36 oz cereal
1 pound cheese
1 dozen eggs
1 pound whole grains
1 pound dry beans or 64 ounces canned beans
18 oz peanut butter
$10.00 Cash Value Benefit for fresh or frozen fruits and vegetables

Postpartum up to 6 months postpartum
910 fluid ounces formula (Contact Regional Nutrition Coordinator or designated Nutritionists for exempt/special formula approval and amounts.)
2 containers juice (11-12 oz. frozen concentrate; 46 oz. single strength can or bottle)
3 gallons low-fat (1%) or skim milk
1 half gallon low-fat (1%) or skim milk (every other month)(or 1 quart yogurt every month)
36 oz cereal
1 pound cheese
1 dozen eggs
1 pound dry beans or 64 ounces canned beans
$10.00 Cash Value Benefit for fresh or frozen fruits and vegetables

Fully breastfeeding up to 1 year postpartum
910 fluid ounces formula (Contact Regional Nutrition Coordinator or designated Nutritionists for exempt/special formula approval and amounts.)
3 containers juice (11-12 oz. frozen concentrate; 46 oz. single strength can or bottle)
5 gallons low-fat (1%) or skim milk
1 half gallon low-fat (1%) or skim milk (every other month)(or 1 quart yogurt every month)
36 oz cereal
2 pounds cheese
2 dozen eggs
1 pound whole grains
30 ounces canned fish (tuna, salmon, or sardines)
1 pound dry beans or 64 ounces canned beans 18
oz peanut butter
$10.00 Cash Value Benefit for fresh or frozen fruits and vegetables

Food Package IV (Children)

This food package is designed for issuance to children participants who do not have a condition qualifying them to receive Food Package III**.**

1 to 2 years
2--64 oz container single strength juice
3 gallons whole milk
1 half gallon whole milk (every other month)(or 1 quart yogurt every month)
36 oz cereal
1 pound cheese
1 dozen eggs
2 pounds whole grains
1 pound dry beans or 64 ounces canned beans
$8.00 Cash Value Benefit for fresh or frozen fruits and vegetables

Note: 64 ounce single strength juice containers are for the child's food package only.

> 2 years
2--64 oz containers single strength juice
3 gallons low-fat (1%) or skim milk
1 half gallon low-fat(1%) or skim milk (every other month)(or 1 quart yogurt every month)
36 oz cereal
1 pound cheese
1 dozen eggs
2 pounds whole grains
1 pound dry beans or 64 ounces canned beans
$8.00 Cash Value Benefit for fresh or frozen fruits and vegetables

Note: 64 ounce juice single strength containers are for the child's food package only.

Food Package V (Pregnant and partially breastfeeding up to 1 year postpartum)

This food package is designed for issuance to women participants with singleton pregnancies who do not have a condition qualifying them to receive Food Package III, or breastfeeding women participants, up to 1 year postpartum, who do not have a condition qualifying them to receive Food Package III and whose partially breastfed infants receive formula from the W IC Program in amounts that do not exceed the maximum allowances.

Months 1, 3, 5, 7, 9, 11
3 containers juice (11-12 oz. frozen concentrate; 46 oz. single strength can or bottle)
5 gallons low-fat (1%) or skim milk (or 4 gallons, 1 half gallon and 1 quart yogurt)
36 oz cereal
1 pound cheese
1 dozen eggs
1 pound whole grains
1 pound dry beans or 64 ounces canned beans
18 oz peanut butter
$10.00 Cash Value Benefit for fresh or frozen fruits and vegetables

Months 2, 4, 6, 8, 10, 12
3 containers juice (11-12 oz frozen concentrate; 46 oz single strength can or bottle)
4 gallons low-fat (1%) or skim milk (or 4 gallons, 1 half gallon and 1 quart yogurt)
1 half gallon low-fat (1%) or skim milk
36 oz cereal
1 pound cheese
1 dozen eggs
1 pound whole grains
1 pound dry beans or 64 ounces canned beans
18 oz peanut butter
$10.00 Cash Value Benefit for fresh or frozen fruits and vegetables

Food Package VI (Postpartum up to 6 months postpartum)

This food package is designed for issuance to women up to 6 months postpartum who are not breastfeeding their infants, and to breastfeeding women up to 6 months postpartum whose participating infant receives more than the maximum amount of formula allowed for partially breastfed infants.

2 containers juice (11-12 oz. frozen concentrate; 46 oz. single strength can or bottle)
3 gallons low-fat (1%) or skim milk
1 half gallon low-fat (1%) or skim milk (every other month)(or 1 quart yogurt every month)
36 oz cereal
1 pound cheese
1 dozen eggs
1 pound dry beans or 64 ounces canned beans
$10.00 Cash Value Benefit for fresh or frozen fruits and vegetables

Food Package VII (Fully breastfeeding up to 1 year postpartum)

This food package is designed for issuance to breastfeeding women up to 1 year postpartum whose infants do not receive infant formula from WIC (these breastfeeding women are assumed to be fully breastfeeding their infants). This food package is also designed for issuance to women participants pregnant with two or more fetuses, pregnant and breastfeeding < max, and women participants partially breastfeeding multiple infants.

3 containers juice (11-12 oz. frozen concentrate; 46 oz. single strength can or bottle)
5 gallons low-fat (1%)or skim milk
1 half gallon low-fat (1%) or skim milk (every other month) (or 1 quart yogurt every month)
36 oz cereal
2 pounds cheese
2 dozen eggs
1 pound whole grains
30 ounces canned fish (tuna, salmon, or sardines)
1 pound dry beans or 64 ounces canned beans 18
oz peanut butter
$10.00 Cash Value Benefit for fresh or frozen fruits and vegetables

Food Package VII (Fully breastfeeding multiples up to 1 year postpartum)

Women participants fully breastfeeding multiple infants receive 1.5 times the supplemental foods provided in Food Package VII.

Month 1, 3, 5, 7, 9, 11
5 containers juice (11-12 oz. frozen concentrate; 46 oz. single strength can or bottle)
8 gallons low-fat (1%) or skim milk
1 half gallon low-fat (1%) or skim milk (every other month)(or 1 quart yogurt every month)
54 oz cereal
3 pounds cheese
3 dozen eggs
2 pounds whole grains
45 ounces canned fish (tuna, salmon, or sardines)
1 pound dry beans OR 4 cans 14-16 ounces canned beans
18 oz peanut butter
1 pound dry beans OR 4 cans 14-16 ounces canned beans or 18 oz. peanut butter
$15.00 Cash Value Benefit for fresh or frozen fruits and vegetables

Month 2, 4, 6, 8, 10, 12
4 containers juice (11-12 oz. frozen concentrate; 46 oz. single strength can or bottle)
8 gallons low-fat (1%) or skim milk
54 oz cereal
2 pounds cheese
3 dozen eggs
1 pound whole grains

45 ounces canned fish (tuna, salmon, or sardines)
1 pound dry beans OR 4 cans 14-16 ounces canned beans
18 oz peanut butter
1 pound dry beans OR 4 cans 14-16 ounces canned beans or 18 oz. peanut butter
$15.00 Cash Value Benefit for fresh or frozen fruits and vegetables

Soy Beverage Food Packages

Soy beverage food packages may be tailored to allow participants to receive cheese (up to 1 lb for children, pregnant, partially breastfeeding or non breastfeeding postpartum; up to 2 lbs for exclusively breastfeeding or pregnant with multiples; and up to 3 lbs in months 1, 3, 5, 7, 9, 11 and up to 2 lbs in months 2, 4, 6, 8, 10, 12 for exclusively breastfeeding multiples. Participants choosing cheese will have a remaining quart of milk benefit that may be issued as one quart of regular fluid cow's milk, one 12 ounce can evaporated milk, 1 quart yogurt or may be declined by the participant and eliminated from the food prescription. Cheese, evaporated milk and yogurt should not be allowed if milk allergy has been diagnosed.

Food Package III (Children)

1 to 2 years
910 fluid ounces formula (Contact Regional Nutrition Coordinator or designated Nutritionists for exempt/special formula approval and amounts.)
2—64 ounce containers juice
8 half gallons or 16 quarts soy beverage
36 oz cereal
1 dozen eggs
2 pounds whole grains
1 pound dry beans or 64 oz canned beans
$8.00 Cash Value Benefit for fresh or frozen fruits and vegetables

≥2 years
910 fluid ounces formula (Contact Regional Nutrition Coordinator or designated Nutritionists for exempt/special formula approval and amounts.)
2—64 ounce containers juice
8 half gallons or 16 quarts soy beverage
36 oz cereal
1 dozen eggs
2 pounds whole grains
1 pound dry beans or 64 oz canned beans
$-8.00 Cash Value Benefit for fresh or frozen fruits and vegetables

Food Package III (Women)

Pregnant and partially breastfeeding up to 1 year postpartum
910 fluid ounces formula (Contact Regional Nutrition Coordinator or designated Nutritionists for exempt/special formula approval and amounts.)
3 containers juice
11 half gallons or 22 quarts soy beverage

36 ounces cereal
1 dozen eggs
1 pound whole grains
1 pound dry beans or 64 oz canned beans
18 ounce jar peanut butter
$10.00 Cash Value Benefit for fresh or frozen fruits and vegetables

Non-Breastfeeding Postpartum Woman
910 fluid ounces formula (Contact Regional Nutrition Coordinator or designated Nutritionists for exempt/special formula approval and amounts.)
2 containers juice
8 half gallons or 16 quarts soy beverage
36 oz cereal
1 dozen eggs
1 pound dry beans or 64 oz canned beans
$10.00 Cash Value Benefit for fresh or frozen fruits and vegetables

Fully breastfeeding up to one year postpartum (also includes pregnant woman of multiples and partially breastfeeding woman of multiples)

910 fluid ounces formula (Contact Regional Nutrition Coordinator or designated Nutritionists for exempt/special formula approval and amounts.)
3 containers juice
12 half gallons or 24 quarts soy beverage
36 oz cereal
1 pound cheese
2 dozen eggs
1 pound whole grains
30 ounces canned fish
1 pound dry beans or 64 oz canned beans
18 ounce jar peanut butter
$10.00 Cash Value Benefit for fresh or frozen fruits and vegetables

Exclusively Breastfeeding Woman of Multiples
Month 1, 3, 5, 7, 9, 11
910 fluid ounces formula (Contact Regional Nutrition Coordinator or designated Nutritionists for exempt/special formula approval and amounts.)
5 containers juice
18 half gallons or 36 quarts soy beverage
54 oz cereal
2 pounds cheese
3 dozen eggs
2 pounds whole grains
45 ounces canned fish
2 pounds dry beans or 128 oz canned beans
36 ounces peanut butter
$15.00 Cash Value Benefit for fresh or frozen fruits and vegetables

Month 2, 4, 6, 8 10, 12
910 fluid ounces formula (Contact Regional Nutrition Coordinator or designated Nutritionists for exempt/special formula approval and amounts.)
4 containers juice
18 half gallons or 36 quarts soy beverage
54 oz cereal
1 pound cheese
3 dozen eggs
1 pound whole grains
45 ounces canned fish
1 pound dry beans or 64 oz canned beans
18 ounces peanut butter
$15.00 Cash Value Benefit for fresh and frozen fruits and vegetables

Food Package IV (Children)

1 to 2 years
2-—64 ounce containers juice
8 half gallons or 16 quarts soy beverage
36 oz cereal
1 dozen eggs
2 pounds whole grains
1 pound dry beans or 64 oz canned beans
$8.00 Cash Value Benefit for fresh or frozen fruits and vegetables

≥2 years
2—64 ounce containers juice
8 half gallons or 16 quarts soy beverage
36 oz cereal
1 dozen eggs
2 pounds whole grains
1 pound dry beans or 64 oz canned beans
$8.00 Cash Value Benefit for fresh or frozen fruits and vegetables

Food Package V (Pregnant and partially breastfeeding up to 1 year postpartum)

3 containers juice
11 half gallons or 22 quarts soy beverage
36 ounces cereal
1 dozen eggs
1 pound whole grains
1 pound dry beans or 64 oz canned beans
18 ounce jar peanut butter
$10.00 Cash Value Benefit for fresh or frozen fruits and vegetables

Food Package VI (Postpartum up to 6 months postpartum)

2 containers juice
8 half gallons or 16 quarts soy beverage

36 oz cereal
1 dozen eggs
1 pound dry beans or 64 oz canned beans
$10.00 Cash Value Benefit for fresh or frozen fruits and vegetables

Food Package VII (Fully breastfeeding up to 1 year postpartum)

3 containers juice
12 half gallons or 24 quarts soy beverage
36 oz cereal
1 pound cheese
2 dozen eggs
1 pound whole grains
30 ounces canned fish
1 pound dry beans or 64 oz canned beans
18 ounce jar peanut butter
$10.00 Cash Value Benefit for fresh or frozen fruits and vegetables

Food Package VII (Fully breastfeeding multiples up to 1 year postpartum)

Month 1, 3, 5, 7, 9, 11
910 fluid ounces formula (Contact Regional Nutrition Coordinator or designated Nutritionists for exempt/special formula approval and amounts.)
5 containers juice
18 half gallons or 36 quarts soy beverage
54 oz cereal
2 pounds cheese
3 dozen eggs
2 pounds whole grains
45 ounces canned fish
2 pounds dry beans or 128 oz canned beans
36 ounces peanut butter
$15.00 Cash Value Benefit for fresh or frozen fruits and vegetables

Month 2, 4, 6, 8 10, 12
910 fluid ounces formula (Contact Regional Nutrition Coordinator or designated Nutritionists for exempt/special formula approval and amounts.)
4 containers juice
18 half gallons or 36 quarts soy beverage
54 oz cereal
1 pound cheese
3 dozen eggs
1 pound whole grains
45 ounces canned fish
1 pound dry beans or 64 oz canned beans
18 ounces peanut butter
$15.00 Cash Value Benefit for fresh and frozen fruits and vegetables

Acidophilus Milk Food Packages

Acidophilus milk food packages may be tailored to allow participants to receive cheese (up to 1 lb for children, pregnant, partially breastfeeding or non-breastfeeding postpartum; up to 2 lbs for exclusively breastfeeding or pregnant with multiples; and up to 3 lbs in months 1, 3, 5, 7, 9, 11 and up to 2 lbs in months 2, 4, 6, 8, 10, 12 for exclusively breastfeeding multiples). Participants choosing cheese will have a remaining quart of milk benefit that may be issued as one quart of regular fluid cow's milk (not acidophilus milk), one 12 ounce can evaporated milk, 1 quart yogurt or may be declined by the participant and eliminated from the food prescription.

Food Package III (Children)

1 to 2 years
910 fluid ounces formula (Contact Regional Nutrition Coordinator or designated Nutritionists for exempt/special formula approval and amounts.)
2—64 ounce containers juice
4 gallons acidophilus milk
36 oz cereal
1 dozen eggs
2 pounds whole grains
1 pound dry beans or 64 oz canned beans
$8.00 Cash Value Benefit for fresh or frozen fruits and vegetables

≥2 years
910 fluid ounces formula (Contact Regional Nutrition Coordinator or designated Nutritionists for exempt/special formula approval and amounts.)
2—64 ounce containers juice
4 gallons acidophilus milk
36 oz cereal
1 dozen eggs
2 pounds whole grains
1 pound dry beans or 64 oz canned beans
$8.00 Cash Value Benefit for fresh or frozen fruits and vegetables

Food Package III (Women)

Pregnant and partially breastfeeding up to 1 year postpartum
910 fluid ounces formula (Contact Regional Nutrition Coordinator or designated Nutritionists for exempt/special formula approval and amounts.)
3 containers juice
10 gallons and 1 half gallon acidophilus milk
36 ounces cereal
1 dozen eggs
1 pound whole grains
1 pound dry beans or 64 oz canned beans
18 ounce jar peanut butter
$10.00 Cash Value Benefit for fresh or frozen fruits and vegetables

Non-Breastfeeding Postpartum Woman
910 fluid ounces formula (Contact Regional Nutrition Coordinator or designated Nutritionists for exempt/special formula approval and amounts.)
2 containers juice
4 gallons acidophilus milk
36 oz cereal
1 dozen eggs
1 pound dry beans or 64 oz canned beans
$10.00 Cash Value Benefit for fresh or frozen fruits and vegetables

Fully breastfeeding up to one year postpartum (also includes pregnant woman of multiples and partially breastfeeding woman of multiples)
910 fluid ounces formula (Contact Regional Nutrition Coordinator or designated Nutritionists for exempt/special formula approval and amounts.)
3 containers juice
6 gallons acidophilus milk
36 oz cereal
1 pound cheese
2 dozen eggs
1 pound whole grains
30 ounces canned fish
1 pound dry beans or 64 oz canned beans
18 ounce jar peanut butter
$10.00 Cash Value Benefit for fresh or frozen fruits and vegetables

Exclusively Breastfeeding Woman of Multiples
Month 1, 3, 5, 7, 9, 11
910 fluid ounces formula (Contact Regional Nutrition Coordinator or designated Nutritionists for exempt/special formula approval and amounts.)
5 containers juice
9 gallons acidophilus milk
54 oz cereal
2 pounds cheese
3 dozen eggs
2 pounds whole grains
45 ounces canned fish
2 pounds dry beans or 128 oz canned beans
36 ounces peanut butter
$15.00 Cash Value Benefit for fresh or frozen fruits and vegetables

Month 2, 4, 6, 8 10, 12
910 fluid ounces formula (Contact Regional Nutrition Coordinator or designated Nutritionists for exempt/special formula approval and amounts.)
4 containers juice
9 gallons acidophilus milk
54 oz cereal

1 pound cheese
3 dozen eggs
1 pound whole grains
45 ounces canned fish
1 pound dry beans or 64 oz canned beans
18 ounces peanut butter
$15.00 Cash Value Benefit for fresh and frozen fruits and vegetables

Food Package IV (Children)

1 to 2 years
2—64 ounce containers juice
4 gallons acidophilus milk
36 oz cereal
1 dozen eggs
2 pounds whole grains
1 pound dry beans or 64 oz canned beans
$8.00 Cash Value Benefit for fresh or frozen fruits and vegetables

≥2 years
2—64 ounce containers juice
4 gallons acidophilus milk
36 oz cereal
1 dozen eggs
2 pounds whole grains
1 pound dry beans or 64 oz canned beans
$8.00 Cash Value Benefit for fresh or frozen fruits and vegetables

Food Package V (Pregnant and partially breastfeeding up to 1 year postpartum)

3 containers juice
5 gallons and 1 half gallon acidophilus milk
36 oz cereal
1 dozen eggs
1 pound whole grains
1 pound dry beans or 64 oz canned beans
18 ounce jar peanut butter
$10.00 Cash Value Benefit for fruits and vegetables

Food Package VI (Postpartum up to 6 months postpartum)

2 containers juice
4 gallons acidophilus milk
36 ounces cereal
1 dozen eggs
1 pound dry beans or 64 oz canned beans
$10.00 Cash Value Benefit for fresh or frozen fruits and vegetables

Food Package VII (Fully breastfeeding up to 1 year postpartum)

3 containers juice
6 gallons acidophilus milk
36 ounces cereal
1 pound cheese
2 dozen eggs
1 pound whole grains
30 ounces canned fish
1 pound dry beans or 64 oz canned beans
18 ounce jar peanut butter
$10.00 Cash Value Benefit for fresh and frozen fruits and vegetables

Food Package VII (Fully breastfeeding multiples up to 1 year postpartum)

Month 1, 3, 5, 7, 9, 11
5 containers juice
9 gallons acidophilus milk
54 oz cereal
2 pounds cheese
3 dozen eggs
2 pounds whole grains
45 ounces canned fish
2 pounds dry beans or 128 oz canned beans
36 ounces peanut butter
$15.00 Cash Value Benefit for fresh or frozen fruits and vegetables

Month 2, 4, 6, 8 10, 12
4 containers juice
9 gallons of acidophilus milk
54 oz cereal
1 pound cheese
3 dozen eggs
1 pound whole grains
45 ounces canned fish
1 pound dry beans or 64 oz canned beans
18 ounces peanut butter
$15.00 Cash Value Benefit for fresh or frozen fruits and vegetables

Lactose Free Milk Food Packages

Lactose free milk food packages may be tailored to allow participants to receive cheese (up to 1 Ib for children, pregnant, partially breastfeeding or non-breastfeeding postpartum; up to 2 Ibs for exclusively breastfeeding or pregnant with multiples; and up to 3 Ibs in months 1, 3, 5, 7, 9, 11 and up to 2 Ibs in months 2, 4, 6, 8, 10, 12 for exclusively breastfeeding multiples). Participants choosing cheese will have a remaining quart of milk benefit that may be issued as one quart of regular fluid cow's milk (not lactose free milk), one 12 ounce can evaporated milk, 1 quart yogurt or may be declined by the participant and eliminated from the food prescription.

Food Package III (Children)

1 to 2 years
910 fluid ounces formula (Contact Regional Nutrition Coordinator or designated Nutritionists for exempt/special formula approval and amounts.)
2—64 ounce containers juice
8 half gallons whole lactose free milk
36 oz cereal
1 dozen eggs
2 pounds whole grains
1 pound dry beans or 64 oz canned beans
$8.00 Cash Value Benefit for fresh or frozen fruits and vegetables

≥2 years
910 fluid ounces formula (Contact Regional Nutrition Coordinator or designated Nutritionists for exempt/special formula approval and amounts.)
2—64 ounce containers juice
8 half gallons low fat (1%) or fat free lactose free milk
36 oz cereal
1 dozen eggs
2 pounds whole grains
1 pound dry beans or 64 oz canned beans
$8.00 Cash Value Benefit for fresh or frozen fruits and vegetables

Food Package III (Women)

Pregnant and partially breastfeeding up to 1 year postpartum
910 fluid ounces formula (Contact Regional Nutrition Coordinator or designated Nutritionists for exempt/special formula approval and amounts.)
3 containers juice
11 half gallons low-fat (1%) or fat free lactose free milk
36 ounces cereal
1 dozen eggs
1 pound whole grains
1 pound dry beans or 64 oz canned beans
18 ounce jar peanut butter
$10.00 Cash Value Benefit for fresh or frozen fruits and vegetables

Non-Breastfeeding Postpartum Woman
910 fluid ounces formula (Contact Regional Nutrition Coordinator or designated Nutritionists for exempt/special formula approval and amounts.)
2 containers juice
8 half gallons low-fat (1%) or fat free lactose free milk
36 oz cereal
1 dozen eggs
1 pound dry beans or 64 oz canned beans
$10.00 Cash Value Benefit for fresh or frozen fruits and vegetables

Fully breastfeeding up to one year postpartum (also includes pregnant woman of multiples and partially breastfeeding woman of multiples)

910 fluid ounces formula (Contact Regional Nutrition Coordinator or designated Nutritionists for exempt/special formula approval and amounts.)
3 containers juice
12 half gallons low-fat (1%) or fat free lactose free milk
36 oz cereal
1 pound cheese
2 dozen eggs
1 pound whole grains
30 ounces canned fish
1 pound dry beans or 64 oz canned beans
18 ounce jar peanut butter
$10.00 Cash Value Benefit for fresh or frozen fruits and vegetables

Exclusively Breastfeeding Woman of Multiples
Month 1, 3, 5, 7, 9, 11

910 fluid ounces formula (Contact Regional Nutrition Coordinator or designated Nutritionists for exempt/special formula approval and amounts.)
5 containers juice
18 half gallons low-fat (1%) or fat free lactose free milk
54 oz cereal
2 pounds cheese
3 dozen eggs
2 pounds whole grains
45 ounces canned fish
2 pounds dry beans or 128 oz canned beans
36 ounces peanut butter
$15.00 Cash Value Benefit for fresh or frozen fruits and vegetables

Month 2, 4, 6, 8 10, 12

910 fluid ounces formula (Contact Regional Nutrition Coordinator or designated Nutritionists for exempt/special formula approval and amounts.)
4 containers juice
18 half gallons low-fat (1%) or fat free lactose free milk
54 oz cereal
1 pound cheese
3 dozen eggs
1 pound whole grains
45 ounces canned fish
1 pound dry beans or 64 oz canned beans
18 ounces peanut butter
$15.00 Cash Value Benefit for fresh and frozen fruits and vegetables

Food Package IV (Children)

1 to 2 years
2—64 ounce containers juice
8 half gallons whole lactose free milk
36 oz cereal
1 dozen eggs
2 pounds whole grains
1 pound dry beans or 64 oz canned beans
$8.00 Cash Value Benefit for fresh or frozen fruits and vegetables

≥2 years
2—64 ounce containers juice
8 half gallons reduced fat (2%), low-fat (1%) or fat free lactose free milk
36 oz cereal
1 dozen eggs
2 pounds whole grains
1 pound dry beans or 64 oz canned beans
$8.00 Cash Value Benefit for fresh or frozen fruits and vegetables

Food Package V (Pregnant and partially breastfeeding up to 1 year postpartum)

3 containers juice
11 half gallons low-fat (1%) or fat free lactose free milk
36 oz cereal
1 dozen eggs
1 pound whole grains
1 pound dry beans or 64 oz canned beans
18 ounce jar peanut butter
$10.00 Cash Value Benefit for fresh or frozen fruits and vegetables

Food Package VI (Postpartum up to 6 months postpartum)

2 containers juice
8 half gallons low-fat (1%) or fat free lactose free milk
36 oz cereal
1 dozen eggs
1 pound dry beans or 64 oz canned beans
$10.00 Cash Value Benefit for fresh or frozen fruits and vegetables

Food Package VII (Fully breastfeeding up to 1 year postpartum)

3 containers juice
12 half gallons low-fat (1%) or fat free lactose free milk
36 oz cereal
1 pound cheese
2 dozen eggs

1 pound whole grains
30 ounces canned fish
1 pound dry beans or 64 o canned beans
18 ounce jar peanut butter
$10.00 Cash Value Benefit for fresh or frozen fruits and vegetables

Food Package VII (Fully breastfeeding multiples up to 1 year postpartum)

Month 1, 3, 5, 7, 9, 11
5 containers juice
18 half gallons low-fat (1%) or fat free lactose free milk
54 oz cereal
2 pounds cheese
3 dozen eggs
2 pounds whole grains
45 ounces canned fish
2 pounds dry beans or 128 oz canned of beans
36 ounces peanut butter
$15.00 Cash Value Benefit for fresh or frozen fruits and vegetables

Month 2, 4, 6, 8 10, 12
4 containers juice
18 half gallons reduced fat (2%), low-fat (1%) or fat free lactose free milk
54 oz cereal
1 pound cheese
3 dozen eggs
1 pound whole grains
45 ounces canned fish
1 pound dry beans or 64 oz canned beans
18 ounces peanut butter
$15.00 Cash Value Benefit for fresh or frozen fruits and vegetables

Unit Equivalents

Amounts of milk and/or milk products are calculated in quart units. Quart equivalents are:

- 1 gallon = 4 units
- 25.6 oz nonfat dry milk = 8 units
- ½ gallon = 2 units
- 1 12 oz can evaporated = 3/4 unit; exception is 12 ounce can substituted for dangling quart
- 1 quart = 1 unit
- 1 lb. cheese = 3 units
- 1 quart soy-based beverage = 1 unit
- 1 quart yogurt = 1 unit

Legume/Peanut butter equivalents:

- 1 pound dry beans = 64 ounces canned beans
- 1 pound dry beans = 18 ounces peanut butter (with appropriate risk factor)
- 64 ounces canned beans = 18 ounces peanut butter (with appropriate risk factor)
- 1 dozen eggs = 18 ounces peanut butter (risk factor 801 Homeless only)
- 1 dozen eggs = 64 ounces canned beans (risk factor 801 Homeless only)
- 18 ounces peanut butter = 1 pound dry beans or 64 ounces canned beans if requested by participant (peanut allergy, does not eat peanut butter, etc.)

Whole grain equivalents:

- 1 pound/16 ounces bread = 16 ounces brown rice, oatmeal, whole wheat macaroni (pasta) or whole wheat or corn tortillas
- 1 pound/16 ounces brown rice = 16 ounces whole grain bread, oatmeal, whole wheat macaroni (pasta) or whole wheat or corn tortillas
- 1 pound/16 ounces oatmeal = 16 ounces whole grain bread, brown rice, whole wheat macaroni (pasta) or whole wheat or corn tortillas
- 1 pound/16 ounces whole wheat or corn tortillas = 16 ounces whole grain bread, brown rice, whole wheat macaroni (pasta) or oatmeal
- 1 pound/16 ounces whole wheat macaroni (pasta) = 16 ounces whole grain bread, brown rice, oatmeal or whole wheat or corn tortillas

FOOD DELIVERY

Policies/Procedures:

The Arkansas WIC Program uses two food delivery systems to provide supplemental foods to Program participants: retail and direct. Supplemental foods are provided to the participant free of charge.

The retail purchase system is the primary food delivery system. WIC checks and Cash Value Benefits are redeemed at WIC authorized vendors. Special/exempt infant formula is issued to participants at LHU/W IC Clinics.

The WIC checks and Cash Value Benefits are used to provide the supplemental food package one time each month during the participant's certification period. Only women, children and infants 9-11 months of age may receive Cash Value Benefits.

Arrangements are made to serve handicapped individuals who are unable to pick up W IC checks/Cash Value Benefits. Example: Check/Cash Value Benefit will be taken outside the LHU if participant cannot come into the LHU.

Blank check stock, MICR ink, WIC and FMNP checks and Cash Value Benefit checks are handled like cash, and only designated ADH staff should have access to them. All should be kept in locked storage when not in use. None must be left unattended when in use. A minimum of two staff members should provide oversight of checks/ink inventory to ensure effective control and accountability. The same WIC staff member cannot receive inventory of checks/ink and issue checks to participants.

WIC Check/Cash Value Benefits Issuance

WIC checks/Cash Value Benefits may be issued to participants for one, two or three months. Every attempt should be made to coordinate check/benefit pick up with nutrition education appointments.

Exceptions to two or three month issuance:

- Participant is receiving special/exempt formula.
- Participant prefers to pick up every month.
- Participant reports loss of checks one time.
- Participant is scheduled to receive high risk counseling or nutrition education the next month.
- CPA indicates the participant should receive checks each month.
- When WIC checks/CVB are mailed.
- All breastfeeding women and/or breastfeeding infants for the initial three months.
- Any participant placed in foster care.

Disaster

WIC is not designed or funded to meet the basic nutritional needs of disaster victims who would not otherwise be eligible for the Program. W IC can only respond to W IC participants, not all people affected by the disaster.

Before the replacement of any W IC checks, the disaster must be verified through collateral contact, documentation from community agencies, including but not limited to, fire or police department, Red Cross, etc.

The Regional W IC Coordinator and W IC State Office must be contacted to develop and approve strategies for management disaster and need for specific action by the WIC Program staff in the LHU/W IC Clinic.

Replacement of WIC Checks/Cash Value Benefits

The Arkansas W IC Program does not replace W IC checks or Cash Value Benefits that are reported lost or stolen. Requests for exceptions for extreme circumstances may be submitted to the Regional WIC Coordinator for review.

All stolen or destroyed W IC checks and Cash Value Benefit checks must be reported to the WIC State Office immediately, whether replacing them or not. Report must be made using an ADH Occurrence Report (AS-8).

The AS-8 should be accompanied by documentation of the theft or destruction, e.g., police or fire report, or pieces of destroyed check(s). Checks that are claimed to be destroyed can only be replaced if portions of the check are returned to the LHU and the check/CVB number is legible. If there is no legible number, then the check/CVB cannot be replaced. Checks can only be replaced upon the request of the authorized representative.

For replacement of checks/CVB where there may be no portions of the check/CVB remaining, e.g., fire, tornado, etc., contact the Regional W IC Coordinator. Lost, destroyed or stolen W IC checks/CVB is not voided.
Documentation must be made in the participant record, including scanning the AS-8.

WIC checks, Cash Value Benefit checks, FMNP checks, FMNP issuance records, blank check stock, or MICR ink that is missing, lost or stolen from the Local Health Unit must be reported on the Occurrence Report (AS-8/AS-8a).

Voided Checks and Cash Value Benefits

All voided checks and CVB's should be voided by stamping "VOID" on the check or CVB and by voiding the applicable check(s) or CVB(s) in the participant's SPIRIT folder. No check or CVB can be voided unless it is physically present in the LHU and stamped "VOID" prior to recording as void in the SPIRIT record.

Check stock that has only VOID printed on it (e.g., 2nd and 3rd checks of a printing of one check) that has no patient number or check number must be shredded.

Voided checks and CVB's must be retained in ordered by the "First Day to Use" date.

Voided checks and CVB's must be kept for four years from "First Day to Use."

Note: If an unused WIC check or CVB is returned to the LHU/WIC Clinic with an expired "Last Day to Use" date, the check or CVB must be destroyed.

DO NOT VOID IN THE COMPUTER.

Formula Categories and Issuance

● Contract formula

Participants receiving contract brand infant formula (Gerber Good Start Gentle, Gerber Good Start Soothe, or Gerber Good Start Soy) are issued checks with the formula name indicated on the WIC check. Participants may redeem their checks at any WIC authorized vendor in Arkansas (and two Texas vendors in the Texarkana area).

If there is returned contract formula in the formula inventory, the returned formula should be used to fill all or part of the food package. See Returned Formula in this policy.

● Special/Exempt Formula

The policy for special/exempt formula must be followed for issuance of any special/exempt formula. All participants must have an approved prescription. Amount issued is the amount prescribed and approved.

An issuance record (printable) is generated for the prescriptive amount. The special/exempt formula is issued from the LHU inventory of drop-shipped special/exempt formula, returned special/exempt formula or a combination of the two.

The total amount of formula needed by a participant must be available in any combination of the returned formula inventory and drop-shipped formula inventory before formula can be issued.

If the total amount of special/exempt formula needed for a prescription is not available, the formula order is placed and the participant told when to return to pick up the formula.

When the formula is available for pickup, it is given to the participant, an electronic signature is collected and a receipt printed for LHU ordering and reconciliation of inventory.

● Returned Formula (Contract or Special/exempt)

-Issuance of returned contract formula

- Participant must be issued a WIC check for at least one can of formula or a WIC check for cereal and/or infant foods.
- Issue the number of cans on hand from returned formula inventory.
- Print a W IC check for the remaining number of cans if necessary to meet the total amount of formula for that month.
- Update future food packages in the SPIRIT system to the correct amount of formula.
- Document in the participant's record in the General Notes the date, number of returned issued, and total amount of formula issued.

-Issuance of returned special/exempt formula

- Participant must be issued at least one can of formula using a direct ship transaction or a WIC check for cereal and/or infant food.
- The total amount of formula needed must be available in the combination of the returned formula inventory and drop-shipped formula inventory before formula can be issued.
- Issue the number of cans of formula on hand from returned formula inventory.
- Complete a direct ship transaction in SPIRIT for the remaining number of cans if needed to fulfil the total amount formula needed.
- Update future food packages in the SPIRIT system to the correct amount of formula.
- Place order for special/exempt formula if needed.
- Document in the participant's folder in the General Notes the date, number of returned issued, and total amount of formula issued.

Change of Formula during Monthly Benefit Cycle

Any change of formula after a participant's monthly food benefit has been issued and redeemed requires issuance of a pro-rated amount. The number of cans returned by the participant determines the pro-rated amount to be issued (see Tables to Pro-rate Formula in the Appendices).

The pro-rated amount of formula may be issued from:

- Returned formula
- Drop-shipped
- A combination of returned or drop-shipped
- A check to be redeemed at an approved vendor (contract formula only)

Accept returned formula from participant and log amount into appropriate returned inventory.

Issue from returned

- Issue the number of pro-rated cans needed from the returned inventory.
- Do not issue checks.
- Update future food packages in the participant record to the correct type and amount of formula.
- Document in the participant's record in the General Notes the date types and total amount of formula returned and issued.

Issue from drop-shipped

- Complete a direct ship transaction in SPIRIT for pro-rated amount and redeem from drop-shipped inventory.
- Update future food packages in the participant record to the correct type and amount of formula.
- Document in the participant's record in the General Notes the date types and total amount of formula returned and issued.

Issue from a combination of drop-shipped and returned

- Complete a direct ship transaction in SPIRIT for amount to be issued from drop-shipped formula inventory and redeem from drop-shipped inventory.
- Issue remaining cans from returned formula inventory.
- Update future food packages in the participant record to the correct type and amount of formula.
- Document in the participant's record in the General Notes the date types and total amount of formula returned and issued.

Issue check to be redeemed at approved vendor

- Issue check for amount of pro-rated contract formula.
- Update future food packages in the participant record to the correct type and amount of formula.

- Document in the participant's record in the General Notes the date types and total amount of formula returned and issued.

Hardship Issuance

All participants are encouraged to pick up WIC checks and Cash Value Benefits whenever possible in order to access other W IC and clinic services; however, there may be circumstances when participants are unable to pick up checks.

Examples include, but are not limited to:

- Work situation, including hours which conflict with the LHU/WIC Clinic hours of operation, employer's leave policies, or distance from LHU/WIC Clinic
- Difficulty with transportation, regardless of the distance from the LHU/WIC Clinic
- Illness and/or death in the family
- Other family emergencies
- Disability which prevents individual from getting to or into the LHU/WIC Clinic
- Weather conditions which make traveling hazardous, including snow or ice, extreme heat, floods
- A LHU/WIC Clinic has reduced hours of operation, is closed or is unable to access the SPIRIT system

If there is a hardship identified, the LHU/WIC Clinic should determine if alternate methods should be offered to the participants including:

- A different pick up day
- Use of their designated alternate representatives/proxies to pick up
- Picking up at a different LHU/WIC Clinic
- Mailing checks

If mailing is the alternate method chosen, the LHU/WIC Clinic must confirm a valid address, and only one month may be mailed. The LHU must request address corrections, if any, each time a participant/authorized representative visits the LHU/WIC Clinic. Participants must be informed WIC checks and Cash Value Benefits lost in the mail cannot be replaced.

Documentation of individual hardship situations is made in the General Notes section of the participant record. Documentation must also include who made the request, address mailed to, date and staff member mailing.

Envelopes used to mail WIC checks/CVB's must be clearly marked "Do Not Forward – Return to Sender." If mailed checks and Cash Value Benefits are returned for any reason, document in the Manage Alerts section of the participant record "Need new address - do not mail." Document the return of the checks/CVB's in General Notes.

WIC Check Redemption

WIC participants must be instructed how to redeem WIC checks at authorized vendors. The LHU must maintain a current list of authorized vendors for the county. The list may be posted in a prominent area in the LHU and may be printed and given to each participant. The Regional Food Delivery Liaison ensures that each LHU receives a new list when a change has occurred.

Redemption instructions must include:

- Who may pick up and redeem checks
- Use of Identification Folder (MCH:WIC-15)
- WIC benefits cannot be given away or donated to anyone other than the participant for whom they were issued
- WIC benefits cannot be advertised for sale verbally, in print or online by participant or responsible adult/proxy. This is a program violation and may subject the individual to disqualification, repaying the WIC Program the value in cash, and/or prosecution under Federal, State, or local laws.
- WIC benefits cannot be redeemed for children no longer living in the household of the responsible adult and unused checks/unopened formula for those children must be returned to the local health unit.

- Dates checks are valid
- Foods and quantities listed on the check
- How to use the current WIC food list and shopping guide
- All items listed on check must be purchased
- Keeping WIC food items separate from any non-WIC items
- Any authorized WIC vendors in Arkansas
- Sign check only after purchase amount is entered
- No money is exchanged
- No exchange of food items purchased with a WIC check except when the food item is defective, spoiled, or has exceeded its "sell by", or "best if used by" date or other date limiting the sale or use of the food item.
- Violations in redemption of W IC checks may result in suspension from the program
- Report problems to LHU/W IC Clinic staff
- Participant/authorized representative has right to complain about vendor problems

Cash Value Benefit Redemption

WIC participants must be instructed how to redeem WIC Cash Value Benefit checks at authorized vendors. The instructions must include:

- Who may pick up and redeem checks
- Use of Identification Folder (MCH: WIC-15)
- Dates checks are valid
- Only fresh or frozen fruits and vegetables can be purchased
- How to use the current WIC food list and shopping guide
- Dollar amount listed on the check
- Participants within the same household may combine their WIC Cash Value Benefits for one purchase
- Participants may pay the difference between the actual cost of their fruit and vegetables and the Cash Value Benefit. If participants do not want to pay the difference, they must select a smaller amount or different item. Participants may not receive cash back if they purchase a lesser dollar amount than the Cash Value Benefit

- Keeping WIC food items separate from any non-WIC items and other WIC foods
- Cash Value Benefits do not have to be used at the same time as regular WIC food checks
- Any authorized WIC vendors other than Farmers' Market vendors in Arkansas
- Sign check only after purchase amount is entered
- No exchange of food items purchased with a WIC Cash Value Benefit
- Violations in redemption of WIC Cash Value Benefits may result in suspension from the program
- Report problems to LHU/WIC Clinic staff

Participant/authorized representative has the right to complain about vendor problems.

Formula Inventory Management

LHU's maintain a formula inventory that includes the following categories. Each category must be maintained separately.

- Drop-shipped special/exempt formula
- Returned formula (includes contract and special/exempt formulas)

All formula received, stored or issued by the LHU/W IC Clinic is recorded and entered on the correct Formula Log (W IC-53 or W IC-54). LHU/W IC Clinic staff is required to maintain the Logs on a daily basis.

Regional W IC Coordinators or Food Delivery Liaisons (FDL's) are responsible for training staff on ordering and maintenance of formula inventories, review of monthly inventory reports, and transferring excess formula as necessary.

Regional W IC Food Delivery Liaisons (FDL's) audit the formula inventory in the LHU's. Audit visits are made quarterly. FDL's are given access to all records regarding the formula inventory including logs, order forms, and packing receipts, as well as areas where formula is stored.

A minimum of two LHU/WIC Clinic staff members must be identified and trained by the LHU/W IC Clinic and WIC Coordinator as responsible for ordering, confirming delivery, stocking the drop-shipped formulas and maintaining packing slips or order forms in the LHU Administrative File for three years. Receipt of drop-shipped formula must be staff member

who has been trained to confirm delivery and log in formula. In order to maintain proper control of formula stock, there must be a separation of duties within the LHU. These duties must be separated between two or more staff members.

For example:

- Staff 1: Order formula and maintain inventory and submit reports.
- Staff 2: Sign for/receive formula shipments and log into inventory.

Special/exempt formula is ordered when the current month's formula is issued. Special/exempt formula is not ordered if there is not a current approved prescription or if inventory meets expected need.

Formula inventories in LHU/W IC Clinics must be maintained in a locked, secure, environmentally safe area, i.e., well-ventilated, free from contaminants, pests or hazardous substances. Formula must be stored off the floor to ensure adequate ventilation.

LHU/W IC Clinic designated staff reviews all inventories monthly for amount of stock and expiration dates. Formula inventories are to be rotated so that the first to expire is issued first. Formula expires on the first day of the month listed on the can as the expiration date. LHUs/W IC Clinics notify the WIC Coordinator and Regional Nutrition Coordinator when formula expiration dates are within three months. An Occurrence Report (AS-8/AS-8a) must be completed for any discrepancy in inventory. A copy of the AS-8 must be sent to Head, Food Delivery Section, WIC State Office, Slot 43.

Formula that was ordered incorrectly cannot be returned to the manufacturer. Contact the Regional W IC Coordinator to arrange transfer of the formula to a different LHU/W IC Clinic. Use an Arkansas WIC Formula Transfer Form (W IC-55) to document any transfer of formula. Record the transfer in the correct Formula Log (W IC-53 or W IC-54).

LHU's may not accept any formula into inventory that was not issued by the LHU/W IC Clinic (via a W IC check or direct delivery) or is no longer issued by the Program.

Discontinued Formula

The W IC State Office will inform the W IC Coordinators and the LHU's at least 30 days in advance of any formula that will be discontinued, either by the manufacturer or by the W IC Program. W IC Coordinators are responsible for assisting LHU's to draw down on existing stock through proper issuance and/or transfer of stock to other LHU's. W IC Coordinators must report to the W IC State Office any problems with zeroing out inventory within 60 days of the notification.

Excess Formula Inventory

LHU's ensure accurate ordering of formula to avoid excess stock in the inventory. If formula ordered for a participant cannot be used by that participant or another participant served in the LHU, the LHU should contact the W IC Coordinator to determine if the formula should be relocated to another LHU. The WIC Coordinators arrange transport of the stock by available ADH staff traveling to/from the respective LHU's.

An Arkansas WIC Formula Transfer Form (WIC-55) should accompany the formula during transit. A copy of the form is filed with the appropriate formula inventory log in both the sending and receiving LHU's. Formula is not to be sent via the ADH courier.

Ordering Drop-Shipped Special/Exempt Formula Orders

Use the Special Formula Order Form (WIC-52) to order special/exempt formulas electronically through the WIC State Office, wic.specialformula@arkansas.gov e-mail account. Follow directions on the first tab of the form.

Complete a worksheet in the WIC-52 for each participant when the prescription has been approved. One WIC-52 form can accommodate orders for up to 15 participants. Do not send a separate WIC-52 for each participant or alter any part of the form. Send the completed WIC-52 form (s) to wic.specialformula@arkansas.gov. Print a copy of the WIC-52 Summary Page. Use it to review the order when it is delivered. Attach the summary page to the packing slip when it is delivered.

A confirmation email will be sent from the wic-specialformula@arkanssas.gov email account within 24 hours confirming receipt of the order and providing an estimated time of delivery (ETA) for the order(s).

Orders for products delivered by McKesson (Abbott, Mead Johnson, and Nestle) should be submitted by 1:00 p.m. on the shipping day(s) designated for the unit. The shipping day(s) is noted on the W IC-52 Summary Page. Pending availability of product and no weather delays, orders will be delivered the next business day. Orders submitted after 1:00 p.m. will be placed on the next ship day for the unit.

Orders for products from Nutricia (Neocate & Periflex) should be placed by 1:00 p.m. for next day shipping. Pending availability of product and no weather delays, Nutricia orders take an average of 5 to 7 business days for delivery.

Units with a ship day falling on a holiday can expect delivery the following business day. Packing slips for all formula drop-shipped to the LHU must be initialed and dated when the formula shipment is received and reviewed. Packing slips (with WIC-52 summary sheet attached) are maintained in chronological order and kept in the LHU Administrative File for three years.

Reporting Damaged/Missing/Incorrect Formula Deliveries

Inspect formula deliveries for obvious damage at time of delivery. Note damage or missing items on the packing slip/delivery person's electronic device. Use the W IC-52 Summary Sheet to verify how many cases of each product are expected in the delivery. Do not refuse damaged orders, items not ordered or deliveries in excess of what was ordered. Formula should be inspected for damage (cartons opened) before it is stored at the unit. Log all formula deliveries, including damaged product, into the drop ship inventory log.

Report all damaged formula to the W IC State Office by completing the W IC-63 Report of Damaged/Incorrect Formula Shipment. Fax the completed form along with the McKesson or Nutricia packing slips for the shipment. Damaged/incorrect shipments should be reported as soon as possible but no later than seven (7) business day after delivery.
If a shipment is received and all the expected items are not delivered, the missing items may be delivered separately. Please report missing items on the day of the delivery so the shipment can be tracked. Use the W IC-63 to report missing items. Fax the completed form along with the McKesson or Nutricia packing slips for the shipment.

If items are received that were not ordered, please use the WIC-63 to report the incorrect delivery to the WIC State Office. Fax the completed form along with the McKesson or Nutricia packing slips for the shipment.

Formula Damaged in Storage

Once in the unit's inventory, formula should be handled with care. Do not stack boxes containing formula higher than five (5) boxes to avoid injury accidents and prevent damage. Formula that is damaged during storage must be reported as a loss regardless of value. Complete an AS-8 and send a copy to WIC State Office, Food Delivery Section, Slot 43. Contact the WIC Coordinator or regional FDL for current formula prices.

Expired Formula

With proper inventory management, formula will be used before it expires. Formula expires on the first day of the month indicated on the can/carton. In the rare instance that formula expires, an Occurrence Report (AS-8/AS-8a) must be completed regardless of value. Complete an AS-8/AS-8a and send a copy to WIC State Office, Food Delivery Section, Slot 43. Contact the W IC Coordinator or regional FDL for current formula prices. McKesson and Nutricia will not provide a refund for expired products.

Disposal of Damaged or Expired Formula

Dispose of damaged or expired formula immediately upon detection using the following procedures:

- Open each can/container and destroy the contents, i.e., pour down the drain (liquid's), dump in trash bag, etc., in the presence of a witness. The product must be made unfit for human consumption. It must be destroyed onsite, not taken to another location for disposal.

- Crush or puncture each can/container and throw away.

- Note in the appropriate Formula Log (WIC-53 or W IC-54) the product name, number of cans, size/weight, date destroyed, and name of person who destroyed the product.

Documentation of Breast Pumps Issuance

Breast pumps are available for mothers certified for W IC as Breastfeeding. (See W IC-45-46 for Breast Pump Issuance Policy). Instructions for use and issuance of a breast pump are documented in the participant record under General Notes. Use the SOAP Notes section when a plan of care is warranted. All pumps must be logged into the pump inventory system on the Drug Inventory Accountability Inventory Form (PhA: CPS-5) for the specific breast pump. Breast pump logs are audited quarterly by Regional Food Delivery Liaisons (FDLs) and during all state and regional management evaluations.

IF Breast Pump Intended Use Is	THEN Issue
Occasional or short-term pumping,	Medela Manual breast pump. Note: It is not intended for re-issue or reuse by other mothers.
Mother of a hospitalized premature or medically ill infant, OR Working or student mother,	Advanced Personal Double Electric Pump - Note: This is not intended for re-issue or reuse by other mothers.
Mothers or infants with significant problems that can be resolved within a few days or weeks, such as nipple trauma, surgery, severe engorgement, short-term separation, and cleft lip. Note: When a Lactina is not available, another electric pump can be substituted.	Medela Lactina. The pump motor is intended for re-issue and reuse. Each mother gets a new collection kit. The pump motor is the property of the AR WIC Program. See Temporary Loan of Medela Lactina Breast Pump in this policy.

Ordering

The LHU employees maintain an adequate supply and accurate inventory of breast pumps in the LHU.

The following breast pumps must be ordered from Central Supply:

- Medela Manual Pump (Order # 2032))
- Advanced Personal Double Electric Pump (Order # 2034)
- Lactina Collection Kit only (Order # 1041)

Inventory/Security

Each LHU/WIC Clinic must maintain an accurate inventory of breast pumps and kits and must store all breast pumps in a secure area.

An Occurrence Report (AS-8/AS-8a) must be completed for any discrepancy in inventory.

Issuance

The WIC CPA or Breastfeeding Peer Counselor issues appropriate pump according to intended use and teaches the mother how to assemble, operate, and clean the breast pump or collection kit according to the accompanying instructions. Note: This may be delegated to other staff as appropriate.

The WIC CPA or Breastfeeding Peer Counselor documents the type of pump issued and that the mother was given instructions on the use and the care of the pump in the Notes section of the participant record.

The WIC CPA or Breastfeeding Peer Counselor logs the issuance of the specific breast pump into the pump inventory system on the Drug Inventory Accountability Inventory Form (PhA:CPS-5) for the specific breast pump type.

Temporary Loan of Medela Lactina Breast Pump

- Exterior surfaces of the pump motor and carry case require cleaning with a 1:10 bleach solution before loaning to another mother. (See Formulas for Mixing Chlorine Bleach Solution in the Patient Care Services Volume.)
- If a loaner pump is issued, the mother must sign an Inventory Transfer (FIN-1006) assuming responsibility for the pump. A copy of her driver's license must be attached to the FIN-1006.
- The FIN-1006 is completed according to directions. Enter the WIC participant's name and phone number as the 'Receiving Unit;" one other contact and phone number must be entered also. Under "Description" enter the pump name, purpose (Temporary loan of Lactina Multi-user Electric Breast Pump) and enter a specific time frame for the loan (recommend weekly loans with extension approved by the WIC CPA via the phone).
- The participant must also be instructed on the proper use of the pump, informed of the value of the pump ($600) and the need for its return. The participant must be informed that she may be asked to repay if the pump is not returned in good condition.
- The mother will be issued a Lactina Kit that is for her use only and does not require return. The pump inventory log should reflect the issuance of the Lactina pump kit.
- The mother must sign and date the FIN-1006 that the pump was issued to her by the WIC staff. The same form must be signed when the pump is returned. The participant is given a copy of the signed form.
- All participants who are issued a loaner electric pump will be placed on a monthly pick up until the electric pump is returned. If participant misses an appointment, normal follow up procedure should be done.
- Documentation of issuance is recorded in the General Notes in the participant record. An Alert is posted in the participant record that participant has a loaner pump.
- The WIC clerk or CPA should ask the client each month at check pick up if loaner electric pump is being used.

- Participants who request formula or state the loaner pump is no longer needed, will need to return the pump within ten days. Monthly issuance continues until pump is returned.
- Pump return is documented in the inventory log, participant record and on the FIN-1006. Retain the FIN-1006 according to its retention schedule.
- The loaner electric pumps are part of the clinic inventory until transferred to another LHU or returned to WIC Nutrition and Breastfeeding. The LHU Breastfeeding Resource person, Breastfeeding Peer Counselor or designee in the clinic is responsible for ensuring security of the piece of equipment during use at the LHU.
- For repair and replacement information about the Lactina, call WIC Nutrition and Breastfeeding at 1-800-445-6175.

Broken or Defective Personal Double Electric Breast Pumps

The Personal Double Electric Breast Pump has a one year warranty with Medela. The one year warranty period starts when the pump is issued to the W IC breastfeeding participant. For this warranty to be effective for pumps that break or malfunction, the following steps must be taken when the breast pump is issued:

- Remove the white warranty card from the inside of the breast pump. W rite the date on the warranty card to indicate when the pump is issued to the participant.

- Instruct the participant to keep the warranty card and to call the Medela Customer Service number (800-435-8316) on the warranty card if a problem occurs with the pump within the one year warranty period.

- A Medela Customer Service representative will assess the pump problem and provide the needed servicing part(s) or total pump replacement as determined. Replacements items are sent directly to the participant within 24 hours.

- Instruct the participant about the manual pump conversion handle that is included in the pump case. This will enable the participant to continue milk expression until the pump problem is resolved or in the event of electric power outages and other emergencies.

Only issue one Personal Double Electric Breast Pump to a W IC breastfeeding participant who meets the criteria to receive the pump during an eligibility period.

Do not accept a pump that is returned to the clinic. Instruct the participant to call the Medela Customer Service 800 Number. Do not issue a replacement pump from the clinic inventory stock.

The Medela Customer Service number is for breast pump operation issues only and is not a replacement for the required W IC breastfeeding support for general breastfeeding problems.

TRANSFER OF CERTIFICATION

Policies:

Participants Moving Out of Arkansas or Overseas

Verification of Certification (VOC) is provided when a participant informs LHU or W IC Clinic staff of a plan to move.

When requested by participant, another state's W IC Agency or the WIC Overseas Program, the Arkansas WIC Program provides the participant's name, date of birth, date of certification, date certification expires, date of last income determination, and nutritional risk information upon request.

Participants Moving Into Arkansas from Other States or Overseas

The Arkansas WIC Program accepts all VOC's from other states and the WIC Overseas Program which contain at a minimum:

- Participant's name
- Date of certification
- Date income eligibility was last determined
- Nutritional risk condition of participant
- Date certification period expires
- Signature and printed/typed name of certified agency official
- Name and address of certifying agency
- Date of last issuance of checks

The VOC entitles the participant to WIC benefits throughout the certification period if participant meets identity and residency guidelines. If the participant does not have a VOC, the LHU/W IC Clinic must call the other state to obtain information. The WIC State Office can assist in obtaining this information.

If the participant has checks and ID folders from the other state, the LHU should collect these, stamp checks "non-negotiable" and mail to the WIC Clinic address on the ID folder.

The WIC Overseas Program is limited to:

- Members of the armed forces on duty outside the United States and their dependents
- Civilians who are employees of a military department living outside the United States and their dependents
- Employees of the Department of Defense Contractors living outside the United States and their dependents

If the receiving LHU has implemented a waiting list, see Waiting List policy, Transfers - Interstate/Overseas.

Intrastate Transfer Policies

When a participant moves from one LHU/WIC Clinic to another, the receiving clinic must confirm current eligibility. Identity and residency must be verified. If income and/or household size has changed, proof of income or adjunctive eligibility must be provided. The LHU/W IC Clinic issues WIC check(s) to participants who have not already received check(s) for current month.

Note: Participants can pick up WIC checks/CVB's at any LHU/WIC Clinic in Arkansas. When residence has not actually changed, i.e. vacation, it is not considered a permanent transfer and only current eligibility and ID must be verified. An electronic transfer must be done in SPIRIT to issue benefits.

Transfer of Infants/Children in Foster Care

Documentation of placement into foster care is critical to ensure the participant receives correct and timely benefits.

Guardianship records must be scanned into the patient record, demographic information updated, and an Alert set to prevent incorrect issuance.

A General Note must be completed to indicate placement into foster care. WIC checks/CVB's can be issued or a pick-up appointment given, as applicable.

CIVIL RIGHTS

Policies:

The W IC Program was established to assist pregnant or lactating mothers and children up to 5 years and prohibits discrimination on the basis of race, color, national origin, age, sex, and disability.

Section 17 of the Child Nutrition Act of 1966, as amended, defines the purpose of the W IC Program to provide benefits specifically to pregnant, breastfeeding, and postpartum women, and infants and children to 5 years of age. Therefore, any reference to age and sex in this policy as it relates to the WIC and Farmers' Market Nutrition Programs, is subject to these qualifications. Whenever Congressional legislation specifies or sets restrictions on program eligibility, those provisions take precedence over certain protected classes.

The W IC State Office and Regional Staff will conduct W IC/FMNP civil rights reviews for twenty percent of the Local Health Units each two federal fiscal years. The Program will also conduct:

- Reviews of 10 percent of farmers, farmers' markets, and roadside stands annually
- Routine monitoring visits on 5 percent of the number of WIC vendors authorized each fiscal year

All complaints alleging discrimination on the basis of race, color, national origin, age, sex, or disability will be investigated by the Southwest Regional FNS Office of Civil Rights.

All applicants and participants are notified of their right to make civil rights complaints through posters displayed in all Local Health Units (LHU's). All LHU's must display the USDA poster "...and Justice For All" in a prominent place, i.e., waiting rooms.

Limited English Proficiency

All LHU's must provide an interpreter for all aspects of the W IC Program where a significant number or proportion of the population eligible to be served needs service or information in a language other than English to be effectively informed of or to participate in the Program.

LHU's that fail to provide services to Limited English Proficiency (LEP) potentially eligible persons, applicants, and participants, or deny them access to the W IC Program, may be discriminating on the basis of national origin in violation of Title VI and its implementing regulations.

Civil Rights Training

Civil Rights training is required each fiscal year for all staff that has any contact with applicants or participants in order to understand civil rights related laws, regulations, procedures, and directives. Civil Rights training is available on the Department of Health A-TRAIN. Documentation of training is a certificate printed after successful completion of the training.

Civil rights training includes collection and use of data, effective public notification systems, complaint procedures, compliance review techniques and resolution of non-compliance, requirements for reasonable accommodation of persons with disabilities, requirements for language assistance, conflict resolution, and customer service

Collecting, Reporting, and Retaining Participation Data

The W IC Program collects participation data by category of women, infants, and children and by racial and ethnic category. This data is collected in the SPIRIT MIS. Staff is instructed to inform all applicants/participants/authorized representatives that "this information is requested solely for the purpose of determining the State's compliance with Federal civil rights laws, and your response will not affect consideration of your application, and may be protected by the Privacy Act. By providing this information, you will assist us in assuring that this program is administered in a nondiscriminatory manner." If the applicant declines to self-identify, the applicant should be informed that a visual identification of his or her race and ethnicity will be made and recorded in the data system.

Participation data by category of women, infants, and children and by racial and ethnic category is collected and submitted biennially to FNS, by the W IC State Office, and is kept on file and maintained for three years.

Public Notification System

A public notification system has been established informing applicants, participants, and potentially eligible persons of the program availability, program rights and responsibilities, the policy of nondiscrimination, and the procedure for filing a complaint. WIC State Office and each LHU must post the nondiscrimination statement, and this statement must also be included on all materials produced for public information, public education, or public distribution. The authorized statement reads as follows:

The U.S Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs,

marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

USDA is an equal opportunity provider and employer.

Complaints of Discrimination

Any person or representative alleging discrimination based on race, color, national origin, age, sex, or disability has the right to file a complaint within 180 days of the alleged discriminatory action. The complainant must be advised of confidentiality and Privacy Act applications. Anonymous complaints will be handled as any other complaints.

The LHU must submit all complaints alleging discrimination on the basis of race, color, national origin, age, sex, or disability, either written or verbal, to the WIC State Office within 24 hours. All complaints, written and verbal, are forwarded to the Southwest Regional FNS Office of Adjudication and Compliance within 24 hours.

Complaint Forms (WIC-14) must be located in the waiting areas of Local Health Units. If a complainant makes a verbal complaint and refuses to complete the WIC-14, for whatever reason, the LHU staff member to whom the allegations are made must write up the complaint for the complainant. Every effort must be made to have the complainant provide the following information:

- Complainant's name, address, and telephone number
- Name of Local Health Unit/WIC Clinic the complaint is against
- The nature of the incident
- The basis on which the complainant believes discrimination exists, race, color, national origin, age, or sex
- The names, telephone numbers, titles, and business or personal addresses of persons who may have knowledge of the alleged discriminatory action
- The date(s) during which the alleged discriminatory actions occurred or, if continuing, the duration of such actions

Compliance Reviews

A W IC Civil Rights Compliance Review is a component of the W IC Management Evaluation. The Program examines the activities of LHU's to determine that the WIC Program is being administered in compliance with civil right requirements. The W IC State Office advises the reviewed Region and LHU, in writing, of any significant findings and recommendations. All significant findings are reported to FNS Regional Office of Adjudication and Compliance.

WIC State Office and Regional Office staff review the following items in the civil rights review:

- Whether potentially eligible persons and households have an equal opportunity to participate in the program
- Whether patient records are coded by race and ethnic origin
- Whether offices are displaying the USDA nondiscrimination poster in a conspicuous Location
- Whether the nondiscrimination statement is included on all printed materials such as pamphlets, forms, or any other program materials distributed to the public
- Whether graphic materials reflect inclusiveness based on race, color, national origin, age, sex, and disability
- Whether program information is being made available to potentially eligible persons, program applicants, and participants
- Whether the LHU is providing program information to organizations within the community that may assist the local agency in reaching potentially eligible populations
- Whether civil rights complaints are being handled according to WIC policies and procedures
- Whether actual participant racial and ethnic data are being collected and maintained on file for three years
- Whether staff has all completed annual civil rights training

Resolution of Noncompliance

A finding of noncompliance may be the result of a routine management evaluation review, a special review, or an investigation. Noncompliance is a factual finding that any civil rights requirement, as provided by law, regulation, policy, instruction, or guidelines, is not being adhered to by a Local Health Unit/W IC Clinic. Southwest Regional FNS Office of Adjudication and Compliance will manage all noncompliance findings.

Any LHU that receives a civil rights complaint related to the W IC Program must notify the Regional W IC Coordinator or the W IC State Office within 24 hours. All W IC complaints alleging discrimination based on race, color, national origin, age, sex, or disability are referred to USDA immediately.

COMPLAINTS, PROGRAM VIOLATIONS, SANCTIONS, AND FAIR HEARINGS

Policies/Procedures:

Complaints

All complaints related to the WIC program are accepted and processed immediately upon receipt. Complaints may be made in person, by phone, or in writing. Complaints by WIC Staff or program participants are referred to the Regional WIC Coordinator.

Complaints about or from vendors are referred to the WIC Regional Food Delivery Liaison and/or WIC Food Delivery Section Manager.

Complaint Forms (WIC-14) are made available in the waiting area in all Local Health Units/WIC Clinics. Complaints may be written or oral and may be received by LHU/WIC Clinics or the WIC State Office. Complaint information is documented on the WIC-14 by the staff member receiving the complaint. An investigation is conducted and the complaint resolved.

Program Violations

ParticipantViolations

Participant violation means any intentional act of a participant, parent or caretaker of an infant or child participant, or proxy that violates Federal or State statutes, regulations, policies or procedures governing the program. Any individual who violates the program is liable for sanctions, subject to claims and prosecution under Federal, State and local laws.

Participant Violations include, but are not limited to:

- physical abuse and/or threats
- verbal abuse
- knowingly and deliberately misrepresenting circumstances to obtain WIC benefits, i.e., health status, falsification of medical data, income, and family size;
- sale, exchange or theft of WIC checks or Cash Value Benefits
- redemption of reported stolen or destroyed WIC checks or Cash Value Benefits that have been replaced, misappropriating, or altering WIC checks or Cash Value Benefits
- dual participation, redeeming or cashing duplicate benefits for the same benefit period
- attempting to exchange or sell food purchased with WIC food checks or Cash Value Benefits or other items purchased with WIC funds (e.g. breast pump) verbally, or by posting in print or online or allowing someone else to do so

WIC State Office maintains all reports of fraud or program violations, including the date of the incident, identifying information of the participant/employee, type of fraud or violation and the monetary amount involved and sanctions applied. The W IC Program may disqualify participants from the Program for up to one year and/or assess a claim up to the amount of redeemed W IC checks or Cash Value Benefits. The W IC Program will pursue regaining W IC dollars until the W IC Program determines that it is not cost effective.

The WIC Program evaluates the situation based on documented evidence and determines whether sanctions are applied. Before sanctions are applied, the participant must be given the opportunity for a fair hearing. Participants who appeal the termination of benefits in the appropriate time must continue to receive Program benefits until the hearing official reaches a decision or the certification period expires, whichever occurs first.

The State agency may decide not to impose a mandatory disqualification if, within 30 days of receipt of the letter demanding repayment, full restitution is made or a repayment schedule is agreed on, or in the case of a participant who is an infant, child, or under age 18, the State agency approves the designation of a proxy. The designated proxy must not be a member of the household or have involvement in the program violation.

Employee Violations

An employee may not accept an application, determine income, assess identity and residency documentation, perform nutrition assessment, or issue W IC checks or Cash Value Benefits to himself or herself, a family member, a household member, or anyone for whom the employee acts as the alternate representative/proxy in completing the WIC certification process.

Employee fraud and abuse is the intentional conduct of a State or Regional Office or LHU/W IC Clinic employee which violates Federal, State, or local law, program regulations, policies, or procedures, including, but not limited to, misappropriating or altering W IC checks or Cash Value Benefits, entering false or misleading information in participant record, or creating participant records for fictitious participants. All employees working in the W IC Program must sign a Statement of Assurance Regarding Conflict of Interest for Arkansas W IC Program Employees Regarding Arkansas W IC Vendors and Vendor Applicants (W IC-48), which can be found in the Online Policies and Procedures site, W IC, Forms for Printing.

A record review of all employees/employee relatives participating in the WIC Program is conducted during the WIC Management Evaluation process to ensure that WIC employee policies are being followed. Records may also be reviewed at any time program violation is suspected.

An employee is subject to policies governing employee discipline. All instances of employee program violation must be reported to the W IC State Office, the Regional WIC Coordinator and the employee's supervisor.

An employee who is a WIC participant, authorized representative, or alternate representative/proxy and abuses the program is subject to policies governing both participant sanctions and employee discipline and is liable to prosecution under Federal, State, and local laws.

Vendor Violations

Vendor violation must be referred to the Food Delivery Manager in the WIC State Office. See the Vendor Participation Agreement and Handbook for details.

Reporting Program Violations

If a suspected program violation is reported to the LHU/WIC Clinic:

- The LHU/W IC Clinic forwards the information to the Regional W IC Coordinator and scans a copy into the participant's record in SPIRIT or enters information as a general note.

- The Regional W IC Coordinator investigates the report of program violation and notifies the WIC State Office. The Regional W IC Coordinator should document the following in a general note in SPIRIT and/or scan any supporting documentation:

  - Nature of the incident
  - Outcome of interviews with LHU staff and participant
  - Written statements regarding the alleged violation (LHU staff and participant) as appropriate
  - Instructions given to the participant regarding what constitutes a participant violation and/or rights/responsibilities

- The W IC State Office evaluates the documentation and determines the action to be taken. If appropriate, the W IC State Office submits a sanction letter to the participant and sends copies to the Regional W IC Coordinator and LHU/W IC Clinic to be scanned into the participant's record in SPIRIT. If the participant is an employee, the employee's supervisor must receive a copy of the sanction letter.

If a suspected program,violation is reported to the WIC State Office:

- WIC State Office receives the report, documents it, and refers the report to the Regional WIC Coordinator.

- The Regional W IC Coordinator investigates the program violation, notifies the WIC State Office and scans a copy of all documentation into the participant's record in SPIRIT (see above).

- The W IC State Office evaluates the documentation and determines the action(s) to be taken. If appropriate, the WIC State Office submits a sanction letter to the participant and a copy of the sanction letter to the Regional W IC Coordinator and LHU/W IC Clinic to be scanned into the participant's record. If the participant is an ADH employee, a copy of the sanction letter is sent to the employee's supervisor.

Dual Participation

Dual participation is defined by federal W IC regulations as simultaneous participation in the Program in one or more than one W IC clinic, or participation in the Program and in the Commodity Supplemental Food Program (CSFP) during the same period of time. All participants must be informed that receiving W IC benefits from two or more locations at the same time, redeeming more than one set of benefits for the same benefit period from the same location or receiving benefits from both the W IC and Commodity Supplemental Food Programs simultaneously is prohibited. Redemption of more than one set of W IC food benefits by a participant during the same benefit period or redemption of W IC food benefits and receipt of a CSFP food package is considered proof of WIC dual participation.

Intentional Dual Participation is defined as a participant violation that occurs when a participant, authorized representative, or alternate representative/proxy makes a false or misleading statement or intentionally misrepresents, conceals or withholds facts to obtain more than one set of benefits for the same benefit period.

Unintentional Dual Participation is defined as a participant violation involving unintentional actions by a participant, authorized representative, or alternate representative/proxy that results in the receipt of benefits more than once during the same benefit period.

The Arkansas W IC Program will make every effort to prevent dual participation. A Dual Enrollment Report is reviewed monthly by the W IC State Office for detection of possible intrastate dual participation. If potential dual participation is identified, the Dual Participation Request (W IC-46) is initiated (found in ADH policy manual in Forms for Printing). The W IC-46 is also used to initiate investigations of interstate dual participation. The Arkansas WIC Program works with bordering states to prevent and identify interstate dual participation using established dual participation agreements.

Once interstate participation has been established, the Arkansas W IC Program determines which state is the originating state and which is the receiving/collecting state. The originating state is the first state to serve the participant in the current certification period. The receiving/collecting state is the second state to provide benefits to the participant in the current certification period. Note: If there is a conflict (e.g., the participant's certification date was the same at both sites), the two states communicate to reach an agreement on which state takes action.

The originating state is not required to give the participant a 15-day advance notice or offer the right to a fair hearing prior to termination. The W IC checks or Cash Value Benefits that have been issued are considered the appropriate issuance and no claim will result provided that the certification is correct.

The receiving/collecting state determines whether the dual participation was unintentional or intentional. It must also establish sanctions against the participant/authorized representative/alternate representative/proxy. Each state honors the other's disciplinary actions.

The receiving/collecting state follows up on the dual participation. The checks issued by this state are considered the dual issuance. Therefore, the redemption amount determines the collection procedure in accordance with that state's cost effectiveness

Further Investigation

During the course of a W IC Program investigation, if information is developed that indicates fraud and abuse in excess of $1,000 or other major criminal activity, including large scale vendor trafficking in checks, firearms or narcotics, or involvement by organized crime elements, the State agency should immediately advise its FNS Regional Office, which will refer the case to the appropriate USDA Office of the Inspector General (OIG) Regional Office.

In such cases, the State agency will suspend further investigative action, pending USDA OIG action. In such instances, the FNS Regional Office will notify the State agency of whether USDA OIG intends to assume the investigation. If USDA OIG does not assume the investigation, the State agency should refer the case to State and/or local law enforcement authorities for investigation and/or prosecution under applicable State or local laws.

Penalties

In accordance with section 12(g) of the National School Lunch Act, whoever embezzles, willfully misapplies, steals or obtains by fraud any funds, assets or property provided under section 17 of the Child Nutrition Act of 1966, as amended, retains such funds, assets or property for his or her own interest, knowing such funds, assets or property have been embezzled, willfully misapplied, stolen, or obtained by fraud shall, if such funds, assets, or property are of the value of $100 or more, be fined not more than $25,000 or imprisoned not more than five years, or both, or if such funds, assets or property are of a value of less than $100, shall be fined not more than $1,000 or imprisoned for not more than one year, or both.

Sanctions

A sanction is an administrative and punitive action in response to a program violation. Sanctions include disqualification and suspension. Regulations specify that a state may provide warnings before imposing participant sanctions. However, a warning never takes the place of a regulatory sanction.

Mandatory disqualification: W henever the WIC Program assesses a claim of $100 or more, intentional dual participation, or a second or subsequent claim of any amount, the Program disqualifies the participant for one year.

The WIC Program may decide not to impose a mandatory disqualification if:

- Participant violation is determined to be unintentional upon investigation

- Full restitution is made or a repayment schedule is agreed on within 30 days of receipt of the letter demanding repayment

  In the case of a participant who is an infant, child, or under age 18, the W IC Program may approve the designation of an alternate representative/proxy. The proposed alternate representative/proxy:
  - Must ensure the participant receives the food benefits.
  - Agrees to assume responsibility for receiving and transacting WIC check(s) for the full period of the disqualification or suspension.
  - Cannot be a member of the household of the violator.

The effective date of the disqualification or suspension period is based on the issue date of the last W IC checks or Cash Value Benefits in the participant's possession. If the participant returns unused W IC checks or Cash Value Benefits, the effective date is adjusted accordingly. If the participant's certification period is scheduled to expire during the disqualification/suspension period, the participant cannot reapply to be certified until the full time period of the sanction is served. Failure to pay in full may result in imposition of the full disqualification period.

Program Violations, Offenses, and Sanctions of the WIC Program

Program violations, offenses and sanctions of the Program include but are not limited to:

Program Violations	Offense	Sanction
Physical abuse and/or threats	Each	Three months disqualification
Verbal abuse	1st 2nd 3rd	Warning letter One month disqualification Three months disqualification
Knowingly and deliberately misrepresenting circumstances to obtain WIC benefits, e.g. health status, falsification of medical/data income, and family size	Each	One year disqualification if the claim is $100 or more and a requirement to pay the WIC Program the value of the food benefits For claims under $100, three months disqualification and a requirement to pay the WIC Program the value of the food benefits

Sale, exchange or theft of WIC checks or Cash Value Benefits Redemption of reported stolen or destroyed WIC checks or Cash Value Benefits that have been replaced Misappropriating, or altering WIC checks or Cash Value Benefits	Each	One year disqualification if the claim is $100 or more and a requirement to pay the WIC Program the full value of the food benefits. For intentional violations including sale, exchange, theft, posting and/or sale online, State agency will receive referral from LHU and determine and document action and referrals to state or local law enforcement for prosecution. If the claim is under $100, three months disqualification and a requirement to pay the WIC Program the full value of the food benefits
Attempting to exchange or sell food purchased with WIC checks, Cash Value Benefits or other items purchased with WIC funds (e.g. breast pump) verbally, or by posting in print or online or allowing someone else to do so, giving WIC benefits or items purchased with W IC funds to anyone other than the participant for whom they were issued.	1st 2nd	Warning letter One year disqualification if the claim is $100 or more and a requirement to pay the WIC Program the full value of the food benefits If the claim is under $100, three months disqualification and a requirement to pay the WIC Program the full value of the food benefits. Failure to complete repayment will result in full disqualification period

Program Violations	Offense	Sanction
Dual Participation		
● Unintentional	1st	Warning Letter
	2nd	Subsequent violations shall be considered intentional and sanctions for intentional dual participation apply
● Intentional	Each	One year disqualification if a claim in any amount is assessed and a requirement to pay the WIC Program the full value of the food benefits.
Employee Violation:		
● Unintentional	1st	Training by Regional WIC Coordinator. Documents and reports to employee's supervisor.
	2nd	Subsequent violations shall be considered intentional.
● Intentional	Each	Disciplinary action per ADH policy

Claims for Participant Repayment

A demand repayment letter is sent to the participant by certified restricted mail and scanned into the participant record. The letter includes:

- the reason for the claim
- the dollar amount of the claim
- procedures for requesting a fair hearing

Note: If certified restricted mail is returned and updated contact information cannot be located, letter must be issued in person in the local health unit and a general note entered by staff to document receipt by the participant.

The Arkansas W IC Program allows the participant the option of paying in installments or one lump sum. All payments must be made by cashier's check or money order. The repayment timeframe is based on the total amount due.

Pursuing Claims Recovery

If	Then
The first billing notice is sent and full payment is made,	No further action is required.
The billing notice is sent and an installment pay plan is requested,	Assess the value of the claim and the cost and set up a payment plan.
The installment pay plan is approved and the payments are completed on time,	No further action is required.
The installment pay plan is denied because it is not cost effective,	Request the payment in full.
The first billing notice is sent and there is no response,	Assess the value of the claim and the cost and send a second notice.
The second billing notice is sent and there is no response,	Assess the value of the claim and the cost and send a third notice.
The third billing notice is sent and there is no response,	Assess the value of the claim and the cost and refer to ADH Legal Services.
The first, second, or third billing notice is sent and there is an agreement to pay in full or to make installment payments but payments are not made,	Assess the value of the claim and the cost and refer to ADH Legal Services.

Disqualifications/Claims

Notification

Notification of disqualification or claim, (Official Notification generated by SPIRIT or letter) contains the following information:

- Reason for disqualification and/or claim
- Date of disqualification
- Amount of claim and date due (if applicable)
- WIC Fair Hearing process (See Fair Hearings in this policy.)
- Civil rights disclaimer (See Civil Rights policy in this Volume.)

Participants disqualified during a certification period are issued an Official Notice at least 15 days before the date of the disqualification.

Participants disqualified and/or assessed claims because of a program violation are notified by certified restricted letter. A copy of the certified restricted letter is scanned in the participant's record.

Continuation of Certification

Participants disqualified during a certification period are suspended from the W IC Program unless they request a Fair Hearing before the date of disqualification. Participants requesting a hearing within the 15-day advance Official Notice period continue to receive WIC benefits until the Hearing Official makes a decision or the certification period ends, whichever occurs first. (For participant whose hearing request is outside of the 15-day advance Official Notice period, the participant is disqualified at the 15-day point. The participant does not continue to receive W IC benefits pending the hearing decision.)

At the end of a disqualification for a participant violation, participants are reinstated to the Program if the certification period has not expired.

Participants found ineligible during a certification period are not reinstated unless the Hearing Official rules in their favor or they reapply and are certified as eligible.

Applicants denied benefits during the certification process or participants who become categorically ineligible during a certification period may request a Fair Hearing, but do not receive WIC benefits while awaiting a Fair Hearing.

In the case of a participant who is an infant, child, or under age 18, the WIC Program approves the designation of an alternative representative/proxy who is not a member of the household or involved in the participant violation.

Fair Hearings

Applicants and Participants

All applicants and participants are notified of their right to a Fair Hearing and how to apply:

- By notices posted in the LHU/WIC Clinic
- On the Official Notification letter
- On the letter notifying them of disqualification and/or claim

Request for a Fair Hearing

The applicant, participant, authorized representative or alternative representative/proxy may request a fair hearing by completing the Appeal for Fair Hearing (WIC-7). If the request is verbal, the LHU staff must document on the W IC-7 and immediately submit to the WIC State Office.

The request for a fair hearing must be made within 60 days from the date of written notification of denial of participation, disqualification, and/or claim.

A request for a fair hearing may be withdrawn with a signed statement.

A WIC applicant or participant may be granted a fair hearing if:

- Denied participation on the Program
- Disqualified from the Program
- Assessed a claim

Applicants who are denied benefits at initial certification, or participants who become categorically ineligible during a certification period, may appeal the denial or termination, but must not receive benefits while awaiting the hearing.

Vendor Fair Hearing

Refer to Arkansas WIC Program Vendor Agreement and Handbook.

Arrangements for Fair Hearing

The hearing is held at a location accessible to all persons involved and may be rescheduled one time.

- The ADH staff provides an Appeal for Fair Hearing (W IC-7) and assistance as needed to the person requesting a Fair Hearing, or the ADH staff documents the verbal request for a Fair Hearing on an Appeal for Fair Hearing (WIC-7).

- ADH may receive a letter requesting a Fair Hearing from an applicant, a participant, a vendor, or a representative. The LHU/W IC Clinic stamps the request with the date received. The authorized person at the LHU/W IC Clinic prepares a statement that summarizes the case and includes the reasons for the decision under appeal. The statement is sent to the W IC State Office, and a copy of the statement is scanned into the applicable record in SPIRIT.

- If the W IC State Office receives the request, the W IC State Office staff stamps the request with the date received or completes the Appeal for Fair Hearing (W IC-7) if a verbal request is received.

- The WIC State Office sends a letter telling the claimant that the request for a Fair Hearing has been received. The hearing arrangements are coordinated between the claimant, Hearing Official, and ADH staff. The W IC State Office sends a certified letter at least 10 days before the hearing date informing the claimant about the hearing arrangements.

Conducting the Hearing

Claimant's Rights

Upon request, a claimant may examine or copy documents related to the appeal. The ADH Freedom of Information policy is followed (see Administration General Volume, Freedom of Information).

A claimant has the right to an attorney or other representation before and/or during a Fair Hearing.

ADH does not pay attorney fees for the claimant. Referral is made to Legal Services or local resources for legal services on claimant's request.

Fair Hearing Official

The Fair Hearing is conducted by an official appointed by ADH. No person who had any part in the decision under appeal may serve as the Fair Hearing Official.

The claimant may request a change of the Fair Hearing Official.

Record of Hearing

A record of each hearing is retained for three fiscal years and must include:

- The request for the hearing
- Any written evidence submitted
- A written summary or a tape of any verbal testimony presented
- The written decision of the Fair Hearing Official

The W IC State Office collects documentation of each hearing and maintains files of the hearing record, which may be examined by the claimant or a representative at any reasonable time and place within three fiscal years from the date of the hearing.

- The Fair Hearing Official states the subject of the hearing and the authority under which it is conducted and reads or summarizes the information in the Fair Hearing Statement. In addition, the Fair Hearing Official states when a decision will be made and how the claimant will be notified and swears in all witnesses.

- The WIC Representative presents the case.

- The claimant may present the case alone or with the aid of a representative.

- The Fair Hearing Official summarizes the issues after all evidence has been presented and may order another medical assessment or a professional evaluation for the claimant by ADH personnel.

- The W IC Program and the claimant are notified in writing of the Fair Hearing Official's decision within 45 days of the date of request for the hearing.

OUTREACH

Policy:

This policy is to ensure that potentially eligible persons in each Local Health Unit (LHU) service area are aware of the W IC Program and know where to seek services. Each LHU/W IC Clinic will develop and implement a plan for outreach, which emphasizes the enrollment of women in their first trimester, infants, and migrants. Outreach means informing potentially eligible persons about the benefits and availability of the WIC Program.

Each LHU/W IC Clinic develops and implements an outreach plan. Clinics must submit outreach plans for approval by Regional W IC Coordinator. These plans must be submitted by August 30 to be implemented by October 1 of each Federal Fiscal Year. Outreach plans are monitored quarterly by Regional Coordinator.

A copy of the plan is maintained in the LHU/W IC Clinic, and a copy is sent to the Regional W IC Coordinator. The Regional WIC Coordinator reviews and sends a copy of the plan to the WIC State Office.

The plan must include outreach contacts each fiscal year to:

- Agencies which provide foster care or protective services to infants and children, including infants exposed to drugs prenatally
- Community action agencies
- Head Start Programs, HIPPY programs, and other infant and preschool child care and/or education programs
- Community mental health centers
- Hospitals, clinics, physicians' offices and other health providers. Priority is given to health providers serving pregnant, breastfeeding and non-breastfeeding postpartum women, infants and children and to health providers providing EPSDT and immunizations to children.
- Unemployment offices
- Social service agencies (including visits at a minimum of twice yearly specifically with eligibility workers for TEA, SNAP and Medicaid)
- Farm worker organizations and/or agencies serving migrant and/or seasonal farm workers
- Religious and/or community organizations
- Minority organizations
- Food banks and/or food pantries
- Homeless facilities or shelters (See Facility Compliance Agreement (WIC-61) in WIC Forms For Printing)

Contacts may include:

- Personal visits
- Presentations to groups
- Telephone contacts
- Distribution of letters, brochures, posters, fact sheets, and other materials
- Agency approved social media postings

The outreach plan must specify the type of contact planned for each type of agency and the Regional or local staff person responsible for the contact.

The outreach plan may also include announcements, articles and/or appearances about WIC in local radio, television, and/or newspapers on an annual basis. The following minimal statement may be used when space prohibits use of the below lengthy USDA nondiscrimination statement:

USDA is an equal opportunity provider and employer

At a minimum, all outreach information must include:

- Location of the LHU/WIC Clinic providing WIC services and a phone number for information

- Current USDA nondiscrimination statement (see the following 4 paragraphs below):

The U.S Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

USDA is an equal opportunity provider and employer.

Printed outreach materials and oral presentations must also include a description of WIC benefits and criteria for participation, i.e., income, residence, categorical, and nutritional risk.

All outreach materials containing a W IC message must be reviewed and approved by the W IC Regional Coordinator and the WIC State Office. Media contacts must also go through the ADH review process.

When LHU/W IC Clinics are operating at maximum caseload, outreach is targeted to persons who are at high risk (pregnant women, infants, and migrants). LHU/W IC Clinics operating at maximum caseload are not exempt from outreach.

Outreach is provided in an appropriate language in areas where a substantial number of persons are non-English speaking.

WIC MANAGEMENT EVALUATIONS

Policies:

WIC Federal Regulations require that 20% of LHU/W IC Clinics have management evaluations performed by the state W IC Program every two federal fiscal years. The purpose of WIC management evaluations is to:

- Identify good practices that can be replicated in other areas.
- Assess the accomplishment of program objectives.
- Identify trends in LHU/WIC Clinic that impact the program.
- Recognize and correct program deficiencies.
- Identify training needs of LHU/WIC Clinic /Regional WIC staff.

Management Evaluations Performed by WIC State

Regions are given prior notice of scheduled management evaluations for the coming fiscal year. Approximately three days are allowed for each management evaluation.

A questionnaire for the LHU/W IC Clinic Administrator and the WIC Management Evaluation (ME) Tool are used in the review process. W IC State Office and/or federal staff review:

- 12-24 WIC participant records:
  - LHUs primarily utilizing 1 CPA for W IC certifications: 2 from each participant type (pregnancy, non-breastfeeding postpartum, breastfeeding women and infant pairs, infant and children), including special formula, out of state transfers, and all denied applications since last ME.
  - LHUs utilizing 2 or more CPAs for W IC certifications: 4 from each participant type (pregnancy, non-breastfeeding postpartum, breastfeeding women and infant pairs, infant and children), including special formula, out of state transfers, and all denied applications since last ME.

- All employees/relative participant records
- Clinic observation of certification(s)
- Outreach
- Physical security and inventory of farmers' market checks, breast pumps, all formula, blank WIC check paper stock, MICR printer ink
- Vendor lists

The Regional staff may be asked to participate in management evaluations conducted by the W IC State Office staff and/or federal staff. Members of the Regional staff are encouraged to attend ME exit conferences, if applicable.

A report of the State ME is submitted to the Regional Director, Nutrition Coordinator, WIC Coordinator, and LHU/W IC Clinic Administrator within 60 days. If deficiencies are cited, the LHU/Region must send a narrative summary of corrective action to the State W IC Office within 60 days of receipt of the management evaluation report. Within 15 days, the State ME Team informs the LHU/Region whether the corrective action plan is acceptable or more action is required.

Management Evaluations Performed by Regions

LHU/W IC Clinic ME's are conducted each federal fiscal year by Regional W IC staff. At least 20% of the clinics in the Region are reviewed every two federal fiscal years.

In scheduling ME's; Regions give priority to clinics considered most at risk in the provision of WIC services. Indicators of risk include, but are not limited to:

- Participant complaints
- Caseload targets not met
- Staff turnover at or above 25%
- Performance on prior regional, state or federal management evaluations
- Performance on operational standards

A report of the Regional Management Evaluation is sent to the Regional Director, LHU/W IC Clinic Administrator and the WIC State Office within 60 days. If deficiencies are cited, the LHU/W IC Clinic Administrator must submit a corrective action plan within 60 days. Within 15 days, the Regional ME Team informs the LHU/WIC Clinic whether the corrective plan is acceptable or more action is required.

Management Evaluations Performed by Federal Staff

A report of a Federal Management Evaluation is sent to the Regional Director, and LHU/W IC Clinic Administer of appropriate local health units by WIC State Office. If deficiencies are cited in the report, a corrective action plan must be submitted to W IC State Office by a date determined by WIC State Office.

INFORMATION SHARING

Policies:

Confidential applicant and participant information is any information about an applicant or participant, whether it is obtained from the applicant or participant, another source, or generated as a result of WIC application, certification, or participation, that individually identifies an applicant or participant and/or family members(s). Applicant or participant information is confidential and therefore subject to Federal WIC confidentiality requirements at 7 CFR Section 246.26, regardless of the original source and exclusive of Federal, State or local confidentiality rules that applied in the original source.

Permitted use and access without an agreement include individuals with a "need to know" for the administration and enforcement of the Program including, but not limited to: staff of the Arkansas Department of Health, persons investigating and prosecuting WIC Program violations under Federal, State or local law, IT staff working directly with WIC, or banking contractor staff who handle the WIC checks or Cash Value Benefits. Also included are WIC officials of other local or State agencies that are processing a transfer of WIC certification.

All records are available during normal business hours for representatives of the Department and the Comptroller General of the United States to inspect, audit, and copy. Any reports or other documents resulting from the examination of such records that are publicly released may not include confidential applicant or participant information.

Information on WIC applicants/participants may be shared only with other health or social service programs with which the WIC Program has a formal agreement which are:

- All Arkansas Department of Health programs
- The following programs in the Arkansas Department of Human Services:
  - Medicaid (including TEFRA)
  - Transitional Employment Assistance (TEA)
  - Supplemental Nutrition Assistance Program (SNAP)
- Arkansas Head Start Association
- Arkansas Cooperative Extension Services
  - Farmers' Market
  - Expanded Food and Nutrition Program (EFNEP)

Information which may be shared with the programs listed is limited to: name, address, name of authorized representative, telephone number, WIC income eligibility/ineligibility, family/household size, and income.

The programs which obtain the information may use it only to:

- Determine eligibility for services, and/or
- Conduct outreach for their programs.
- Enhance the health, education or well-being of WIC applicants/participants enrolled in programs administered by the organization.
- Streamline administrative procedures in order to minimize burdens on staff, applicants or participants.
- Assess and evaluate the responsiveness of the state's health system to participants' health care needs and outcomes.

An Authorization to Disclose or Release Health Information (AS-4000) must be voluntarily signed by the applicant/participant before information can be shared for any other purpose, such as medical providers, grocery stores or other agencies, such as the IRS, employers or training programs.

It should be made clear that the value of W IC benefits or assistance under the W IC Program are exempted by federal law and are not considered as income or resources of participants or their families for any purpose under Federal, State, or local laws, including, but not limited to, laws relating to taxation, welfare and public assistance programs (7 CFR 246.26(a)).

The AS-4000 can only be signed after the certification process is completed. Refusal to sign does not affect eligibility or receipt of WIC benefits.

If an individual or other agency not directly involved in the administration or operation of the WIC Program contacts the LHU for applicant/participant information, the LHU informs the individual/other agency to contact the applicant/participant to ask them to go to the LHU to sign an AS-4000 or to provide a copy of an already existing, legally binding release/disclosure of information statement signed by the applicant/participant. When the release/disclosure form is obtained, it must be scanned into the participant's record within 2 days.

Applicants and participants in the W IC Program are provided access to the information that they provide. In the case of an applicant or participant who is an infant or child, access is provided to the parent or guardian of the infant or child, assuming that any issues regarding custody or guardianship are resolved. However, access to any other information in the file or record, such as documentation of income provided by third parties and staff assessments of the participant's condition or behavior, need not be provided, unless required by Federal, State or local law or unless the information supports a state agency decision being appealed.

TRAINING

Policies:

All staff that has any contact with WIC participants must receive:

- WIC Orientation
- WIC Breastfeeding Orientation*
- Civil Rights (each Federal Fiscal Year; October 1 - September 30)*

WIC support staff (i.e., clerks, PHT's, WIC MIS Specialists) must successfully complete the above plus:

- The Competency Based Breastfeeding Training for Support Colleagues*

All Competent Professional Authorities (CPA's) must successfully complete the above plus:

- The Competency Based Breastfeeding Training for CPA's and Breastfeeding Counselors *
- State-approved Competency-based Training
  - Levels I and II must be completed within 6 months.
  - Level III (advanced training) must be completed within 12 months.
- Continuing education as designated by the Program and Region

*Courses available on A-TRAIN.

The Regional Nutrition Coordinator and designated Regional Nutritionists, in cooperation with the Regional WIC Coordinator, oversee nutrition training for the Region.

The Regional Nutrition Coordinator or designated Nutritionists determine when the CPA may conduct nutritional assessment and nutrition education and provide documentation when training has been completed.

Competency for all levels is measured by:

- Completion of module learning activities and manual quizzes
- Clinic observation/chart review by designated Nutrition staff

Annual Training

Training is required for policy changes/updates and skill development for all LHU/WIC Clinic staff. The Regional WIC Coordinator and Nutrition Coordinator work with local staff to determine how training will be completed and to develop timelines for completion.

The Regional W IC and Nutrition Coordinators submit an Annual Regional Training Plan to be submitted by August 30 to be implemented by October 1 of each Federal Fiscal Year.

LHU/W IC Clinic staff maintains a record of individual training progress/completion, and each LHU/W IC Clinic maintains records of all staff training. Ongoing review and evaluation of staff competency are done annually by designated Regional/State/Federal Nutrition staff through:

- Regional/State/Federal Management Evaluations
  - Clinic observation/chart reviews

Breastfeeding Orientation and Training

All LHU/W IC Clinic staff who has contact with W IC participants must receive breastfeeding orientation training within the first two months of employment.

The LHU Administrator or designee ensures that each new staff that has contact with WIC applicants/participants completes the "W IC Employee Breastfeeding Orientation" course as part of the employee's WIC employment orientation.

All staff who have direct contact with W IC participants must receive competency-based breastfeeding training for promotion and support within the first six months of employment.

All staff who function as W IC CPA's or Breastfeeding Peer Counselors must receive in-service training on breast pump issuance, assembly, use, cleaning and inventory control prior to independently issuing breast pumps.

All staff in a LHU/W IC Clinic that includes a Breastfeeding Peer Counselor must complete the WIC Breastfeeding Peer Counselor Program Introduction to LHU's.

WIC Courses on A-TRAIN

Creating an Account

In accordance with the Agency Learning Management System (LIMS) A-TRAIN policy in the Administration General Volume, all staff must create an A-TRAIN account within two weeks of hire.

- See HowtoCreateanA-TRAINAccount

Registration

All staff must register prior to the registration deadline when W IC courses on A-TRAIN are assigned registration deadlines.

- Failure to register before deadline deems staff ineligible to attend an on-site course.

- The A-TRAIN coordinator for the Arkansas WIC Program evaluates any request for exception on a case-by-case basis.

See How to Register for Courses on A-TRAIN.

- When registering for a course that offers Continuing Education Credits (CEUs):

  - Select credit type prior to completing registration.
    - Nurses select CNE contact hours.
    - Dietitians select Contact Hours or Dietitians CPE.
    - Staff without current nursing or dietetic credentials select none.

Courses with Prerequisites

All prerequisites, if assigned, must be successfully completed in the correct order.

Attendance Sheets

All attendees of on-site WIC courses must attend the course and sign attendance sheets to receive credit.

- The attendance sheets must be signed for each day of the course, if multiple days.
- Failure to sign the attendance sheet(s) results in unsuccessfully completing all course requirements. No credit or certificate will be awarded.

Evaluation

Mandatory evaluation must be completed by the assigned deadline.

- No certificate or credit will be awarded for failure to complete the mandatory evaluation.
- The A-TRAIN Coordinator for the Arkansas WIC Program evaluates any request for exception on a case-by-case basis.

<u>See How to Complete an Evaluation on A-TRAIN.</u>

Certificate

A certificate must be obtained from A-TRAIN and provided to the supervisor for documentation after successfully completing all requirements.

Certificates are the only documentation of the successful completion of an A-TRAIN course.

<u>See How to Print Certificates from A-TRAIN.</u>

WAITING LIST

Policies:

Waiting List Implementation

The WIC Coordinator and Regional Director determine the need to implement a waiting list and notify the W IC Program Director when a Region's maximum caseload has been reached.

The W IC Program Director either authorizes additional caseload for the Region or the implementation of the waiting list. Note: Implementation of a waiting list is rare and is only approvable if the USDA Food and Nutrition Service concurs that there is a statewide food funds shortage.

If additional caseload is given, the Regional staff distributes the caseload to the counties. If the waiting list is implemented instead, the Regional staff directs the staff to start using a waiting list.

When an applicant enters the LHU, the clerk begins the prescreening process to determine if the applicant is eligible for WIC benefits by assessing income, residency, and identity documentation. If the applicant is ineligible, the clerk issues an Official Notice of Ineligibility. If the applicant is eligible, the clerk notifies the applicant of the waiting list status.

The applicant is placed on the waiting list in order by date of application and informed that nutritional assessment will be completed when funds are available.

When funds become available, the applicant receives a W aiting List Activation Notice and is removed from the waiting list. If the applicant fails to keep the nutritional assessment appointment, the applicant is dropped from the W IC Program and must reapply.

Applicants from the waiting list who are certified as eligible for program benefits are issued WIC checks and Cash Value Benefits by priority and date of application.
Example: Applicants who fall into Priority 1 are issued W IC checks and Cash Value Benefits before those in Priority 2, even if Priority 2 applicants applied first.

The waiting list is maintained within the W IC MIS and contains the following information: name, address, phone number, date placed on waiting list, category, priority, income eligibility status and date applicant is notified of placement on waiting list.

Processing Standards

Applicants placed on a waiting list are notified of their status within 20 calendar days from the date they visit the LHU to request WIC Program services. A W aiting List Activation Notice is generated from the WIC MIS to inform applicant of status.

Referrals

Applicants who are placed on a waiting list are referred to local food sources, such as SNAP, food banks, food pantries, soup kitchens or other emergency meal providers.

Transfers

Intrastate

Participants transferring from another LHU/WIC Clinic within the state are not placed on the waiting list but are issued WIC checks and Cash Value Benefits.

Interstate/Overseas

Participants transferring from another state or overseas with a VOC must be placed on the waiting list ahead of all other applicants regardless of their nutritional risk priority or the dates they came to the LHU/WIC Clinic to request WIC services.

- The CPA screens the applicant for nutritional risk. Nutritionally eligible applicants who are screened in existing clinics and are referred for W IC services are placed on the waiting list in the SPIRIT system by the date of application.
- The clerk notifies the eligible applicants that they may receive W IC checks and Cash Value Benefits in accordance with priority policies.

SPIRIT OPERATIONS

Policy:

For assistance with SPIRIT processes, procedures, functions or accessibility, select Help located on each menu bar. The F1 key may also be used to display Help.

There are three options:

- Help on Screen: displays the Help system and Help Topics specific for the current application screen.
- Help Topics: displays the Help system and the Help system overview topics.
- About WIC: displays information about the WIC system.

Do You Need These Services?

Medicaid and AR Kids First

Medicaid and ARKids First help families pay for medical services. A family's income and other resources (assets) are used as the basis to qualify for ***Medicaid and ARKids First A. ARKids First B*** does not count resources, but has a similar benefit package and requires a small copayment for many services. The family receives no money from either of these programs. Most recipients must choose a **ConnectCare** primary care physician to use these programs. You do not have to receive public assistance to qualify for ***Medicaid, ARKids First A or ARKids First B.*** Working families may qualify for these programs. For current information on family income levels, help on finding a physician near you, and other details about applying for these programs, call **ConnectCare at 1-800-275-1131 or contact your County Department of Human Services (DHS) Office.**

Supplemental Nutrition Assistance Program (SNAP)

The ***Supplemental Nutrition Assistance Program (SNAP)*** helps people with low income purchase food they need for good health. ***SNAP*** benefits are used in the place of cash to buy food. Most people spend some cash along with their ***SNAP*** benefits to buy enough food for a month**.** ***SNAP*** is funded by the United States Department of Agriculture (USDA) and is administered by your **County Department of Human Services (DHS) Office. Call 501-682-8650 for more information.**

Transitional Employment Assistance (TEA) Program

Transitional Employment Assistance (TEA) Program provides services designed to help the family with basic necessities while it is moving toward self-sufficiency. Assistance is limited to two years for the family with non-elderly, able-bodied adult(s). All able-bodies adults will be required to participate in work related activities aimed toward employment. Under ***TEA***, an applicant may receive one or more of the following services: assistance in obtaining job skills or employment, assistance in needed support services such as child care, and cash assistance. The amount of income and resources a family has is used as the basis to qualify. The family must also cooperate in collecting child support payments as well as other conditions specific to the family's situation. TEA is administered through the **Department of Human Services (DHS). For more information call 501-682-8650 or 1-800-482-8988 to request an application.**

Child Support Enforcement Services

The ***Child Support Enforcement Program*** helps people who take care of a child obtain payments from the absent parent who is not contributing to the support of the child. Services include establishing legal parenthood, locating absent parents, obtaining legal support orders from the court and collecting child support payments. There are no income requirements to qualify for ***Child Support Enforcement*** assistance. This service is available through **Arkansas Department of Finance and Administration. For further information call 1-800-264-2445.**

Drug Abuse Information and Referral

Drugs and other harmful substances include illegal drugs, alcohol, tobacco, prescription drugs and over the counter medications. Drugs have a harmful effect on the pregnant woman and her family. The agencies listed below can provide information on specific drugs and services available to assist with drug problems:

ADH Bureau of Alcohol & Drug Abuse Prevention	**1-800-651-3493**
Alcohol Abuse	**1-800-729-6686**
Narcotic Hotline	**1-800-553-3820**
American Cancer Society	**1-800-227-2345**

USDA is an equal opportunity provider and employer.

¿Necesita estos servicios?

Medicaid y ARKids First

Medicaid y ARKids First ayudan a las familias a pagar por los servicios médicos. El ingreso de una familia y otros recursos (bienes) se utilizan como base para calificar para ***Medicaid y ARKids First A.*** ***ARKids First B*** no toma en cuenta los recursos, pero tiene un paquete similar de beneficios y exige un copago pequeño por muchos servicios. La familia no recibe dinero de ninguno de estos programas. La mayoría de los beneficiarios deben escoger a un médico de cabecera de **ConnectCare** para utilizar estos programas. No necesita recibir asistencia pública para calificar para ***Medicaid, ARKids First A o ARKids First B.*** Las familias que trabajan pueden calificar para estos programas. Para obtener información actualizada sobre niveles de ingreso familiar, ayuda para encontrar un médico cerca de su localidad y otros detalles con respecto a la solicitud de estos programas, llame a **ConnectCare al 1-800-275-1131 o póngase en contacto con la oficina del DHS (Departamentos de Servicios Humanos) de su condado.**

SNAP (Programa Suplementario de Asistencia Nutricional)

El ***programa SNAP (Programa Suplementario de Asistencia Nutricional)*** ayuda a las personas con bajos ingresos a comprar los alimentos necesarios para una buena salud. Los beneficios de ***SNAP*** se utilizan en lugar del dinero en efectivo para comprar alimentos. La mayoría de las personas gasta algo de efectivo junto con sus beneficios ***SNAP*** para comprar comida suficiente para un mes. ***SNAP*** está financiado por el USDA (Departamento de Agricultura de los Estados Unidos) y está administrado por la **Oficina del DHS (Departamento de Servicios Humanos) de su condado. Para mayor información llame al 501-682-8650.**

Programa TEA (Asistencia en Empleo Transicional)

El Programa TEA (Asistencia Transitoria de Empleo) proporciona servicios diseñados para ayudar a la familia con necesidades básicas mientras procura ser autosuficiente. La asistencia está limitada a dos años para la familia con adulto(s) no ancianos y en buena condición. Se exige que todos los adultos en buena condición participen en actividades relacionadas al trabajo orientadas a la contratación. En conformidad con el ***TEA***, un solicitante puede recibir uno o más de los siguientes servicios: asistencia para obtener habilidades laborales o empleo, asistencia en servicios de apoyo necesarios, como por ejemplo cuidados infantiles, y asistencia financiera. El monto de ingresos y los recursos que tiene una familia se utilizan como base para calificar. Además, la familia debe cooperar en recolectar los pagos de soporte infantil, así como también otras condiciones específicas a la situación de la familia. La TEA está administrada a través del **DHS (Departamento de Servicios Humanos). Para mayor información llame al 501-682-8650 o al 1-800-482-8988 para solicitar una aplicación.**

Servicios para el Sustento de Menores

E l ***Programa para el Sustento de Menores*** ayuda a las personas que cuidan a niños a obtener pagos de parte del padre/madre de familia ausente que no está contribuyendo con la manutención del niño(a). Los servicios incluyen el establecimiento de una paternidad legal, localizar a los padres ausentes, obtener órdenes de manutención legal de la Corte y recolectar los pagos de manutención infantil. No hay requisitos de ingresos para calificar para la asistencia del programa de ***Sustento de Menores***. Este servicio está disponible a través del **Departamento de Finanzas y Administración de Arkansas. Para mayor información llame al 1-800-264-2445.**

Información y Recomendación por Abuso de Drogas

Entre drogas y otras sustancias dañinas se incluyen las drogas ilegales, el alcohol, el tabaco, los fármacos con receta médica y medicamentos de venta sin receta médica. Las drogas tienen un efecto dañino en las mujeres embarazadas y su familia. Las agencias enumeradas a continuación pueden proporcionar información sobre drogas específicas y servicios disponibles para asistir con problemas de drogas:

Dept. del ADH para la Prevención del Abuso de Alcohol y Drogas	**1-800-651-3493**
Abuso de Alcohol	**1-800-729-6686**
Línea de atención de narcóticos las 24 horas	**1-800-553-3820**
Sociedad Americana contra el Cáncer	**1-800-227-2345**

USDA es un proveedor y empleador que ofrece igualdad de oportunidades.

PARTICIPANT RIGHTS AND RESPONSIBILITIES

No person shall, on the grounds of race, color, national origin, age, sex, or disability, be excluded from participation in, be denied the benefits of, or otherwise subjected to discrimination from AR Department of Health programs.

Information you provide to determine eligibility for the WIC Program may be shared with other AR Department of Health programs, Medicaid, TEA, SNAP programs, AR Head Start Association and AR Cooperative Extension Service. This information may be used to contact you about their services or determine if you qualify for their program.

Racial and ethnic data is collected to produce data on characteristics of populations served, to monitor compliance with Federal civil rights laws, and has no effect on determination of eligibility for WIC. Disclosure of your or your dependent's Social Security Number is voluntary. The Social Security Number, if provided, is used for prevention and detection of WIC Program fraud and is not disclosed to other unauthorized parties.

You have the right to a fair hearing and may appeal any decision made by the County Health Unit regarding your eligibility for the Program.

The County Health Unit will make health services and nutrition education available to you, and you are encouraged to participate in these services.

It is illegal to participate in the Commodity Supplemental Food Program and the WIC Program at the same time. It is illegal to participate in more than one WIC Program at the same time.

I have been advised of my rights and responsibilities under the Program. I certify that the information I have provided for my eligibility determination is correct to the best of my knowledge. I agree to provide the County Health Unit information to verify any statements given in my application and hereby give permission to obtain such verification. I will also cooperate fully with State and Federal personnel in a quality control review. This certification form is being submitted in connection with the receipt of Federal assistance. Program officials may verify information on this form.

I understand that intentionally making a false or misleading statement or intentionally misrepresenting, concealing, or withholding facts may result in paying the State Agency, in cash, the value of the food benefits improperly issued to me and may subject me to civil or criminal prosecution under State and Federal law.

This constitutes notice that I may be discharged from WIC without further notice if I do not pick up food instruments for two or more consecutive months, and I will not receive further notice of the end of my eligibility period.

SIGN ON THE ELECTRONIC SIGNATURE PAD ONLY AFTER READING RIGHTS AND RESPONSIBILITIES ABOVE AND PARTICIPANT ABUSE STATEMENTS ON THE BACK.

PARTICIPANT ABUSE

IF YOU MISUSE THE WIC PROGRAM, YOU MAY BE PROSECUTED UNDER STATE AND FEDERAL LAW AND SUSPENDED FROM THE WIC PROGRAM.

Intentionally making a false or misleading statement, misrepresenting, concealing, or withholding facts may result in paying the Arkansas Department of Health WIC Program the dollar value of the food benefits improperly issued to you.

The WIC Program may disqualify a participant from the Program and/or assess a claim up to the amount of redeemed food instruments for abuse including, but not limited to, any of the following:

1) Providing false information to obtain WIC benefits, i.e., health status, medical data, income, family size or residence.

2) Verbal abuse.

3) Physical abuse and/or threats.

4) Selling or exchanging WIC food checks/cash value benefits verbally, in print or online or allowing someone else to do so.

5) Receiving WIC food checks/cash value benefits from more than one state, clinic, site, or a single clinic site in the same month. Cashing more than one set of checks/cash value benefits in the same month.

6) Picking up food checks/cash value benefits for children no longer in your household.

7) Theft of WIC food checks/cash value benefits.

8) Redeeming WIC food checks/cash value benefits reported stolen or destroyed that have been replaced.

9) Changing any information on WIC food checks/cash value benefits.

10) Cashing WIC food checks/cash value benefits before the “Not Valid Until” date printed on checks.

11) Cashing WIC food checks/cash value benefits after the “Void After” date printed on the checks.

12) Purchasing non-WIC foods with WIC food checks/cash value benefits.

13) Attempting to exchange and/or sell foods purchased with WIC food checks/cash value benefits or other items purchased with W IC funds (e.g. breast pumps) verbally, in print or online or allowing someone else to do so.

14) Assisting another person in the act of abuse.

15) Receiving benefits from both the WIC and Commodity Supplemental Food Programs for the same participant for the same benefit month.

DERECHOS Y RESPONSABILIDADES DEL PARTICIPANTE

Los programas del Departamento de Salud de Arkansas no pueden discriminar contra nadie ni deben impedir la participación, negar los beneficios o de otra manera someter a nadie a discriminación en base a su raza, color, nacionalidad, edad, sexo o discapacidad.

Es posible que la información que proporcione para determinar su elegibilidad para el programa WIC sea compartida con otros programas del Departamento de Salud de AR, Medicaid, TEA, programas de Estampillas para Alimentos, la Asociación Head Start de AR y el Servicio de Extensión Cooperativa de AR. Es posible que esta información se utilice para comunicarse con usted acerca de los servicios de estas dependencias o para determinar si califica para los programas.

Los datos de raza y origen étnico se recopilan para producir información acerca de las características de la población a la que se prestan servicios a fin de vigilar el cumplimiento de las leyes federales de derechos civiles, y no tiene efecto en la determinación de su elegibilidad para WIC. La revelación de su número de Seguro Social o del de sus dependientes es voluntaria. El número de Seguro Social, si lo proporciona, se utiliza para la prevención y detección de fraudes contra el programa WIC, y no se revela a otros no autorizados.

Tiene derecho a una audiencia justa y puede apelar cualquier decisión de la Unidad de Salud del Condado respecto a su elegibilidad para el Programa.

La Unidad de Salud del Condado pondrá a su disposición los servicios de salud y educación para la nutrición, y le invitamos a que participe en estos servicios.

Es ilegal participar en el Programa Complementario de Alimenticios Básicos (Commodity Supplemental Food Program) y en el Programa W IC al mismo tiempo. Es ilegal participar en más de un Programa WIC al mismo tiempo.

He recibido información acerca de mis derechos y responsabilidades de conformidad con el Programa. Certifico que la información que he proporcionado para la determinación de mi elegibilidad es correcta a mi leal saber y entender. Estoy de acuerdo en proporcionar información a la Unidad de Salud del Condado para verificar cualquier declaración que proporcione en mi solicitud, y por este medio doy mi permiso para que obtengan dicha verificación. También cooperaré por completo con el personal estatal y federal en una revisión de control de calidad. Este formulario de certificación se presenta en relación con la recepción de ayuda federal. Los funcionarios del programa pueden verificar la información de este formulario.

Entiendo que hacer declaraciones falsas o engañosas, o que falsear, ocultar o no revelar hechos en forma intencional puede hacer que yo tenga que pagar en efectivo el valor de los beneficios alimenticios expedidos incorrectamente en mi beneficio a la agencia estatal, y puede hacer que quede sujeto a proceso judicial civil o criminal de conformidad con las leyes estatales y federales.

El presente constituye una notificación de que es posible que WIC me dé de baja sin previo aviso si no recojo los cheques y cupones por valor en efectivo de WIC durante dos o más meses consecutivos, y no recibiré ningún otro aviso del final de mi período de elegibilidad.

FIRME EN LA PANTALLA DE FIRMA ELECTRÓNICA SÓLO DESPUÉS DE LEER LOS DERECHOS Y RESPONSABILIDADES ANTERIORES, ASÍ COMO LAS DECLARACIONES DE ABUSO DE LOS PARTICIPANTES AL REVERSO

ABUSO POR EL PARTICIPANTE

SI ABUSA DEL PROGRAMA WIC, PODRÁ SER ENJUICIADO(A) BAJO LAS LEYES FEDERALES Y ESTATALES Y SER SUSPENDIDO(A) DEL PROGRAMA W IC.

Si hace una declaración intencionalmente falsa o engañosa que tergiverse, oculte o retenga
información, puede que tenga que pagarle al Programa WIC del Departamento de Salud de Arkansas el valor monetario de los beneficios alimenticios que le han entregado de forma inapropiada.

El Programa WIC podrá descalificar a un participante del Programa y/o evaluar una denuncia que puede llegar a valer el total de los instrumentos de alimentos canjeados, debido a abusos que podrán incluir los siguientes ejemplos, entre otros:

1) Proveer información falsa para obtener beneficios WIC, como por ejemplo, el estado de la salud, información médica, ingresos, tamaño de la familia o dom icilio.

2) Abuso verbal.

3) Abuso físico y/o amenazas.

4) Vender o intercambiar cheques de alimentos WIC verbalmente, en forma impresa o en línea o permitir que otra persona lo haga.

5) Recibir cheques de alimentos WIC de más de un estado, clínica, sitio o un único sitio clínico en el mismo mes.

6) Obtener instrumentos de alimentos para niños que ya no viven en su casa.

7) Robar cheques de alimentos WIC.

8) Canjear cheques de alimentos WIC que han sido reportados como robados o destruidos y que han sido reemplazados.

9) Cambiar información en los cheques de alimentos WIC.

10) Canjear cheques de alimentos WIC antes de la fecha impresa en “Válido desde” en los cheques.

11) Canjear cheques de WIC después de la fecha impresa en “Anulado después de” en los cheques.

12) Comprar alimentos no pertenecientes a WIC con cheques de alimentos WIC.

13) Intentar cambiar y/o vender alimentos comprados con cheques de alimentos WIC u otros beneficios (ej.: extractor de leche) verbalmente, en forma impresa o en línea o permitir que otra persona lo haga.

14) Ayudar a otra persona a realizar un acto de abuso.

15) Recibir beneficios de W IC y de los Commodity Supplemental Food Programs (Programas Suplementarios de Alimentos Básicos) al mismo tiempo para un(a) participante.

WIC INCOME ELIGIBILITY GUIDELINES
EFFECTIVE May 1, 2015

Family/ Household Size	Annual	Monthly	Twice-Monthly	Bi-Weekly	Weekly
1	$21,775	$1,815	$908	$838	$419
2	29,471	2,456	1,228	1,134	567
3	37,167	3,098	1,549	1,430	715
4	44,863	3,739	1,870	1,726	863
5	52,559	4,380	2,190	2,022	1,011
6	60,255	5,022	2,511	2,318	1,159
7	67,951	5,663	2,832	2,614	1,307
8	75,647	6,304	3,152	2,910	1,455
9	83,343	6,946	3,473	3,206	1,603
10	91,039	7,587	3,794	3,502	1,751
11	98,735	8,228	4,114	3,798	1,899
12	106,431	8,870	4,435	4,094	2,047
13	114,127	9,511	4,756	4,390	2,195
14	121,823	10,152	5,076	4,686	2,343
15	129,519	10,794	5,397	4,982	2,491
16	137,215	11,435	5,718	5,278	2,639
For Each Additional Member Add:	+ $7,696	+ $642	+ $321	+ $296	+ $148

If a household reports one income or multiple income sources of the same frequency (e.g., bi-weekly), add together and compare to the income guidelines column for the appropriate household size to make the final income eligibility determination.

For national consistency in WIC Program income eligibility determinations, all staff must use the above chart when the applicant has income sources that are all received with the same frequency (e.g., all paychecks are bi-weekly or all sources are received monthly).

Manual Calculation:
If, on the other hand, a household reports income sources at more than one frequency, use the conversion factors shown below. Add the unrounded converted sums together and compare to the annual income guidelines column for the appropriate household size to make the final income eligibility determination. It is important to use these instructions and the conversion factors listed below to maintain national consistency in WIC Program income eligibility determinations.

Multiply, using the following conversion factors to calculate annual income:
- Weekly income by 52
- Biweekly income by 26
- Twice-monthly income by 24
- Monthly income by 12

As a reminder, these conversion factors should only be used when there is more than one source of income and the sources reported as being received at different frequencies. Finally, the “Each additional family member add” amounts are only to be used for family sizes greater than 16 persons.

INCOME CHECKLIST FOR WIC APPLICANTS

NOTICE: It is important that you report all income as completely as possible. It is a crime to provide false and/or incomplete information in order to qualify for the W IC Program. Persons who provide false information may have to repay the Program for food received and may be subject to criminal prosecution.

The following is a checklist to assist you in listing all sources and amounts of income:

All wages, salaries, tips or commissions from all jobs. Gross pay – pay before deductions – must be used.

Unemployment payments.

The full amount of benefits from TEA (Temporary Employment Assistance – formerly AFDC). Social Security, and/or Supplemental Security Income (SSI).

Income from pensions, retirement plans, or annuities.

The net amount of income from farming or any self-employment. This may include: woodcutting; yard work; housecleaning; selling goods such as make-up, jewelry, cookware, decorative items; consulting; income tax services; interpreting; etc. To obtain net amount, subtract expenses from income.

Child support payments or alimony you or anyone in your household receives.

Cash contributions from family, friends, or charitable organizations such as churches.

Other income.

List any other money you receive if you are unsure whether you need to report it or not. The staff in the Health Unit can help make this determination.

Have you listed <u>all income for all members</u> of the household? Be sure you have included all sources of income for each person. If any person has more than one job or receives money from more than one source, <u>all sources must be included</u>.

If you or someone else in your household is currently on SNAP, Medicaid (including TEFRA), TEA, or ARKids First, bring documentation of your current eligibility with you to the Health Unit. Proof of current eligibility for any of these program may make you or your child automatically income eligible for WIC.

Checklist 1/98

PRORATING SPECIAL FORMULA

1. Number of cans of returned formula multiplied by the number of ounces one can of returned formula constitutes to = total number of reconstituted ounces returned.

   Example: 5 cans of Good Start Gentle powder being returned
   5 cans X 90 oz per can = 450 total reconstituted ounces returned

2. Total number of reconstituted ounces returned (refer to answer of step 1) Divided by number of ounces one can of new formula reconstitutes to = number of cans of new formula to issue.

   Example: 5 cans of Good Start Gentle being returned for Alimentum powder
   450 *total reconstituted ounces returned Good Start Gentle ÷ 115 oz per can of Alimentum = 3.91 cans*

3. Any formula amount that does not divide evenly must be rounded up to the next whole can to provide the full nutritional benefit.

   Example: 3.91 cans of Alimentum = 4 cans powder to be issued

Reconstitution Table

Formula Name	Reconstituted ounces per can
Alimentum Expert Care	115 oz
Boost Kid Essentials, any	8 oz
Gerber Premature 24 cal	3 oz
Good Start Gentle	90 oz
Good Start Soothe	90 oz
Good Start Soy	91 oz.
EnfaCare	82 oz.
Neocate Infant DHA/ARA	97 oz
Neocate Jr. unflavored	65 oz
Neocate Jr. vanilla	61 oz
Nutramigen Enflora LGG	87 oz
Nutren Junior 1.0	8.45 oz
Nutren Junior 1.0 with Fiber	8.45 oz
Periflex Infant	84 oz
PKU Periflex Junior Plus	60 oz
Portagen	80 oz
Pregestimil	112 oz
Similac PM 60/40	102 oz
Any Good Start concentrate	24.2 oz
Special formula concentrate	26 oz
Any Good Start RTU	33.8 oz
Special formula RTU	32 oz

Note: As long as the reconstituted ounces in the table are used, it does not matter which form of the product is being returned or issued.

PRORATING CONTRACT FORMULA - POWDER/CONCENTRATE

Use the chart below when prorating contract concentrate formula to contract powder formula OR when prorating contract powder formula to contract concentrate formula.

Concentrate Special Formula	Good Start Gentle, Soothe or Soy	Concentrate Good Start Brand	Good Start Gentle, Soothe or Soy
1	1	1	1
2	1	2	1
3	1	3	1
4	1	4	2
5	2	5	2
6	2	6	2
7	2	7	3
8	3	8	3
9	3	9	3
10	3	10	3
11	3	11	3
12	4	12	4
13	4	13	4
14	4	14	4
15	5	15	5
16	5	16	5
17	5	17	5
18	5	18	5
19	6	19	6
20	6	20	6
21	6	21	6
22	7	22	6
23	7	23	7
24	7	24	7
25	7	25	7
26	8	26	7
27	8	27	8
28	8	28	8
29	9	29	8
30	9	30	9
31	9	31	9
32	9	32	9
33	10	33	9
34	10	34	10

PRORATING CONTRACT FORMULA - POWDER/READY-TO-USE (RTU)

Use the chart below when prorating contract ready-to-use (RTU) formula to contract powder formula OR when prorating contract powder formula to contract RTU formula.

Ready-to-Use (RTU) Special Formula	Good Start Gentle, Soothe, or Soy	Ready-to-Use (RTU) Good Start Brand	Good Start Gentle, Soothe or Soy
1	1	1	1
2	1	2	1
3	1	3	2
4	2	4	2
5	2	5	2
6	2	6	2
7	3	7	3
8	3	8	3
9	3	9	4
10	4	10	4
11	4	11	4
12	4	12	5
13	5	13	5
14	5	14	6
15	6	15	6
16	6	16	6
17	6	17	7
18	7	18	7
19	7	19	8
20	7	20	8
21	8	21	8
22	8	22	9
23	8	23	9
24	9	24	9
25	9	25	10
26	9	26	10
27	10	27	10
28	10	28	10

PRORATING CONTRACT FORMULA - POWDER/POWDER

Prorating contract powder formula to contract powder formula is a can for can exchange.

Example: One can Good Start Gentle is equal to one can Good Start Soothe.

PRORATING CONTRACT FORMULA - CONCENTRATE/READY-TO-USE (RTU)

Use the chart below when prorating contract concentrate formula to contract ready-to use (RTU) formula OR when prorating contract RTU formula to contract concentrate formula.

Concentrate Special Formula	Ready-to-Use Special Formula	Concentrate Special Formula	Ready-to-Use Good Start Brand Tetra Pack
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	4	5	4
6	5	6	5
7	6	7	6
8	7	8	7
9	8	9	7
10	9	10	8
11	9	11	9
12	10	12	9
13	11	13	10
14	12	14	11
15	13	15	12
16	13	16	13
17	14	17	13
18	15	18	14
19	16	19	15
20	17	20	16
21	17	21	17
22	18	22	17
23	19	23	18
24	20	24	19
25	21	25	20
26	21	26	20
27	22	27	21
28	23	28	22
29	24	29	23
30	25	30	23
31	26	31	24
32	26	32	25
33	27	33	26
34	28	34	27

Arkansas WIC Approved Contract Formulas

Contract Formula Issued by WIC	Medical Need/Diagnosis	Rationale	Appropriate use by age
Gerber Good Start Gentle Powder, Concentrate*, RTU*	Healthy newborn	20 cal/oz, milk-based iron-fortified formula with DHA, ARA, 100% whey protein	0-12 months
Gerber Good Start Soothe Powder	Gas, fussiness; other mild gastrointestinal disturbances	20 cal/oz, milk protein based reduced lactose infant formula with DHA, ARA and probiotic L. ruteri. 100% whey protein	0-12 months
Gerber Good Start Soy Powder, Concentrate*, RTU*	Allergy or sensitivity to cow's milk protein; Lactase deficiency or lactose intolerance; for infants with Galactosemia	20 cal/oz, soy-protein based iron-fortified formula with DHA and ARA; milk-free, lactose-free, Kosher NOT recommended by AAP for low birth weight premature infants	0-12 months > 12 months if soy protein formula indicated, especially tube-fed children

*See Food Package Tailoring policy for issuance of concentrate and RTU formulas.

Arkansas WIC Approved Special/Exempt Formulas

Formula Requires Prescription and Approval by Regional Nutrition Coordinator or Designated Nutritionist	**Medical Need/Diagnosis**	**Rationale**	**Appropriate use by age**
Similac Alimentum Expert Care Powder, RTU*	Severe malnutrition; food allergies; chronic diarrhea; short bowel syndrome	20 cal/oz protein hydrolysate, hypoallergenic infant formula; iron-fortified, lactose free and corn free, contains sucrose. DHA and ARA added. RTU is corn-free. Powdered does contain corn derivatives	0-2 years
Neocate Infant with DHA & ARA Powder	Cow milk allergy, multiple food protein intolerance (MFPI) and food-allergy-associated conditions, gastroesophageal reflux disease (GERD), eosinophilic esophagitis (EoE), short bowel syndrome (SBS), malabsorption and other GI disorders	20 cal/oz hypoallergenic, nutritionally complete, elemental, amino acid based formula for infants and children. DHA and ARA added.	0 - 12 months
Neocate Jr. with Prebiotics Powder (Unflavored or Vanilla)	Cow milk allergy, multiple food protein intolerance (MFPI) and food-allergy-associated conditions, gastroesophageal reflux disease (GERD), eosinophilic esophagitis (EoE), short bowel syndrome (SBS), malabsorption and other GI disorders	30 cal/oz hypoallergenic, nutritionally complete, amino acid-based medical food; contains prebiotic fiber to help promote digestive health and extra vitamins and minerals for children with GI-related malabsorptive conditions	≥ 1 year Standard dilution for a child ≥ 1 is 30 cal per oz
EnfaCare (transition formula)	Prematurity **Not approved** for an infant previously on term formula or for a term infant as a source of increase calories	22 cal/oz milk-based infant formula; fat blend 25% medium chain triglycerides. DHA and ARA added **Not approved** for an infant previously on term formula or for a term infant as a source of increased calories. Exception: Premature infant ≤30 weeks gestation who needs to transition back to premature or transitional formula due to osteopenia, neonatal rickets brittle bones, diagnosed deficiency in calcium, phosphorous or vitamin D.	0-12 months
Nutramigen Enflora LGG Powder	Milk or soy allergy; other food allergies; sensitivity to intact protein; chronic diarrhea; GI bleeds; galactosemia	20 cal/oz hydrolyzed, iron-fortified, lactose-free, galactose-free, hypoallergenic infant formula. Does not contain MCT oil. Contains the probiotic LGG.	0-12 months
Nutramigen LIPIL Concentrate, RTU	Milk or soy allergy; other food allergies; sensitivity to intact protein; chronic diarrhea; GI bleeds.	20 cal/oz hydrolyzed, iron-fortified, lactose-free, hypoallergenic infant formula. Does not contain MCT oil	

*See Food Package Tailoring policy for issuance of concentrate and RTU formulas.

Arkansas WIC Approved Special/Exempt Formulas

Formula Requires Prescription and Approval by Regional Nutrition Coordinator or Designated Nutritionist	**Medical Need/Diagnosis**	**Rationale**	**Appropriate use by age**
Boost Kid Essentials Nutren Junior RTU*	Oral motor feeding disorders; FTT from underlying medical condition that increases calorie requirements beyond what is expected; tube feedings (must be able to tolerate milk-based formula)	30 cal/oz, nutritionally complete lactose free supplement. Increased calorie needs, oral or tube feeding FTT must be indicated by one or more of the following: • Weight consistently below the 3rd percentile; • Weight less than 80% of ideal weight for height/age; • Progressive fall-off in weight to below the 3rd percentile; or • A decrease in expected rate of growth along the child's previously defined growth curve irrespective of its relationship to the 3rd percentile	1-5 years Some medical conditions may necessitate issuing to older infants.
Nutren Junior with Fiber RTU*	Oral motor feeding disorders; FTT from underlying medical condition that increases calorie requirements beyond what is expected; tube feedings (must be able to tolerate milk-based formula)	30 cal/oz, nutritionally complete lactose free supplement with added fiber. Increased calorie needs, oral or tube feeding	1-5 years Some medical conditions may necessitate issuing to older infants.
Periflex Infant Powder	PKU (Phenylketonuria); Hyperphenylalaninemia	Infants and toddlers with PKU or hyperphenylalaninemia; Must be supplemented with whole protein source of phenylalanine and fluid in prescribed amounts	-0-12 months
PKU Periflex Junior Plus Powder	PKU (Phenylketonuria); Hyperphenylalaninemia	Children and adults with PKU or hyperphenylalaninemia; Must be supplemented with whole protein source of phenylalanine and fluid in prescribed amounts	-1-5 years
Portagen Powder	Pancreatic insufficiency, bile acid deficiency or lymphatic anomalies. Bilary Atresia (bile duct obstruction); liver disease; Chylothorax	30 cal/oz, milk based, lactose free liquid diet. 86% of fat is MCT oil. NOT an infant formula. NOT nutritionally complete. Supplementation of essential fatty acids and ultra trace minerals should be considered with long-term use. Severe fat malabsorption needing limited long chain fatty acids, and increased MCT	Medical food for children and adults. **Not recommended for infants under 1 year of age for fat malabsorption.** Pregestimil suggested for infants with fat malabsorption. Some medical conditions may necessitate issuing to infants.

*See Food Package Tailoring policy for issuance of concentrate and RTU formulas.

Arkansas WIC Approved Special/Exempt Formulas

Formula Requires Prescription and Approval by Regional Nutrition Coordinator or Designated Nutritionist	**Medical Need/Diagnosis**	**Rationale**	**Appropriate use by age**
Enfamil Pregestimil Powder	Allergies to both cow's milk and soy proteins; Chronic diarrhea; Short gut; Cystic Fibrosis; Fat Malabsorption due to GI or liver disease	20 cal/oz hypoallergenic, nutritionally complete casein hydrolysate infant formula with iron; lactose free; elemental formula with 55% of fat as MCT oil	0-2 years Some medical conditions may necessitate issuing to children.
Similac PM 60/40 Powder	Lower content of some minerals; Hypocalcemia due to hyperphosphatemia; Hypertensive infants; Renal or cardiac abnormalities	20 cal/oz, whey: casein (60:40) formula with reduced electrolytes (sodium, potassium and phosphorus); **not** Iron fortified, needs supplemental iron	0-1 year
Gerber Premature 24 cal with Iron RTU* 3 oz nursette	Prematurity **Not approved** for an infant previously on term formula or for a term infant as a source of increase calories	24 cal/oz milk-base infant formula. DHA and ARA added. **Not approved** for an infant previously on term formula or for a term infant as a source of increased calories. Exception: Premature infant ≤30 weeks gestation who needs to transition back to premature or transitional formula due to osteopenia, neonatal rickets brittle bones, diagnosed deficiency in calcium, phosphorous or Vitamin D.	For infants up to 8 lbs or 3600 grams OR up to 3 months post initial hospital discharge

*See Food Package Tailoring policy for issuance of concentrate and RTU formula

ARKANSAS DEPARTMENT OF HEALTH

4815 West Markham Street ● Little Rock, Arkansas 72205-3867 ● Telephone (501) 661-2000

Governor Mike Beebe

Paul K. Halverson, DrPH, FACHE, Director and State Health Officer

Date:

TO: Name of DME or Insurance Company
DME or Insurance Company Address

Re: Patient Name: _____
DOB: 00/00/08

_____participates in the WIC program. He/she receives _____ cans/bottles of _____formula each month from WIC.

Please contact us at_____if you need other information.

Sincerely,

Regional Nutrition Coordinator
Arkansas Department of Health

BREASTFEEDING WOMAN
VENA Questions

<u>Desired Health Outcome</u>: Achieves optimal health during the childbearing years and reduces the risk of chronic diseases.

A. Health Goal: Receives ongoing preventive health care including early postpartum care.

Postpartum health care
Oral health care/status – 381
Medical conditions – 201, 341-349, 351-363
Pregnancy-related risk conditions with most recent pregnancy – 303, 304, 311, 312, 321, 331, 332, 333, 335, 337, 339
Nutrition practices – 427.1, 427.4

1. **Tell me about your medical care and dental care.**
   a. Medical care since delivery
      i. where
      ii. date of visit/scheduled visit
      iii. barriers to care
   b. Overall health
      i. past/current medical problems/conditions not related to pregnancy
      ii. past/current medical problems/conditions related to recent pregnancy
   c. Oral health care/status
      i. where
      ii. date of last visit
      iii. problems with teeth/gum or unfilled cavities
      iv. daily dental routine/care
      v. barriers to care
   d. Doctor's recommendations about vitamins
   e. Current or past intake of vitamins or herbal supplements/tea
      i. amount
      ii. frequency
      iii. reason for taking

B. Health Goal: Achieves desirable postpartum weight or BMI.

Weight or BMI – 101, 111
Weight gain with most recent pregnancy - 133
Physical activity

2. **Tell me how you feel about your weight**.
   a. Total weight gain during recent pregnancy
   b. Feelings about weight status before/after recent pregnancy
   c. Doctor's recommendations/concerns about current weight
   d. Doctor's recommendations about exercise
      i. current physical activities – frequency/time spent
      ii. barriers to physical activity
   e. Weight status goal/strategies to achieve

C. Health Goal: Consumes a variety of foods to meet energy and nutrient requirements and remains free from nutrition or food-related illness, complications, or injury.

Nutrition practices – 427.2, 427.3
Ability to meet Dietary Guidelines for Americans - 401

3. **Tell me about your eating routine/habits since having your baby.**
    a. Typical day-to-day eating routine/habits
        i. appetite on most days
        ii. kinds/amounts of foods/beverages on typical day
        iii. foods/beverages consumed most often
        iv. frequency of family meals together
        v. frequency of meals away from home
    b. Foods limited/omitted from diet and why
    c. Current or past special foods/special diet and why
    d. Intake/frequency of non-food items (pica)
    e. Overall nutrition concerns/goals/strategies to achieve

D. Health Goal: Remains free from nutrition or food-related illness, complications, or injury and avoids alcohol, tobacco, and illegal drugs.

Family and social environment – 801,802, 901, 902
Food security
Environmental tobacco smoke - 904
Use of alcohol, tobacco, or illegal drugs – 371, 372

4. **What concerns do you have about providing, preparing and/or storing food for your family?**
    a. Available working kitchen appliances
    b. Water source for cooking/drinking (fluoridated, non-fluoridated)
    c. Frequency of insufficient food resources
        i. help/assistance for food other than WIC (SNAP, food pantries, etc.)

5. **What concerns do you have about your safety?**
    a. Unsafe or threatening environment (battering/violent physical assault within last 6 months)
    b. Anyone living in the household that smokes
    c. Any exposure to tobacco smoke **inside** home

6. **Tell me about any history of or current substance abuse.**
    a. Alcohol
    b. Illegal drugs
    c. Tobacco

E. Health Goal: Breastfeeds her infant(s) successfully.

Sources of breastfeeding support
Infant and maternal factors affecting breastfeeding – 601, 602

7. **Tell me how breastfeeding is going for you and your baby.**
    a. Information received/source of information
    b. Community/family support
    c. Questions and/or concerns about breastfeeding
        i. potential maternal breastfeeding complications

NON-BREASTFEEDING POSTPARTUM WOMAN
VENA Questions

Desired Health Outcome: Achieves optimal health during the childbearing years and reduces the risk of chronic diseases.

A. Health Goal: Receives ongoing preventive health care including early postpartum care.

Postpartum health care
Oral health care/status – 381
Medical conditions – 201, 341-349, 351-363
Pregnancy-related risk conditions with most recent pregnancy – 303, 304, 311, 312, 321, 331, 332, 333, 335, 337, 339
Nutrition practices – 427.1, 427.4

1. **Tell me about your medical care and dental care.**
   - a. Medical care since delivery
     - i. where
     - ii. date of visit/scheduled visit
     - iii. barriers to care
   - b. Overall health
     - i. past/current medical problems/conditions not related to pregnancy
     - ii. past/current medical problems/conditions related to recent pregnancy
   - c. Oral health care/status
     - i. where
     - ii. date of last visit
     - iii. problems with teeth/gum or unfilled cavities
     - iv. daily dental routine/care
     - v. barriers to care
   - d. Doctor's recommendations about vitamins
   - e. Current or past intake of vitamins or herbal supplements/tea
     - i. amount
     - ii. frequency
     - iii. reason for taking

B. Health Goal: Achieves desirable [postpartum] weight or BMI.

Weight or BMI – 101, 111
Weight gain with most recent pregnancy - 133
Physical activity

2. **Tell me how you feel about your weight**.
   - a. Feelings about weight status before/after recent pregnancy
   - b. Total weight gain during recent pregnancy
   - c. Doctor's recommendations/concerns about current weight
   - d. Doctor's recommendations about exercise
     - i. current physical activities – frequency/time spent
     - ii. barriers to physical activity
   - e. Weight status goal/strategies to achieve

C. Health Goal: Consumes a variety of foods to meet energy and nutrient requirements and remains free from nutrition or food-related illness, complications, or injury.

Nutrition practices – 427.2, 427.3
Ability to meet Dietary Guidelines for Americans - 401

3. Tell me about your eating routine/habits since having your baby.

a. Typical day-to-day eating routine/habits
   i. appetite on most days
   ii. kinds/amounts of foods/beverages on typical day
   iii. foods/beverages consumed most often
   iv. frequency of family meals together
   v. frequency of meals away from home
b. Foods limited/omitted from diet and why
c. Current or past special foods/special diet and why
d. Intake/frequency of non-food items (pica)
e. Overall nutrition concerns/goals/strategies to achieve

D. Health Goal: Remains free from nutrition or food-related illness, complications, or injury and avoids alcohol, tobacco, and illegal drugs.

Family and social environment – 801,802, 901, 902
Food security
Environmental tobacco smoke - 904
Use of alcohol, tobacco, or illegal drugs – 371, 372

4. What concerns do you have about providing, preparing and/or storing food for your family?

a. Available working kitchen appliances
b. Water source for cooking/drinking (fluoridated, non-fluoridated)
c. Frequency of insufficient food resources
   i. help/assistance for food other than WIC (SNAP, food pantries, etc.)

5. What concerns do you have about your safety?

a. Unsafe or threatening environment (battering/violent physical assault within last 6 months)
b. Anyone living in the household that smokes
c. Any exposure to tobacco smoke **inside** home

6. Tell me about any history of or current substance abuse.

a. Alcohol
b. Illegal drugs
c. Tobacco

PREGNANT WOMAN
VENA Questions

<u>Desired Health Outcome</u>: Delivers a healthy, full-term infant while maintaining optimal health status.

A. Health Goal: Receives ongoing preventive health care including prenatal care.

Prenatal care – 334
Oral health care/status – 381
Medical conditions – 201, 341-349, 351-363
Pregnancy-related risk conditions, past and current – 301- 304, 311, 312, 321, 331, 332, 333, 335, 337, 339
Nutrition practices – 427.1, 427.4

1. **Tell me about your prenatal care and dental care.**
   a. Prenatal care
      i. where
      ii. frequency of visits
      iii. date of last visit
      iv. date of first visit
      v. barriers to care
   b. Overall health-
      i. past/current medical problems/conditions not related to pregnancy
      ii. past/current medical problems/conditions related to pregnancy
   c. Oral health care/status
      i. where
      ii. date of last visit
      iii. problems with teeth/gum or unfilled cavities
      iv. daily dental routine/care
      v. barriers to care
   d. Doctor's recommendations about vitamins
   e. Current or past intake of vitamins or herbal supplements/tea
      i. amount
      ii. frequency
      iii. reason for taking

B. Health Goal: Achieves a recommended maternal weight gain.

Pregravid weight status and maternal weight gain – 101, 111, 131, 132, 133
Physical activity

2. **Tell me how you feel about weight gain during pregnancy**.
   a. Doctor's recommendations/concerns about weight gain in pregnancy
   b. Feelings about pre-pregnancy weight status
   c. Feelings about current weight status

d. Pattern of weight gain with current pregnancy-most weight gained or lost between visits/number of weeks between visits
e. Doctor's recommendations about exercise
   i. current physical activities – frequency/time spent
   ii. barriers to physical activity

C. Health Goal: Consumes a variety of foods to meet energy and nutrient requirements and remains free from nutrition or food-related illness, complications, or injury.
Nutrition practices – 427.2, 427.3, 427.5
Ability to meet Dietary Guidelines for Americans - 401

3. Tell me about your eating routine/habits.
a. Typical day-to-day eating routine/habits
   i. appetite on most days
   ii. kinds/amounts of foods/beverages on typical day
   iii. foods/beverages consumed most often
   iv. frequency of family meals together
   v. frequency of meals away from home
b. Foods limited/omitted from diet and why
c. Current or past special foods/special diet and why
d. Intake/frequency of foods/liquids known to cause food borne illnesses
e. Intake/frequency of non-food items (pica)
f. Overall nutrition concerns/goals/strategies to achieve

D. Health Goal: Consumes a variety of foods to meet energy and nutrient requirements and remains free from nutrition or food-related illness, complications, or injury and avoids alcohol, tobacco, and illegal drugs.
Family and social environment – 801,802,901,902
Food security
Environmental tobacco smoke - 904
Use of alcohol, tobacco, or illegal drugs – 371, 372

4. What concerns do you have about providing, preparing and/or storing food for your family?
a. Available working kitchen appliances
b. Water source for cooking/drinking (fluoridated, non-fluoridated)
c. Frequency of insufficient food resources
   i. help/assistance for food other than WIC (SNAP, food pantries, etc.)

***5.* What concerns do you have about your safety?**
a. Unsafe or threatening environment (battering/violent physical assault within last 6 months)
b. Anyone living in the household that smokes
c. Any exposure to tobacco smoke **inside** home

6. **Tell me about any history of or current substance abuse.**
    a. Alcohol
    b. Illegal drugs
    c. Tobacco

E. Health Goal: Makes an informed decision to breastfeed her infant.
Breastfeeding knowledge, support and potential contraindications - 338

7. **Tell me how you feel about breastfeeding.**
    a. Current/past experiences
    b. Information received/source of information
    c. Community/family support after delivery
    d. Questions and/or concerns (including potential contraindications) about breastfeeding
    e. Decision about breastfeeding

INFANT
VENA Questions

Desired Health Outcome: Achieves optimal growth and development in a nurturing environment and begins to acquire dietary and lifestyle habits associated with a lifetime of good health.

A. Health Goal: Receives ongoing preventive health care including screening and immunizations.
Well child care (includes immunizations)
Oral health care/status – 381
Medical conditions –134, 201, 341-349, 351-357, 359-360, 362, 382
Nutrition practices – 411.10, 411.11

1. **Tell me about your baby's well child care and dental care.**
   a. Well child care
      i. where
      ii. date of last visit
      iii. immunization status
      iv. barriers to care
   b. Overall health – recent or past medical problems/conditions
   c. Oral health care/status
      i. first visit planned
      ii. problems with teeth/gum
      iii. daily dental routine/care
      iv. barriers to care
   d. Doctor's/dentist's recommendations about vitamin D, fluoride, iron
   e Current or past intake of vitamins/minerals or herbal supplements/tea
      i. amount
      ii. frequency
      iii. reason for giving

B. Health Goal: Achieves a normal growth pattern.
Growth pattern - 103,114, 115, 121, 135
Physical activity

2. **How do you feel about your baby's growth and development?**
   a. Doctor's assessment of growth/development and recommendations
   b. Amount of time per day spent in:
      i. crib
      ii. infant seat/car seat
      iii. swing
      iv. stroller
      v. on the floor
      vi. held in someone's lap or arms

C. Health Goal: Consumes breast milk and/or iron-fortified infant formula and other foods as developmentally appropriate to meet energy and nutrient requirements and establishes a trusting relationship with parents that contributes to positive feeding experiences.

Primary nutrient source – 411.1, 411.6
Routine feeding practices – 411.4
Feeding pattern – 411.7, 411.8
Use of nursing bottles and cups – 411.2
Complementary foods – 411.3
Ability to transition to complementary feeding for infants 4 months to 12 months – 428
Nutrition practices – 411.5, 411.9
Infant and maternal factors affecting breastfeeding – 603, 701, 702, 703

3. Tell me about feeding your baby.

a. Typical day-to-day feeding routine
   i. Milk source (formula or breast milk)
   ii. Name/type of formula
      1. how mixed
      2. amount of formula offered per feeding vs. amount consumed
      3. frequency of feedings/total amount consumed
   iii. Breastfeeding routine day and night
      1. positioning for feeding
      2. frequency/length of feedings
      3. frequency/number of wet/dirty diapers
   iv. Recognition of hunger/satiety cues:
      1. hunger
      2. fullness
      3. parent's actions when refuses to feed/eat
b. Introduction of complementary/solid foods and other liquids
      1. age –plans to introduce or already introduced
      2. types/textures of foods offered (strained, mashed, chopped, finger foods)
      3. method of feeding (spoon, bottle, fingers.)
      4. addition of sweet agents to food/liquids (honey, sugar, syrups, etc.)
c. Intake of choking hazard foods
d. Cup drinking/bottle feeding
   i. where, when cup/bottle is used
   ii. what's in cup/bottle
e. Pacifier use/inappropriate practices (e.g., dipping pacifier in sweet liquids)
f. Foods limited/omitted from diet and why
g. Current or past special foods/special diet and why
h. Intake/frequency of foods/liquids known to cause food borne illnesses
i. Medical/nutritional problems of mother that affects or would affect mother's ability to breastfeed
j. Potential breastfeeding complications in breastfeeding infant
k. Overall nutrition concerns/goals/strategies to achieve

D. Health Goal: Remains free from nutrition or food-related illness, complications or injury.

Family and social environment - 801, 802, 901, 902
Food security
Environmental tobacco smoke - 904

4. What concerns do you have in providing, preparing and/or storing food for your family?

a. Storing/handling of formula and breast milk including pumping/ expressing/cleaning of bottles/storage containers
b. Available working kitchen appliances
c. Water source for cooking/drinking/mixing formula (fluoridated, non-fluoridated)
d. Frequency of insufficient food resources
    i. Help/assistance for food resources other than WIC (SNAP, food pantries, etc.)

5. What concerns do you have about the safety of your baby?

a. Unsafe or threatening environment (child abuse/neglect within past 6 months- self-reported or from appropriate personnel)
b. Anyone living in the household that smokes
c. Any exposure to tobacco smoke **inside** home

CHILD VENA
Questions

<u>Desired Health Outcome</u>: Achieves optimal growth and development in a nurturing environment and begins to acquire dietary and lifestyle habits associated with a lifetime of good health.

A. Health Goal: Receives ongoing preventive health care including screening and immunizations.
Well child care (including blood lead screening/immunizations) – 211
Oral health care/status – 381
Medical conditions – 134, 201, 211, 341-349, 351-357, 359-362, 382
Nutrition practices – 425.7, 425.8

1. **Tell me about your child's well child care and dental care.**
   a. Well child care
      i. Where
      ii. date of last visit
      iii. immunization status
      iv. lead exposure/blood lead status
      v. barriers to care
   b. Overall health – recent or past medical problems/conditions
   c. Oral health care/status
      i. Where
      ii. date of last visit
      iii. problems with teeth/gum or unfilled cavities
      iv. daily dental routine/care
      v. barriers to care
   d. Doctor's/dentist's recommendations about vitamin D, fluoride, iron
   e. Current or past intake of vitamins/minerals or herbal supplements/tea
      i. amount
      ii. frequency
      iii. reason for giving

B. Health Goal: Achieves a normal growth pattern and developmental milestones including self-feeding.
Growth pattern –103, 114, 115, 121, 135; 113 (<u>only</u> for children 24 months old or older)
Physical activity
Nutrition practices – 425.3, 425.4

2. **How do you feel about your child's growth and development?**
   a. Doctor's assessment of growth/development/recommendations
   b. Kinds of physical activity/time spent each day; family physical activities
      i. time spent watching TV, videos, playing computer/video games
      ii. barriers to physical activity

c. Progress with self-feeding/eating adult foods
   i. types/textures of foods (strained, mashed, chopped, finger foods)
   ii. intake of choking hazard foods
   iii. cup drinking versus bottle feeding
   iv. where, when cup/bottle is used; what's in cup/bottle
   v. pacifier use/inappropriate practices (e.g., dipping pacifier in sweet liquids)

C. Health Goal: Consumes a variety of foods to meet energy and nutrient requirements and remains free from nutrition or food-related illness, complications, or injury.

Nutrition practices - 425.1, 425.2, 425.5, 425.6, 425.9
Ability to meet Dietary Guidelines for Americans- 401 (only for children 24 months or older)
Ability to transition to complementary feeding-428 (only for children 12 through 23 months old)

3. Tell me about your child's eating routine/habits.

a. Typical day-to-day eating routine/habits
   i. appetite on most days
   ii. kinds/amounts of foods/beverages on typical day
   iii. foods/beverages consumed most often
   iv. frequency of family meals together
   v. frequency of meals away from home
   vi. eating behaviors:
      1. when hungry
      2. when full
      3. parent's actions when refuses certain foods/beverages/meals
b. Foods limited/omitted from diet and why
c. Current or past special foods/special diet and why
d. Intake/frequency of foods/liquids known to cause food borne illnesses
e. Intake/frequency of non-food items (pica)
f. Overall nutrition concerns/goals/strategies to achieve

D. Health Goal: Remains free from nutrition or food-related illness, complications or injury.

Family and social environment - 801, 802, 901, 902
Food security
Environmental tobacco smoke - 904

4. What concerns do you have about providing, preparing and/or storing food for your family?

a. Available working kitchen appliances
b. Water source for cooking/drinking (fluoridated, non-fluoridated)
c. Frequency of insufficient food resources
   i. Help/assistance for food other than WIC (SNAP, food pantries, etc.)

5. What concerns do you have about the safety of your child?

a. Unsafe or threatening environment (child abuse/neglect within past 6 months- self-reported or from appropriate personnel)
b. Anyone living in the household that smokes
c. Any exposure to tobacco smoke **inside** home

NUTRITION RISK FACTORS

Priority Assigned	Risk Factor Number	Breastfeeding Women Nutrition Risk Factors Title and Definition	High Risk Assigned
1	101	**Underweight Women** **Breastfeeding Women who are < 6 months postpartum:** · Prepregnancy **or** current Body Mass Index (BMI) <18.5 **Breastfeeding Women who are ≥ 6 months postpartum:** · Current Body Mass Index (BMI) <18.5	✓
1	111	**Overweight Women** **Breastfeeding Women who are <6 months postpartum:** · Prepregnancy Body Mass Index (BMI) ≥ 25 **Breastfeeding Women who are ≥ 6 months postpartum:** · Current Body Mass Index (BMI) ≥ 25	✓
1	133	**High Maternal Weight Gain** Singleton Pregnancies: Breastfeeding or Non-breastfeeding women (most recent pregnancy only): total gestational weight gain exceeding the upper limit of the IOM's recommended range based on prepregnancy Body Mass Index (BMI) for singleton pregnancies, as follows: **Prepregnancy Weight Groups** / **Definition** / **Singleton Cut-off Value** / **Twin Cut-off Value** Underweight / BMI <18.5 / >40 lbs / no recommendation* Normal Weight / BMI 18.5 to 24.9 / >35 lbs / >54 lbs Overweight / BMI 25.0 to 29.9 / >25 lbs / >50 lbs Obese / BMI ≥30.0 / >20 lbs / >42 lbs *Twin pregnancy: consistent gain of 1.5 pounds per week during 2nd and 3rd trimesters is advisable. Triplet or greater multi-fetal pregnancies: no cut-off value (regardless of BMI status); triplet pregnancies overall gain should be around 50 lbs, with steady gain of 1.5 lbs per week.	
1	201	**Low Hemoglobin/Hematocrit** Hemoglobin or Hematocrit concentration below the 95 percent confidence level (i.e., below the .025 percentile) for healthy, well-nourished individuals of the same age, sex, and stage of pregnancy. **Non-Smoking** 12 to 14 Years of Age: < 11.8 hgb/35.7 hct 15 to 17 Years of Age: < 12.0 hgb/35.9 hct 18 Years of age or Older: < 12.0 hgb/35.7 hct **Smoking Up to 1 Pack per Day** 12 to 14 Years of Age: < 12.1 hgb/36.7 hct 15 to 17 Years of Age: < 12.3 hgb/36.9 hct 18 Years of age or Older: < 12.3 hgb/36.7 hct **Smoking 1 to 2 Packs per Day** 12 to 14 Years of Age: < 12.3 hgb/37.2 hct 15 to 17 Years of Age: < 12.5 hgb/37.4 hct 18 Years of age or Older: < 12.5 hgb/37.2 hct	

Priority Assigned	Risk Factor Number	Breastfeeding Women Nutrition Risk Factors Title and Definition	High Risk Assigned
1	201 (continued)	**Smoking More than 2 Packs per Day** 12 to 14 Years of Age: < 12.5 hgb/37.7 hct 15 to 17 Years of Age: < 12.7 hgb/37.9 hct 18 Years of age or Older: < 12.7 hgb/37.7 hct	
1	303	**History of Gestational Diabetes** Any history of diagnosed gestational diabetes mellitus; presence of condition diagnosed, documented or reported by a physician or someone working under a physician's orders, or as self-reported by the applicant/participant/caregiver.	✓
1	304	**History of Preeclampsia** Any history of diagnosed preeclampsia; presence of condition, diagnosed, documented or reported by a physician or someone working under a physician's orders, or as self-reported by the applicant/participant/caregiver.	✓
1	311	**History of Preterm Delivery** Breastfeeding or Non-breastfeeding women (most recent pregnancy only): Birth of an infant at ≤37 weeks gestation.	
1	312	**History of Low Birth Weight** Breastfeeding or Non-breastfeeding women (most recent pregnancy only): Birth of an infant weighing ≤ 5 lbs 8 oz (≤2500 grams).	
1	321	**History of Spontaneous Abortion, Fetal Loss, or Neonatal Loss** A **spontaneous abortion (SAB)** is the spontaneous termination of a gestation at <20 weeks gestation or a fetus weighing < 500 grams; **fetal death** is the spontaneous termination of a gestation at ≥ 20 weeks; **neonatal death** is the death of an infant within 0-28 days of life. **Breastfeeding Women**: Most recent pregnancy in which there was a multifetal gestation with one or more fetal or neonatal deaths but with one or more infants still living. Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by the applicant/participant/caregiver.	
1	331	**Pregnancy at a Young Age** Breastfeeding or Non-breastfeeding women (most recent pregnancy only): Conception ≤17 years of age.	✓
1	332	**Closely Spaced Pregnancies** Breastfeeding or Non-breastfeeding women (most recent pregnancy only): Conception before 16 months postpartum.	
1	333	**High Parity and Young Age** Breastfeeding or Non-breastfeeding women (most recent pregnancy only): Women under age 20 at date of conception who have had 3 or more previous pregnancies of at least 20 weeks duration, regardless of birth outcome.	
1	335	**Multifetal Gestation** Breastfeeding or Non-breastfeeding women (most recent pregnancy only): More than 1(>1) fetus in most recent pregnancy.	✓
1	337	**History of Birth of a Large for Gestational Age Infant** Breastfeeding or Non-breastfeeding women Most recent pregnancy or history of giving birth to an infant weighing greater than or equal to (≥) 9 lbs (4000 grams). Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver.	

Priority Assigned	Risk Factor Number	Breastfeeding Women Nutrition Risk Factors Title and Definition	High Risk Assigned
1	339	**History of Birth with Nutrition Related Congenital or Birth Defect** Breastfeeding or Non-breastfeeding women (most recent pregnancy only): A woman who has given birth to an infant who has a congenital or birth defect linked to inappropriate nutritional intake, e.g., inadequate zinc, folic acid, excess vitamin A. Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by the applicant/participant/caregiver.	✓
1	341	**Nutrient Deficiency Diseases** Diagnosis of nutritional deficiencies or a disease caused by insufficient dietary intake of macro and micronutrients. Diseases include, but are not limited to: · Protein Energy Malnutrition · Scurvy · Rickets · Beri Beri · Hypocalcemia · Osteomalacia · Vitamin K Deficiency · Pellagra · Cheilosis · Menkes Disease · Xeropthalmia Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by the applicant/participant/caregiver.	✓
1	342	**Gastrointestinal Disorders** Disease(s) or condition(s) that interferes with the intake or absorption of nutrients. The diseases and/or conditions include, but are not limited to: · Gastroesophageal reflux disease(GERD) · Peptic ulcer · Post-bariatric surgery · Short bowel syndrome · Inflammatory bowel disease, including ulcerative colitis or Crohn's disease · Liver disease · Pancreatitis · Biliary tract diseases Presence of gastrointestinal disorders diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by the applicant/participant/caregiver.	✓

Priority Assigned	Risk Factor Number	Breastfeeding Women Nutrition Risk Factors Title and Definition	High Risk Assigned
1	343	**Diabetes Mellitus** Diabetes mellitus consists of a group of metabolic diseases characterized by inappropriate hyperglycemia resulting from defects in insulin secretion, insulin action or both. Presence of diabetes mellitus diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by the applicant/participant/caregiver.	✓
1	344	**Thyroid Disorders** Thyroid dysfunctions that occur in pregnant and postpartum women, during fetal development, and in childhood are caused by the abnormal secretion of thyroid hormones. The medical conditions include, but are not limited to, the following: • **Hyperthyroidism**: Excessive thyroid hormone production (most commonly known as Graves' disease and toxic multinodular goiter). • **Hypothyroidism**: Low secretion of thyroid hormone (can be overt or mild/subclinical). Most commonly seen as chronic autoimmune thyroiditis (Hashimoto's thyroiditis or autoimmune thyroid disease). It can also be caused by severe iodine deficiency. • **Congenital Hyperthyroidism**: Excessive thyroid hormone levels at birth, either transient (due to maternal Graves' disease) or persistent (due to genetic mutation). • **Congenital Hypothyroidism**: Infants born with an under active thyroid gland and presumed to have had hypothyroidism in-utero. • **Postpartum Thyroiditis**: Transient or permanent thyroid dysfunction occurring in the first year after delivery based on an autoimmune inflammation of the thyroid. Frequently, the resolution is spontaneous. Presence of condition diagnosed, documented, or reported by a physician or someone working under physician's orders, or as self-reported by applicant/participant/caregiver.	✓
1	345	**Hypertension and Prehypertension** Presence of hypertension or prehypertension diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver..	✓
1	346	**Renal Disease** Any renal disease including pyelonephritis and persistent proteinuria, but excluding urinary tract infections (UTI) involving the bladder. Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver.	✓
1	347	**Cancer** A chronic disease whereby populations of cells have acquired the ability to multiply and spread without the usual biologic restraints. The current condition, or the treatment for the condition, must be severe enough to affect nutritional status. Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver.	✓

Priority Assigned	Risk Factor Number	Breastfeeding Women Nutrition Risk Factors Title and Definition	High Risk Assigned
1	348	**Central Nervous System Disorder** Conditions which affect energy requirements, ability to feed self, or alter nutritional status metabolically, mechanically, or both. These include, but are not limited to: · Epilepsy · Cerebral Palsy(CP) and · Neural Tube Defects (NTD), such as: · Spina Bifida · Parkinson's Disease · Multiple Sclerosis (MS) Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver.	✓
1	349	**Genetic Congenital Disorders** Hereditary or congenital condition at birth that causes physical or metabolic abnormality. The current condition must alter nutrition status metabolically, mechanically, or both. May include, but is not limited to: · Cleft lip or palate · Down's syndrome · Thalassemia major · Sickle cell anemia (not sickle cell trait) · Muscular dystrophy Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver.	✓
1	351	**Inborn Errors of Metabolism** Inherited metabolic disorders caused by a defect in the enzymes or their co-factors that metabolize protein, carbohydrate, or fat. Inborn errors of metabolism (IEM) generally refer to gene mutations or gene deletions that alter metabolism in the body, including but not limited to: ● **Amino Acid Disorders**: phenylketonuria (PKU); maple syrup urine disease; homocystinuria; tyrosinemia . ● **Carbohydrate Disorders**: glactosemia; glycogen storage disease type I, II (Pompe disease), type III, type IV (Andersen Disease), type V, type VI; hereditary fructose intolerance (fructose 1-phosphate aldolase deficiency, fructose 1,6,biphosphatase deficiency, fructose kinase deficiency) ● **Fatty Acid Oxidation Defects:** medium chain acyl-CoA dehydrogenase deficiency; long-chain 3-hydroxyacyl-CoA dehydrogenase deficiency; trifunctional protein deficiency type 1(LCHAD deficiency), type 2 (mitochondrial trifunctional protein deficiency; carnitine uptake defect (primary carnitine deficiency); very long-chain acyl-CoA dehydrogenase deficiency ● **Organic Acid Disorders** (AKA organic aciduria or organic acidemia): Isovaleric acidemia; 3-Methylcrotonyl-CoA carboxylase deficiency; glutaric acidemia type I, type II; 3-hydroxy-3-methylglutaryl-coenzyme A lyase deficiency; multiple carboxylase deficiency (biotindase deficiency,	✓

Priority Assigned	Risk Factor Number	Breastfeeding Women Nutrition Risk Factors Title and Definition	High Risk Assigned
1	351 (continued)	holocarboxylase synthetase deficiency); methylmalonic acidemia; propionic acidemia; beta-ketothiolase deficiency ● **Lysomal Storage Diseases**: Fabry disease (α-galactosidase A deficiency); Gauchers disease (glucocerebrosidase deficiency); Pompe disease (glycogen storage disease Type II, or acid α-glucosidase deficiency) ● **Mitochondrial Disorders**: Leber hereditary optic neuropathy; mitochondrial encephalomyopathy, lactic acidosis, and stroke-like episodes (MELAS); mitochondrial neurogastronintestinal encephalopathy disease (MNGIE); myoclonic epilepsy with ragged-red fibers (MERRF); neuropathy, ataxia , and retinitis pigmentosa (NARP); pyruvate carboxylase deficiency ●**Peroxisomal Disorders:** Zellweger Syndrome Spectrum; adrenoleukodystrophy (x-ALD) ●**Urea Cycle Disorders**: citrullinemia; argininosuccinic aciduria; carbamoyl phosphate synthetase I deficiency Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver.	✓
1	352	**Infectious Diseases** A disease caused by growth of pathogenic microorganisms in the body severe enough to affect nutritional status. Includes, but is not limited to: · Tuberculosis · Pneumonia · Meningitis · Parasitic infections · Hepatitis · Bronchiolitis (3 episodes in last 6 months) · HIV (Human Immunodeficiency Virus infection)* · AIDS (Acquired Immunodeficiency Syndrome)* The infectious disease must be present within the past 6 months, and diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver. ***Breastfeeding is contraindicated for women with HIV or AIDS**. **Breastfeeding may be permitted for women with hepatitis**: **Hepatitis A**: Breastfeeding is permitted as soon as the mother receives gamma globulin. **Hepatitis B**: Breastfeeding is permitted after the infant receives HBIG(Hepatitis B specific immunoglobin) and the first dose of the series of Hepatitis B vaccine. **Hepatitis C**: Breastfeeding is permitted for mothers without co-infection (e.g. HIV).	✓

Priority Assigned	Risk Factor Number	Breastfeeding Women Nutrition Risk Factors Title and Definition	High Risk Assigned
1	353	**Food Allergies** Food allergies are adverse health effects arising from a specific immune response that occurs reproducibly on exposure to a given food. Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver.	✓
1	354	**Celiac Disease** Celiac Disease (CD) is an autoimmune disease precipitated by the ingestion of gluten (a protein in wheat, rye, and barley) that results in damage to the small intestine and malabsorption of the nutrients from foods. CD is also known as: · Celiac Sprue · Gluten-sensitive Enteropathy · Non-tropical Sprue Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver.	✓
1	355	**Lactose Intolerance** Lactose intolerance is the syndrome of one or more of the following: diarrhea, abdominal pain, flatulence, and/or bloating, that occurs after lactose ingestion. Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver.	✓
1	356	**Hypoglycemia** Presence of hypoglycemia diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver.	✓
1	357	**Drug Nutrient Interactions** Use of prescription or over-the-counter drugs or medications that have been shown to interfere with nutrient intake or utilization, to an extent that nutritional status is compromised.	✓
1	358	**Eating Disorders** Eating disorders (anorexia nervosa and bulimia), are characterized by a disturbed sense of body image and morbid fear of becoming fat. Symptoms are manifested by abnormal eating patterns including, but not limited to: · self-induced vomiting · purgative abuse · alternating periods of starvation · use of drugs such as appetite suppressants, thyroid preparations or diuretics · self-induced marked weight loss Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver.	✓

Priority Assigned	Risk Factor Number	Breastfeeding Women Nutrition Risk Factors Title and Definition	High Risk Assigned
1	359	**Recent Major Surgery, Trauma, Burns** Major surgery (including C-sections), trauma or burns severe enough to compromise nutritional status. Any occurrence: · Within the past two (≤ 2) months may be self-reported · More than two (>2) months previous must have the continued need for nutritional support diagnosed by a physician or a health care provider working under the orders of a physician.	✓
1	360	**Other Medical Conditions** Diseases or conditions with nutritional implications that are not included in any of the other medical conditions. The current condition, or treatment for the condition, must be severe enough to affect nutritional status. This includes, but is not limited to: · Juvenile rheumatoid arthritis (JRA) · Lupus erythematosus · Cardiorespiratory diseases · Heart disease · Cystic fibrosis · Persistent asthma (moderate or severe) requiring daily medication Presence of medical condition(s) diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver.	✓
1	361	**Depression** Presence of clinical depression, including postpartum depression. Presence of condition diagnosed, documented, or reported by a physician, clinical psychologist, or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver.	
1	362	**Developmental, Sensory, or Motor Disabilities Interfering with the Ability to Eat** Developmental, sensory or motor disabilities that restrict the ability to intake, chew, or swallow food or require tube feeding to meet nutritional needs. Disabilities include but are not limited to: · Minimal brain function · Feeding problems due to a developmental disability such as pervasive development disorder (PDD) which includes autism · Birth injury · Head trauma · Brain damage · Other disabilities	✓
1	363	**Pre-Diabetes** Impaired fasting glucose (IFG) and/or impaired glucose tolerance (IGT) are referred to as pre-diabetes. These conditions are characterized by hyperglycemia that does not meet the diagnostic criteria for diabetes mellitus. Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver.	✓

Priority Assigned	Risk Factor Number	Breastfeeding Women Nutrition Risk Factors Title and Definition	High Risk Assigned
1	371	**Maternal Smoking** Any smoking of tobacco products, i.e., cigarettes, pipes, or cigars.	
1	372	**Alcohol and Illegal Drug Use** **For Breastfeeding and Non-breastfeeding Postpartum Women:** · Routine current use of ≥ 2 drinks* per day · Binge Drinking, i.e., drinks 5 or more (≥ 5) drinks on the same occasion on at least one day in the past 30 days · Heavy Drinking, i.e., drinks 5 or more (≥ 5) drinks on the same occasion on five or more days in the previous 30 days · Any illegal drug use *A serving or standard sized drink is: 1 can of beer (12 fluid oz.); 5 oz. Wine; and 1 ½ fluid ounces liquor (1 jigger gin, rum, vodka, whiskey (86-proof), vermouth, cordials or liqueurs)	
1	381	**Oral Health Conditions** Oral health conditions include, but are not limited to: • **Dental caries**, often referred to as "cavities" or "tooth decay", is a common chronic, infectious, transmissible disease resulting from tooth-adherent specific bacteria that metabolize sugars to produce acid, which, over time, demineralizes tooth structure. • **Periodontal diseases** are infections that affect the tissues and bone that support the teeth. Periodontal diseases are classified according to the severity of the disease. The two major stages are gingivitis and periodontitis. Gingivitis is a milder and reversible form of periodontal disease that only affects the gums. Gingivitis may lead to more serious, destructive forms of periodontal disease called periodontitis. • **Tooth loss**, **ineffectively replaced teeth or oral infections**, which impair the ability to ingest food in adequate quantity or quality. Presence of oral health conditions diagnosed, documented, or reported by a physician, dentist, or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver.	
4	401	**Failure to Meet Dietary Guidelines for Americans** Women and children two years of age and older who meet the income, categorical, and residency eligibility requirements may be presumed to be at nutrition risk based on *Failure to Meet Dietary Guidelines for Americans (Dietary Guidelines).* Based on an individual's estimated energy needs, the *Failure to Meet Dietary Guidelines* risk criterion is defined as consuming fewer than the recommended number of servings from one or more of the basic food groups (grains, fruits, vegetables, milk products, and meat or beans). **NOTE: The *Failure to Meet Dietary Guidelines for Americans* risk criterion can only be used when a complete nutrition assessment (to include an assessment for risk #427, Inappropriate Nutrition Practices for Women) has been completed and no other risk criteria have been identified.**	
4	427	**Inappropriate Nutrition Practices for Women** Routine nutrition practices that may result in impaired nutrient status, disease, or health problems. The inappropriate nutrition practices are listed in the following subsections. Examples are included but are not limited to just those listed:	

Priority Assigned	Risk Factor Number	Breastfeeding Women Nutrition Risk Factors Title and Definition	High Risk Assigned
	427.1	**Consuming Dietary Supplements with Potentially Harmful Consequences.** Examples of dietary supplements which when ingested in excess of recommended dosages, may be toxic or have harmful consequences: · Single or multiple vitamins · Mineral supplements · Herbal or botanical supplements/remedies/teas	
	427.2	**Consuming a Diet Very Low in Calories and/or Essential Nutrients OR Impaired Caloric Intake or Absorption of Essential Nutrients Following Bariatric Surgery** · Strict vegan diet · Low-carbohydrate, high-protein diet · Macrobiotic diet · Any other diet restricting calories and/or essential nutrients	
	427.3	**Compulsively Ingesting Non-food Items (Pica)** Examples of non-food items: · Ashes · Baking soda · Burnt matches · Carpet fibers · Chalk · Cigarettes · Clay · Dust · Large quantities of ice and/or freezer frost · Paint chips · Soil · Starch (laundry and cornstarch)	
	427.4	**Inadequate Vitamin/Mineral Supplementation Recognized as Essential by National Public Health Policy** · Consumption of less than 150 μg of supplemental iodine per day by pregnant and breastfeeding women. · Consumption of less than 400 μg of folic acid from fortified foods and/or supplements daily by a non-pregnant woman.	
1,2, or 4	601	**Breastfeeding Mother of Infant at Nutritional Risk** A breastfeeding woman whose breastfed infant has been determined to be at nutritional risk.	
1	602	**Breastfeeding Complications or Potential Complications** A breastfeeding woman with any of the following complications or potential complications for breastfeeding: · Severe breast engorgement · Recurrent plugged ducts · Mastitis (fever or flu-like symptoms with localized breast tenderness) · Flat or inverted nipples	✓

Priority Assigned	Risk Factor Number	Breastfeeding Women Nutrition Risk Factors Title and Definition	High Risk Assigned
1	602 (continued)	· Cracked, bleeding or severely sore nipples · Age ≥ 40 years · Failure of milk to come in by 4 days postpartum · Tandem nursing (breastfeeding two siblings who are not twins)	✓
4	801	**Homelessness** A woman, infant or child who lacks a fixed and regular nighttime residence; or whose primary nighttime residence is: · a supervised publicly or privately operated shelter (including a welfare hotel, a congregate shelter, or a shelter for victims of domestic violence) designed to provide temporary living accommodations · an institution that provides a temporary residence for individuals intended to be institutionalized · a temporary accommodation of not more than 365 days in the residence of another individual · a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings	
4	802	**Migrancy** Categorically eligible women, infants and children who are members of families which contain at least one individual whose principal employment is in agriculture on a seasonal basis, who has been so employed within the last 24 months, and who establishes, for the purposes of such employment, a temporary abode.	
4	901	**Recipient of Abuse** Battering within past 6 months as self-reported, or as documented by a social worker, health care provider or on other appropriate documents, or as reported through consultation with a social worker, health care provider, or other appropriate personnel. ("Battering" generally refers to violent assaults on women.)	
4	902	**Woman or Infant/Child of Primary Caregiver with Limited Ability to make Feeding Decisions and/or Prepare Food** Woman (pregnant, breastfeeding, or non-breastfeeding) or infant/child whose primary caregiver is assessed to have a limited ability to make appropriate feeding decisions and/or prepare food. Examples may include individuals who are: · ≤17 years of age · Mentally disabled/delayed and/or have a mental illness such as clinical depression (diagnosed by a physician or licensed psychologist) · Physically disabled to a degree which restricts or limits food preparation abilities · Currently using or having a history of abusing alcohol or other drugs	
1	904	**Environmental Tobacco Smoke Exposure** Environmental tobacco smoke (ETS) exposure is defined (for WIC eligibility purposes) as exposure to smoke from tobacco products inside the home. ETS is also known as passive, secondhand, or involuntary smoke.	

Priority Assigned	Risk Factor Number	Non-Breastfeeding Postpartum Women Nutrition Risk Factors Title and Definition	High Risk Assigned
3	101	**Underweight Women** · Prepregnancy **or** current Body Mass Index (BMI) <18.5	✓
3	111	**Overweight Women** · Prepregnancy Body Mass Index (BMI) ≥ 25	✓
3	133	**High Maternal Weight Gain** Singleton Pregnancies: Breastfeeding or Non-breastfeeding women (most recent pregnancy only): total gestational weight gain exceeding the upper limit of the IOM's recommended range based on prepregnancy Body Mass Index (BMI), as follows: **Prepregnancy Weight Groups** / **Definition** / **Singleton Cut-off Value** / **Twin Cut-off Value** Underweight / BMI <18.5 / >40 lbs / no recommendation* Normal Weight / BMI 18.5 to 24.9 / >35 lbs / >54 lbs Overweight / BMI 25.0 to 29.9 / >25 lbs / >50 lbs Obese / BMI ≥30.0 / >20 lbs / >42 lbs *Twin pregnancy: consistent gain of 1.5 pounds per week during 2nd and 3rd trimesters is advisable. Triplet or greater multi-fetal pregnancies: no cut-off value (regardless of BMI status); triplet pregnancies overall gain should be around 50 lbs, with steady gain of 1.5 lbs per week.	
3	201	**Low Hemoglobin/Hematocrit** Hemoglobin or Hematocrit concentration below the 95 percent confidence level (i.e., below the .025 percentile) for healthy, well-nourished individuals of the same age, sex, and stage of pregnancy. **Non-Smoking** 12 to 14 Years of Age: < 11.8 hgb/35.7 hct 15 to 17 Years of Age: < 12.0 hgb/35.9 hct 18 Years of age or Older: < 12.0 hgb/35.7 hct **Smoking Up to < 1 Pack per Day** 12 to 14 Years of Age: < 12.1 hgb/36.7 hct 15 to 17 Years of Age: < 12.3 hgb/36.9 hct 18 Years of age or Older: < 12.3 hgb/36.7 hct **Smoking 1 to 2 Packs per Day** 12 to 14 Years of Age: < 12.3 hgb/37.2 hct 15 to 17 Years of Age: <12.5 hgb/37.4 hct 18 Years of Age or Older: <12.5 hgb/37.2 hct **Smoking More than 2 Packs per Day** 12 to 14 Years of Age: <12.5 hgb/37.2 hct 15 to 17 Years of Age: <12.7 hgb/37.9 hct 18 Years of Age or Older: <12.7 hgb/37.9 hct	

Priority Assigned	Risk Factor Number	Non-Breastfeeding Postpartum Women Nutrition Risk Factors Title and Definition	High Risk Assigned
3	303	**History of Gestational Diabetes** Any history of diagnosed gestational diabetes mellitus; presence of condition diagnosed, documented or reported by a physician or someone working under a physician's orders, or as self-reported by the applicant/participant/caregiver.	✓
3	304	**History of Preeclampsia** Any history of diagnosed preeclampsia; presence of condition diagnosed, documented or reported by a physician or someone working under a physician's orders, or as self-reported by the applicant/participant/caregiver.	✓
3	311	**History of Preterm Delivery** Breastfeeding or Non-breastfeeding women (most recent pregnancy only): Birth of an infant at ≤37 weeks gestation.	
3	312	**History of Low Birth Weight** Breastfeeding or Non-breastfeeding women (most recent pregnancy only): Birth of an infant weighing ≤ 5 lbs 8 oz (≤2500 grams).	
3	321	**History of Spontaneous Abortion, Fetal Loss, or Neonatal Loss** **Non-breastfeeding women** (most recent pregnancy only): **A spontaneous abortion (SAB)** is the spontaneous termination of a gestation at <20 weeks gestation or <500 grams. **Fetal death** is the spontaneous termination of a gestation at ≥20 weeks. **Neonatal death** is the death of an infant within 0-28 days of life. Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by the applicant/participant/caregiver..	
3	331	**Pregnancy at a Young Age** Breastfeeding or Non-breastfeeding women (most recent pregnancy only): Conception ≤17 years of age.	✓
3	332	**Closely Spaced Pregnancies** Breastfeeding or Non-breastfeeding women (most recent pregnancy only): Conception before 16 months postpartum.	
3	333	**High Parity and Young Age** Breastfeeding or Non-breastfeeding women (most recent pregnancy only): Women under age 20 at date of conception who have had 3 or more previous pregnancies of at least 20 weeks duration, regardless of birth outcome.	
3	335	**Multifetal Gestation** Breastfeeding or Non-breastfeeding women (most recent pregnancy only): More than 1 (>1) fetus in most recent pregnancy.	✓
3	337	**History of Birth of a Large for Gestational Age Infant** Breastfeeding or Non-breastfeeding women Most recent pregnancy or history of giving birth to an infant weighing greater than or equal to (≥) 9 lbs (4000 grams). Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver.	

Priority Assigned	Risk Factor Number	Non-Breastfeeding Postpartum Women Nutrition Risk Factors Title and Definition	High Risk Assigned
3	339	**History of Birth with Nutrition Related Congenital or Birth Defect** Breastfeeding or Non-breastfeeding women (most recent pregnancy only): A woman who has given birth to an infant who has a congenital or birth defect linked to inappropriate nutritional intake, e.g., inadequate zinc, folic acid, excess vitamin A. Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by the applicant/participant/caregiver.	✓
3	341	**Nutrient Deficiency Diseases** Diagnosis of nutritional deficiencies or a disease caused by insufficient dietary intake of macro and micronutrients. Diseases include, but are not limited to: · Protein Energy Malnutrition · Scurvy · Rickets · Beri Beri · Hypocalcemia · Osteomalacia · Vitamin K Deficiency · Pellagra · Cheilosis · Menkes Disease · Xeropthalmia Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by the applicant/participant/caregiver.	✓
3	342	**Gastrointestinal Disorders** Disease(s) or condition(s) that interferes with the intake or absorption of nutrients. The diseases and/or conditions include, but are not limited to: · Gastroesophageal reflux disease (GERD) · Peptic ulcer · Post-bariatric surgery · Short bowel syndrome · Inflammatory bowel disease, including ulcerative colitis or Crohn's disease · Liver disease · Pancreatitis · Biliary tract diseases Presence of gastrointestinal disorders diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by the applicant/participant/caregiver.	✓
3	343	**Diabetes Mellitus** Diabetes mellitus consists of a group of metabolic diseases characterized by inappropriate hyperglycemia resulting from defects in insulin secretion, insulin action or both. Presence of diabetes mellitus diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by the applicant/participant/caregiver.	✓

Priority Assigned	Risk Factor Number	Non-Breastfeeding Postpartum Women Nutrition Risk Factors Title and Definition	High Risk Assigned
3	344	**Thyroid Disorders** Thyroid dysfunctions that occur in pregnant and postpartum women, during fetal development, and in childhood are caused by the abnormal secretion of thyroid hormones. The medical conditions include, but are not limited to, the following: • **Hyperthyroidism**: Excessive thyroid hormone production (most commonly known as Graves' disease and toxic multinodular goiter). • **Hypothyroidism**: Low secretion of thyroid hormone (can be overt or mild/subclinical). Most commonly seen as chronic autoimmune thyroiditis (Hashimoto's thyroiditis or autoimmune thyroid disease). It can also be caused by severe iodine deficiency. • **Congenital Hyperthyroidism**: Excessive thyroid hormone levels at birth, either transient (due to maternal Graves' disease) or persistent (due to genetic mutation). • **Congenital Hypothyroidism**: Infants born with an under active thyroid gland and presumed to have had hypothyroidism in-utero. • **Postpartum Thyroiditis:** Transient or permanent thyroid dysfunction occurring in the first year after delivery based on an autoimmune inflammation of the thyroid. Frequently, the resolution is spontaneous. Presence of condition diagnosed, documented, or reported by a physician or someone working under physician's orders, or as self-reported by applicant/participant/caregiver.	✓
3	345	**Hypertension and Prehypertension** Presence of hypertension or prehypertension diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by the applicant/participant/caregiver.	✓
3	346	**Renal Disease** Any renal disease including pyelonephritis and persistent proteinuria, but excluding urinary tract infections (UTI) involving the bladder. Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver.	✓
3	347	**Cancer** A chronic disease whereby populations of cells have acquired the ability to multiply and spread without the usual biologic restraints. The current condition, or the treatment for the condition, must be severe enough to affect nutritional status Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver.	✓
3	348	**Central Nervous System Disorder** Conditions which affect energy requirements, ability to feed self, or alter nutritional status metabolically, mechanically, or both. These include, but are not limited to: · Epilepsy · Cerebral Palsy(CP) · Neural Tube Defects (NTD), such as: · Spina Bifida · Parkinson's Disease · Multiples Sclerosis (MS)	✓

Priority Assigned	Risk Factor Number	Non-Breastfeeding Postpartum Women Nutrition Risk Factors Title and Definition	High Risk Assigned
3	348 (continued)	Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver	
3	349	**Genetic Congenital Disorders** Hereditary or congenital condition at birth that causes physical or metabolic abnormality. The current condition must alter nutrition status metabolically, mechanically, or both. May include, but is not limited to: · Cleft lip or palate · Down's syndrome · Thalassemia major · Sickle cell anemia (not sickle cell trait) · Muscular dystrophy Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver	✓
3	351	**Inborn Errors of Metabolism** Inherited metabolic disorders caused by a defect in the enzymes or their co-factors that metabolize protein, carbohydrate, or fat. Inborn errors of metabolism (IEM) generally refer to gene mutations or gene deletions that alter metabolism in the body, including but not limited to: ● **Amino Acid Disorders**: phenylketonuria (PKU); maple syrup urine disease; homocystinuria; tyrosinemia ● **Carbohydrate Disorders**: glactosemia; glycogen storage disease type I, II (Pompe disease), type III, type IV (Andersen Disease), type V, type VI; hereditary fructose intolerance (fructose 1-phosphate aldolase deficiency, fructose 1,6,biphosphatase deficiency, fructose kinase deficiency) ● **Fatty Acid Oxidation Defects:** medium chain acyl-CoA dehydrogenase deficiency; long-chain 3-hydroxyacyl-CoA dehydrogenase deficiency; trifunctional protein deficiency type 1(LCHAD deficiency), type 2 (mitochondrial trifunctional protein deficiency; carnitine uptake defect (primary carnitine deficiency); very long-chain acyl-CoA dehydrogenase deficiency ● **Organic Acid Disorders** (AKA organic aciduria or organic acidemia): Isovaleric acidemia; 3-Methylcrotonyl-CoA carboxylase deficiency; glutaric acidemia type I, type II; 3-hydroxy-3-methylglutaryl-coenzyme A lyase deficiency; multiple carboxylase deficiency (biotindase deficiency, holocarboxylase synthetase deficiency); methylmalonic acidemia; propionic acidemia; beta-ketothiolase deficiency ● **Lysomal Storage Diseases**: Fabry disease (α-galactosidase A deficiency); Gauchers disease (glucocerebrosidase deficiency); Pompe disease (glycogen storage disease Type II, or acid α-glucosidase deficiency) ● **Mitochondrial Disorders**: Leber hereditary optic neuropathy; mitochondrial encephalomyopathy, lactic acidosis, and stroke-like episodes (MELAS); mitochondrial neurogastronintestinal encephalopathy disease (MNGIE); myoclonic epilepsy with ragged-red fibers (MERRF);	✓

Priority Assigned	Risk Factor Number	Non-Breastfeeding Postpartum Women Nutrition Risk Factors Title and Definition	High Risk Assigned
3	351 (continued)	neuropathy, ataxia , and retinitis pigmentosa (NARP); pyruvate carboxylase deficiency ● **Peroxisomal Disorders:** Zellweger Syndrome Spectrum; adrenoleukodystrophy (x-ALD) **Urea Cycle Disorders**: citrullinemia; argininosuccinic aciduria; carbamoyl phosphate synthetase I deficiency Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver.	✓
3	352	**Infectious Diseases** A disease caused by growth of pathogenic microorganisms in the body severe enough to affect nutritional status. Includes, but is not limited to: · Tuberculosis · Pneumonia · Meningitis · Parasitic infections · Hepatitis · Bronchiolitis (3 episodes in last 6 months) · HIV (Human Immunodeficiency Virus infection) · AIDS (Acquired Immunodeficiency Syndrome) The infectious disease must be present within the past 6 months, and diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver.	✓
3	353	**Food Allergies** Food allergies are adverse health effects arising from a specific immune response that occurs reproducibly on exposure to a given food. Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver.	✓
3	354	**Celiac Disease** Celiac Disease (CD) is an autoimmune disease precipitated by the ingestion of gluten (a protein in wheat, rye, and barley) that results in damage to the small intestine and malabsorption of the nutrients from foods. CD is also known as: · Celiac Sprue · Gluten-sensitive Enteropathy · Non-tropical Sprue Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver.	✓
3	355	**Lactose Intolerance** Lactose intolerance is the syndrome of one or more of the following: diarrhea, abdominal pain, flatulence, and/or bloating, that occurs after lactose ingestion. Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver	✓

Priority Assigned	Risk Factor Number	Non-Breastfeeding Postpartum Women Nutrition Risk Factors Title and Definition	High Risk Assigned
3	356	**Hypoglycemia** Presence of hypoglycemia diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver	✓
3	357	**Drug Nutrient Interactions** Use of prescription or over-the-counter drugs or medications that have been shown to interfere with nutrient intake or utilization, to an extent that nutritional status is compromised.	✓
3	358	**Eating Disorders** Eating disorders (anorexia nervosa and bulimia), are characterized by a disturbed sense of body image and morbid fear of becoming fat. Symptoms are manifested by abnormal eating patterns including, but not limited to: · self-induced vomiting · purgative abuse · alternating periods of starvation · use of drugs such as appetite suppressants, thyroid preparations or diuretics · self-induced marked weight loss Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver	✓
3	359	**Recent Major Surgery, Trauma, Burns** Major surgery (including C-sections), trauma or burns severe enough to compromise nutritional status. Any occurrence: · Within the past two (≤ 2) months may be self-reported · More than two (>2) months previous: must have the continued need for nutritional support diagnosed by a physician or a health care provider working under the orders of a physician.	✓
3	360	**Other Medical Conditions** Diseases or conditions with nutritional implications that are not included in any of the other medical conditions. The current condition, or treatment for the condition, must be severe enough to affect nutritional status. This includes, but is not limited to: · Juvenile rheumatoid arthritis (JRA) · Lupus erythematosus · Cardiorespiratory diseases · Heart disease · Cystic fibrosis · Persistent asthma (moderate or severe) requiring daily medication Presence of medical condition(s) diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver	✓

Priority Assigned	Risk Factor Number	Non-Breastfeeding Postpartum Women Nutrition Risk Factors Title and Definition	High Risk Assigned
3	361	**Depression** Presence of clinical depression, including postpartum depression. Presence of condition diagnosed, documented, or reported by a physician, clinical psychologist, or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver.	
3	362	**Developmental, Sensory, or Motor Disabilities Interfering with the Ability to Eat** Developmental, sensory or motor disabilities that restrict the ability to intake, chew, or swallow food or require tube feeding to meet nutritional needs. Disabilities include but not limited to: · Minimal brain function · Feeding problems due to a developmental disability such as pervasive development disorder (PDD) which includes autism · Birth injury · Head trauma · Brain damage · Other disabilities	✓
3	363	**Pre-Diabetes** Impaired fasting glucose (IFG) and/or impaired glucose tolerance (IGT) are referred to as pre-diabetes. These conditions are characterized by hyperglycemia that does not meet the diagnostic criteria for diabetes mellitus. Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver	✓
3	371	**Maternal Smoking** Any smoking of tobacco products, i.e., cigarettes, pipes, or cigars.	
3	372	**Alcohol and Illegal Drug Use** **For Breastfeeding and Non-breastfeeding Postpartum Women:** · Routine current use of ≥ 2 drinks* per day · Binge Drinking, i.e., drinks 5 or more (≥ 5) drinks on the same occasion on at least one day in the past 30 days · Heavy Drinking, i.e., drinks 5 or more (≥ 5) drinks on the same occasion on five or more days in the previous 30 days · Any illegal drug use *A serving or standard sized drink is: 1 can of beer (12 fluid oz.); 5 oz. Wine; and 1 ½ fluid ounces liquor (1 jigger gin, rum, vodka, whiskey (86-proof), vermouth, cordials or liqueurs)	
3	381	**Oral Health Conditions** Oral health conditions include, but are not limited to: • **Dental caries**, often referred to as "cavities" or "tooth decay", is a common chronic, infectious, transmissible disease resulting from tooth-adherent specific bacteria that metabolize sugars to produce acid, which, over time, demineralizes tooth structure. • **Periodontal diseases** are infections that affect the tissues and bone that support the teeth. Periodontal diseases are classified according to the severity of the disease. The two major stages	

Priority Assigned	Risk Factor Number	Non-Breastfeeding Postpartum Women Nutrition Risk Factors Title and Definition	High Risk Assigned
3	381 (continued)	are gingivitis and periodontitis. Gingivitis is a milder and reversible form of periodontal disease that only affects the gums. Gingivitis may lead to more serious, destructive forms of periodontal disease called periodontitis. • **Tooth loss**, **ineffectively replaced teeth or oral infections**, which impair the ability to ingest food in adequate quantity or quality. Presence of oral health conditions diagnosed, documented, or reported by a physician, dentist, or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver.	
6	401	**Failure to Meet Dietary Guidelines for Americans** Women and children two years of age and older who meet the income, categorical, and residency eligibility requirements may be presumed to be at nutrition risk based on *Failure to Meet Dietary Guidelines for Americans (Dietary Guidelines). Based on an individual's estimated energy needs*, the *Failure to Meet Dietary Guidelines* risk criterion is defined as consuming fewer than the recommended number of servings from one or more of the basic food groups (grains, fruits, vegetables, milk products, and meat or beans). **<u>NOTE</u>: The *Failure to Meet Dietary Guidelines for Americans* risk criterion can only be used when a complete nutrition assessment (to include an assessment for risk #427, Inappropriate Nutrition Practices for Women) has been completed <u>and</u> no other risk criteria have been identified.**	
6	427	**Inappropriate Nutrition Practices for Women** Routine nutrition practices that may result in impaired nutrient status, disease, or health problems. The inappropriate nutrition practices are listed in the following subsections. Examples are included but are not limited to just those listed:	
	427.1	**Consuming Dietary Supplements with Potentially Harmful Consequences** Examples of dietary supplements which when ingested in excess of recommended dosages, may be toxic or have harmful consequences: · Single or multiple vitamins · Mineral supplements; and · Herbal or botanical supplements/remedies/teas	
	427.2	**Consuming a Diet Very Low in Calories and/or Essential Nutrients OR Impaired Caloric Intake or Absorption of Essential Nutrients Following Bariatric Surgery** · Strict vegan diet · Low-carbohydrate, high-protein diet · Macrobiotic diet · Any other diet restricting calories and/or essential nutrients	
	427.3	**Compulsively Ingesting Non-food Items (Pica)** Examples of non-food items: · Ashes · Baking soda · Burnt matches	

Priority Assigned	Risk Factor Number	Non-Breastfeeding Postpartum Women Nutrition Risk Factors Title and Definition	High Risk Assigned
	427.3 (continued)	· Carpet fibers · Chalk · Cigarettes · Clay · Dust · Large quantities of ice and/or freezer frost · Paint chips · Soil · Starch (laundry and cornstarch)	
	427.4	**Inadequate Vitamin/Mineral Supplementation Recognized as Essential by National Public Health Policy** · Consumption of less than 400 µg of folic acid from fortified foods and/or supplements daily by a non-pregnant woman.	
6	801	**Homelessness** A woman, infant or child who lacks a fixed and regular nighttime residence; or whose primary nighttime residence is: · a supervised publicly or privately operated shelter (including a welfare hotel, a congregate shelter, or a shelter for victims of domestic violence) designed to provide temporary living accommodations · an institution that provides a temporary residence for individuals intended to be institutionalized · a temporary accommodation of not more than 365 days in the residence of another individual · a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings	
6	802	**Migrancy** Categorically eligible women, infants and children who are members of families which contain at least one individual whose principal employment is in agriculture on a seasonal basis, who has been so employed within the last 24 months, and who establishes, for the purposes of such employment, a temporary abode.	
6	901	**Recipient of Abuse** Battering within past 6 months as self-reported, or as documented by a social worker, health care provider or on other appropriate documents, or as reported through consultation with a social worker, health care provider, or other appropriate personnel. ("Battering" generally refers to violent assaults on women.)	
6	902	**Woman or Infant/Child of Primary Caregiver with Limited Ability to make Feeding Decisions and/or Prepare Food** Woman (pregnant, breastfeeding, or non-breastfeeding) or infant/child whose primary caregiver is assessed to have a limited ability to make appropriate feeding decisions and/or prepare food. Examples may include individuals who are: · ≤ 17 years of age · Mentally disabled/delayed and/or have a mental illness such as	

Priority Assigned	Risk Factor Number	Non-Breastfeeding Postpartum Women Nutrition Risk Factors Title and Definition	High Risk Assigned
6	902 (continued)	clinical depression (diagnosed by a physician or licensed psychologist) · Physically disabled to a degree which restricts or limits food preparation abilities · Currently using or having a history of abusing alcohol or other drugs	
3	904	**Environmental Tobacco Smoke Exposure** Environmental tobacco smoke (ETS) exposure is defined (for WIC eligibility purposes) as exposure to smoke from tobacco products inside the home. ETS is also known as passive, secondhand, or involuntary smoke.	

Priority Assigned	Risk Factor Number	Pregnant Women Nutrition Risk Factors Title and Definition	High Risk Assigned
1	101	**Underweight Women** **Pregnant Women:** Prepregnancy Body Mass Index (BMI) <18.5	✓
1	111	**Overweight Women** **Pregnant Women:** Prepregnancy Body Mass Index (BMI) ≥ 25	✓
1	131	**Low Maternal Weight Gain** Low maternal weight gain is defined as follows: • A low rate of weight gain, such that in the 2nd and 3rd trimesters, for singleton pregnancies: · Underweight women gain < 1 pound per week · Normal weight women gain < 0.8 pounds per week · Overweight women gain < 0.5 pounds per week · Obese women gain <0.4 pounds per week **OR** • Low weight gain at any point in pregnancy, such that using an Institute of Medicine (IOM)-based weight gain grid, a pregnant woman's weight plots at any point beneath the bottom line of the appropriate weight gain range for her respective prepregnancy weight category, as follows: **Prepregnancy Weight Groups**: **Total Wt Gain Range** Underweight Body Mass Index(BMI) <18.5 28-40 lbs Normal Weight Body Mass Index(BMI) 18.5 to 24.9 25-35 lbs Overweight Body Mass Index(BMI) 25.0 to 29.9 15-25 lbs Obese Body Mass Index(BMI) ≥30.0 11-20 lbs **Twin Pregnancy** **Prepregnancy Weight Groups**: **Total Wt Gain Range** Underweight Body Mass Index(BMI) <18.5 no recommendation* Normal Weight Body Mass Index(BMI) 18.5 to 24.9 37-54 lbs Overweight Body Mass Index(BMI) 25.0 to 29.9 31-50 lbs Obese Body Mass Index(BMI) ≥30.0 25-42 lbs *Twin pregnancy: consistent gain of 1.5 lbs per week during 2nd and 3rd trimesters is advisable. Triplet or greater multi-fetal pregnancies: no cut-off value (regardless of BMI status); triplet pregnancies overall gain should be around 50 lbs, with steady gain of 1.5 lbs per week throughout pregnancy.	✓
1	132	**Maternal Weight Loss During Pregnancy** · Any weight loss below pregravid weight during 1st trimester, or · Weight loss of ≥ 2 pounds (≥1 kg) in the 2nd or 3rd trimesters (14-40 weeks gestation)	✓

Priority Assigned	Risk Factor Number	Pregnant Women Nutrition Risk Factors Title and Definition	High Risk Assigned
1	133	**High Maternal Weight Gain** 1. A high rate of weight gain such that in the 2nd and 3rd trimester for singleton pregnancies: • Underweight women gain more than 1.3 pounds per week. • Normal weight women gain more than 1 pound per week. • Overweight women gain more than 0.7 pounds per week. • Obese women gain more than 0.6 pounds per week. **OR** 2. High weight gain at any point in pregnancy, such that using an Institute of Medicine (IOM)- based weight gain grid, a pregnant woman's weight plots at any point above the top line of the appropriate weight gain range for her respective prepregnancy weight category. **Prepregnancy Weight Groups** / **BMI** / **Singleton Cut-off Value** / **Twin Cut-off Value** Underweight / BMI <18.5 / >40 lbs / no recommendation* Normal Weight / BMI 18.5 to 24.9 / >35 lbs / >54 lbs Overweight / BMI 25.0 to 29.9 / >25 lbs / >50 lbs Obese / BMI ≥30.0 / >20 lbs / >42 lbs *Twin pregnancy: consistent gain of 1.5 pounds per week during 2nd and 3rd trimesters is advisable. Triplet or greater multi-fetal pregnancies: no cut-off value (regardless of BMI status); triplet pregnancies overall gain should be around 50 lbs, with steady gain of 1.5 lbs per week throughout pregnancy.	✓
1	201	**Low Hemoglobin/Low Hematocrit** 1st Trimester 0 to 13 wks Hgb/Hct / 2nd Trimester 14 to 26 wks Hgb/ Hct / 3rd Trimester 27 to 40 wks Hgb/Hct Nonsmoker <11.0/<33.0 / <10.5/<32.0 / <11.0 /<33.0 up to < 1 pack/day <11.3/<34.0 / <10.8/<33.0 / <11.3/<34.0 1 to 2 packs/day <11.5/<34.5 / <11.0 /<33.5 / <11.5/<34.5 >2 packs/day <11.7/<35.0 / <11.2/<34.0 / <11.7/<35.0	
1	301	**Hyperemesis Gravidarum** Severe nausea and vomiting to the extent that the pregnant woman becomes dehydrated and acidotic. Presence of condition diagnosed, documented, or someone working under physician's orders, or as self-reported by the applicant/participant/caregiver.	✓
1	302	**Gestational Diabetes** Gestational Diabetes mellitus (GDM) is defined as any degree of glucose/carbohydrate intolerance with onset or first recognition during pregnancy. Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver.	✓

Priority Assigned	Risk Factor Number	Pregnant Women Nutrition Risk Factors Title and Definition	High Risk Assigned
1	303	**History of Gestational Diabetes** History of diagnosed gestational diabetes mellitus. Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver.	✓
1	304	**History of Preeclampsia** History of diagnosed preeclampsia. Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver.	✓
1	311	**History of Preterm Delivery** Any history of birth of an infant at ≤ 37 weeks gestation.	
1	312	**History of Low Birth Weight** Any history of birth of an infant weighing ≤ 5 lbs 8 oz (≤2500 grams)	
1	321	**History of Spontaneous Abortion, Fetal Loss, or Neonatal Loss** **Any history of fetal or neonatal death or 2 or more spontaneous abortions.** A **spontaneous abortion (SAB)** is the spontaneous termination of a gestation at < 20 weeks gestation or a fetus weighing < 500 grams **Fetal death** is the spontaneous termination of a gestation at ≥20 weeks. **Neonatal death** is the death of an infant within 0-28 days of life. Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by the applicant/participant/caregiver.	
1	331	**Pregnancy at a Young Age** Conception at ≤ 17 years of age (current pregnancy only)	✓
1	332	**Closely Spaced Pregnancies** Conception before 16 months postpartum (current pregnancy only)	
1	333	**High Parity and Young Age** Women under age 20 at date of conception who have had 3 or more previous pregnancies of at least 20 weeks duration, regardless of birth outcome (current pregnancy only).	
1	334	**Lack of or Inadequate Prenatal Care** Prenatal care beginning after the 1st trimester (after 13th week), or based on an Inadequate Prenatal Care Index published in a peer reviewed article such as the one by Kessner et al. First prenatal visit in the 3rd trimester (7-9 months) or: Weeks of gestation — Number of prenatal visits 14-21 — 0 or unknown 22-29 — 1 or less 30-31 — 2 or less 32-33 — 3 or less 34 or more — 4 or less	

Priority Assigned	Risk Factor Number	Pregnant Women Nutrition Risk Factors Title and Definition	High Risk Assigned
1	335	**Multifetal Gestation** More than (>1) fetus in a current pregnancy.	✓
1	337	**History of Birth of a Large for Gestational Age Infant** Any history of giving birth to an infant weighing greater than or equal to (≥) 9 lbs. (4000 grams). Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver.	
1	338	**Pregnant Woman Currently Breastfeeding an Infant Less Than 12 Months of Age** Breastfeeding woman now pregnant and breastfeeding an infant less than 12 months of age.	✓
1	338a	**Pregnant Woman Currently Breastfeeding a Child Greater Than or Equal to 12 Months of Age** Breastfeeding woman now pregnant and breastfeeding a child greater than or equal to 12 months of age.	✓
1	339	**History of Birth with Nutrition Related Congenital or Birth Defect** Any history of birth with nutrition-related congenital or birth defect. A woman who has given birth to an infant who has a congenital or birth defect linked to inappropriate nutritional intake, e.g., inadequate zinc, folic acid, excess vitamin A. Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by the applicant/participant/caregiver.	✓
1	341	**Nutrient Deficiency Diseases** Diagnosis of nutritional deficiencies or a disease caused by insufficient dietary intake of macro and micronutrients. Diseases include, but are not limited to: · Protein Energy Malnutrition · Scurvy · Rickets · Beri Beri · Hypocalcemia · Osteomalacia · Vitamin K Deficiency · Pellagra · Cheilosis · Menkes Disease · Xeropthalmia Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by the applicant/participant/caregiver.	✓

Priority Assigned	Risk Factor Number	Pregnant Women Nutrition Risk Factors Title and Definition	High Risk Assigned
1	342	**Gastrointestinal Disorders** Disease(s) or condition(s) that interferes with the intake or absorption of nutrients. The diseases and/or conditions include, but are not limited to: · Gastroesophageal reflux disease (GERD) · Peptic ulcer · Post-bariatric surgery · Short bowel syndrome · Inflammatory bowel disease, including ulcerative colitis or Crohn's disease · Liver disease · Pancreatitis · Biliary tract disease Presence of gastrointestinal disorders diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by the applicant/participant/caregiver.	✓
1	343	**Diabetes Mellitus** Diabetes mellitus consists of a group of metabolic diseases characterized by inappropriate hyperglycemia resulting from defects in insulin secretion, insulin action or both. Presence of diabetes mellitus diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by the applicant/participant/caregiver.	✓
1	344	**Thyroid Disorders** Thyroid dysfunctions that occur in pregnant and postpartum women, during fetal development, and in childhood are caused by the abnormal secretion of thyroid hormones. The medical conditions include, but are not limited to, the following: • **Hyperthyroidism**: Excessive thyroid hormone production (most commonly known as Graves' disease and toxic multinodular goiter). • **Hypothyroidism**: Low secretion of thyroid hormone (can be overt or mild/subclinical). Most commonly seen as chronic autoimmune thyroiditis (Hashimoto's thyroiditis or autoimmune thyroid disease). It can also be caused by severe iodine deficiency. • **Congenital Hyperthyroidism**: Excessive thyroid hormone levels at birth, either transient (due to maternal Graves' disease) or persistent (due to genetic mutation). • **Congenital Hypothyroidism**: Infants born with an under active thyroid gland and presumed to have had hypothyroidism in-utero. • **Postpartum Thyroiditis**: Transient or permanent thyroid dysfunction occurring in the first year after delivery based on an autoimmune inflammation of the thyroid. Frequently, the resolution is spontaneous. Presence of condition diagnosed, documented, or reported by a physician or someone working under physician's orders, or as self-reported by applicant/participant/caregiver.	✓
1	345	**Hypertension and Prehypertension** Presence of hypertension or prehypertension diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver.	✓

Priority Assigned	Risk Factor Number	Pregnant Women Nutrition Risk Factors Title and Definition	High Risk Assigned
1	346	**Renal Disease** Any renal disease including pyelonephritis and persistent proteinuria, but excluding urinary tract infections (UTI) involving the bladder. Presence of condition diagnosed, documented, or reported by a physician or someone working under physician's orders, or as self-reported by applicant/participant/caregiver.	✓
1	347	**Cancer** A chronic disease whereby populations of cells have acquired the ability to multiply and spread without the usual biologic restraints. The current condition, or the treatment for the condition, must be severe enough to affect nutritional status. Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver.	✓
1	348	**Central Nervous System Disorder** Conditions which affect energy requirements, ability to feed self, or alter nutritional status metabolically, mechanically, or both. These include, but are not limited to: · Epilepsy · Cerebral palsy(CP) · Neural tube defects (NTD), such as: · spina bifida · Parkinson's disease · Multiple sclerosis (MS) Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver..	✓
1	349	**Genetic Congenital Disorders** Hereditary or congenital condition at birth that causes physical or metabolic abnormality. The current condition must alter nutrition status metabolically, mechanically, or both. May include, but is not limited to: · Cleft lip or palate · Down's syndrome · Thalassemia major · Sickle cell anemia (<u>not</u> sickle cell trait) · Muscular dystrophy Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver.	✓

Priority Assigned	Risk Factor Number	Pregnant Women Nutrition Risk Factors Title and Definition	High Risk Assigned
1	351	**Inborn Errors of Metabolism** Inherited metabolic disorders caused by a defect in the enzymes or their co-factors that metabolize protein, carbohydrate, or fat. Inborn errors of metabolism (IEM) generally refer to gene mutations or gene deletions that alter metabolism in the body, including but not limited to: •**Amino Acid Disorders**: phenylketonuria (PKU); maple syrup urine disease; homocystinuria; tyrosinemia •**Carbohydrate Disorders**: glactosemia; glycogen storage disease type I, II (Pompe disease), type III, type IV (Andersen Disease), type V, type VI; hereditary fructose intolerance (fructose 1-phosphate aldolase deficiency, fructose 1,6,biphosphatase deficiency, fructose kinase deficiency) •**Fatty Acid Oxidation Defects:** medium chain acyl-CoA dehydrogenase deficiency; long-chain 3-hydroxyacyl-CoA dehydrogenase deficiency; trifunctional protein deficiency type 1(LCHAD deficiency), type 2 (mitochondrial trifunctional protein deficiency; carnitine uptake defect (primary carnitine deficiency); very long-chain acyl-CoA dehydrogenase deficiency •**Organic Acid Disorders** (AKA organic aciduria or organic acidemia): Isovaleric acidemia; 3-Methylcrotonyl-CoA carboxylase deficiency; glutaric acidemia type I, type II; 3-hydroxy-3-methylglutaryl-coenzyme A lyase deficiency; multiple carboxylase deficiency (biotindase deficiency, holocarboxylase synthetase deficiency); methylmalonic acidemia; propionic acidemia; beta-ketothiolase deficiency •**Lysomal Storage Diseases**: Fabry disease (α-galactosidase A deficiency); Gauchers disease (glucocerebrosidase deficiency); Pompe disease (glycogen storage disease Type II, or acid α-glucosidase deficiency) •**Mitochondrial Disorders**: Leber hereditary optic neuropathy; mitochondrial encephalomyopathy, lactic acidosis, and stroke-like episodes (MELAS); mitochondrial neurogastronintestinal encephalopathy disease (MNGIE); myoclonic epilepsy with ragged-red fibers (MERRF); neuropathy, ataxia , and retinitis pigmentosa (NARP); pyruvate carboxylase deficiency •**Peroxisomal Disorders:** Zellweger Syndrome Spectrum; adrenoleukodystrophy (x-ALD) •**Urea Cycle Disorders**: citrullinemia; argininosuccinic aciduria; carbamoyl phosphate synthetase I deficiency Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver.	✓

Priority Assigned	Risk Factor Number	Pregnant Women Nutrition Risk Factors Title and Definition	High Risk Assigned
1	352	**Infectious Diseases** A disease caused by growth of pathogenic microorganisms in the body severe enough to affect nutritional status. Includes, but is n not limited to: · Tuberculosis · Pneumonia · Meningitis · Parasitic Infections · Hepatitis · Bronchiolitis (3 episodes in last 6 months) · HIV (Human Immunodeficiency Virus infection)* · AIDS (Acquired Immunodeficiency Syndrome)* The infectious disease must be present within the past 6 months, and diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver. ***Breastfeeding is contraindicated for women with HIV or AIDS.** **Breastfeeding may be permitted for women with hepatitis:** **Hepatitis A**: Breastfeeding is permitted as soon as the mother receives gamma globulin. **Hepatitis B**: Breastfeeding is permitted after the infant receives HBIG(Hepatitis B specific immunoglobin) and the first dose of the series of Hepatitis B vaccine. **Hepatitis C**: Breastfeeding is permitted for mothers without co-infection (e.g. HIV).	✓
1	353	**Food Allergies** Food allergies are adverse health effects arising from a specific immune response that occurs reproducibly on exposure to a given food. Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver.	✓
1	354	**Celiac Disease** Celiac Disease (CD) is an autoimmune disease precipitated by the ingestion of gluten (a protein in wheat, rye, and barley) that results in damage to the small intestine and malabsorption of the nutrients from foods. CD is also known as: · Celiac Sprue · Gluten-sensitive Enteropathy · Non-tropical Sprue Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver.	✓

Priority Assigned	Risk Factor Number	Pregnant Women Nutrition Risk Factors Title and Definition	High Risk Assigned
1	355	**Lactose Intolerance** Lactose intolerance is the syndrome of one or more of the following: diarrhea, abdominal pain, flatulence, and/or bloating, that occurs after lactose ingestion. Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver.	✓
1	356	**Hypoglycemia** Presence of hypoglycemia diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver.	✓
1	357	**Drug Nutrient Interactions** Use of prescription or over-the-counter drugs or medications that have been shown to interfere with nutrient intake or utilization, to an extent that nutritional status is compromised.	✓
1	358	**Eating Disorders** Eating disorders (anorexia nervosa and bulimia), are characterized by a disturbed sense of body image and morbid fear of becoming fat. Symptoms are manifested by abnormal eating patterns including, but not limited to: · self-induced vomiting · purgative abuse · alternating periods of starvation · use of drugs such as appetite suppressants, thyroid preparations or diuretics · self-induced marked weight loss Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver.	✓
1	359	**Recent Major Surgery, Trauma, Burns** Major surgery (including C-sections), trauma or burns severe enough to compromise nutritional status. Any occurrence: · within the past two (≤ 2) months may be self-reported · more than two (>2) months previous must have the continued need for nutritional support diagnosed by a physician or a health care provider working under the orders of a physician.	✓
1	360	**Other Medical Conditions** Diseases or conditions with nutritional implications that are not included in any of the other medical conditions. The current condition, or treatment for the condition, must be severe enough to affect nutritional status. This includes, but is not limited to: · Juvenile rheumatoid arthritis (JRA) · Lupus erythematosus · Cardiorespiratory diseases · Heart disease · Cystic fibrosis · Persistent asthma(moderate or severe)requiring daily medication	✓

Priority Assigned	Risk Factor Number	Pregnant Women Nutrition Risk Factors Title and Definition	High Risk Assigned
1	360 (continued)	Presence of medical condition(s) diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver.	✓
1	361	**Depression** Presence of clinical depression, including postpartum depression. Presence of condition diagnosed, documented, or reported by a physician, clinical psychologist, or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver.	
1	362	**Developmental, Sensory, or Motor Disabilities Interfering with the Ability to Eat** Developmental, sensory or motor disabilities that restrict the ability to chew or swallow food or require tube feeding to meet nutritional needs. Includes but not limited to: · Minimal brain function · Feeding problems due to a developmental disability such as pervasive development disorder (PDD) which includes autism · Birth injury · Head trauma · Brain damage · Other disabilities	✓
1	371	**Maternal Smoking** Any smoking of tobacco products, i.e., cigarettes, pipes, or cigars.	
1	372	**Alcohol and Illegal Drug Use** · Any alcohol use · Any drug use	
1	381	**Oral Health Conditions** Oral health conditions include, but are not limited to: • **Dental caries**, often referred to as "cavities" or "tooth decay", is a common chronic, infectious, transmissible disease resulting from tooth-adherent specific bacteria that metabolize sugars to produce acid, which, over time, demineralizes tooth structure. • **Periodontal diseases** are infections that affect the tissues and bone that support the teeth. Periodontal diseases are classified according to the severity of the disease. The two major stages are gingivitis and periodontitis. Gingivitis is a milder and reversible form of periodontal disease that only affects the gums. Gingivitis may lead to more serious, destructive forms of periodontal disease called periodontitis. • **Tooth loss**, **ineffectively replaced teeth or oral infections**, which impair the ability to ingest food in adequate quantity or quality. Presence of oral health conditions diagnosed, documented, or reported by a physician, dentist, or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver.	

Priority Assigned	Risk Factor Number	Pregnant Women Nutrition Risk Factors Title and Definition	High Risk Assigned
4	401	**Failure to Meet Dietary Guidelines for Americans** Women and children two years of age and older who meet the income, categorical, and residency eligibility requirements may be presumed to be at nutrition risk based on *Failure to Meet Dietary Guidelines for Americans (Dietary Guidelines)*. Based on an individual's estimated energy needs, the *Failure to Meet Dietary Guidelines* risk criterion is defined as consuming fewer than the recommended number of servings from one or more of the basic food groups (grains, fruits, vegetables, milk products, and meat or beans). **NOTE: The *Failure to Meet Dietary Guidelines for Americans* risk criterion can only be used when a complete nutrition assessment (to include an assessment for risk #427, Inappropriate Nutrition Practices for Women) has been completed and no other risk criteria have been identified**.	
4	427	**Inappropriate Nutrition Practices for Women** Routine nutrition practices that may result in impaired nutrient status, disease, or health problems. The inappropriate nutrition practices are listed in the following subsections. Examples are included but are not limited to just those listed:	
	427.1	**Consuming Dietary Supplements with Potentially Harmful Consequences** Examples of dietary supplements which when ingested in excess of recommended dosages, may be toxic or have harmful consequences: · Single or multiple vitamins · Mineral supplements · Herbal or botanical supplements/remedies/teas	
	427.2	**Consuming a Diet Very Low in Calories and/or Essential Nutrients; OR Impaired Caloric Intake or Absorption of Essential Nutrients Following Bariatric Surgery** · Strict vegan diet · Low-carbohydrate, high-protein diet · Macrobiotic diet · Any other diet restricting calories and/or essential nutrients	
	427.3	**Compulsively Ingesting Non-food Items (Pica)** Examples of non-food items: · Ashes · Baking soda · Burnt matches · Carpet fibers · Chalk · Cigarettes · Clay · Dust	

Priority Assigned	Risk Factor Number	Pregnant Women Nutrition Risk Factors Title and Definition	High Risk Assigned
	427.3 (continued)	· Large quantities of ice and/or freezer frost · Paint chips · Soil · Starch (laundry and cornstarch)	
	427.4	**Inadequate Vitamin/Mineral Supplementation Recognized as Essential by National Public Health Policy** · Consumption of less than 27 mg of supplemental iron per day by pregnant woman. · Consumption of less than 150 μg of supplemental iodine per day by pregnant and breastfeeding women.	
	427.5	**Pregnant Woman Ingesting Foods That Could Be Contaminated with Pathogenic Microorganisms** Potentially harmful foods: · Raw fish or shellfish, including oysters, clams, mussels, and scallops · Refrigerated smoked seafood, unless it is an ingredient in a cooked dish, such as a casserole · Raw or undercooked meat or poultry · Hot dogs, luncheon meats (cold cuts), fermented and dry sausage and other deli-style meat or poultry products unless reheated until steaming hot · Refrigerated pâté or meat spreads · Unpasteurized milk or foods containing unpasteurized milk · Soft cheeses such as feta, Brie, Camembert, blue-veined cheeses and Mexican style cheese such as queso blanco, queso fresco, or Panela unless labeled as made with pasteurized milk · Raw or undercooked eggs or foods containing raw or lightly cooked eggs including certain salad dressings, cookie and cake batters, sauces, and beverages such as unpasteurized eggnog; · Raw sprouts (alfalfa, clover, and radish) · Unpasteurized fruit or vegetable juices.	
4	801	**Homelessness** A woman, infant or child who lacks a fixed and regular nighttime residence; or whose primary nighttime residence is: · a supervised publicly or privately operated shelter (including a welfare hotel, a congregate shelter, or a shelter for victims of domestic violence) designed to provide temporary living accommodations; · an institution that provides a temporary residence for individuals intended to be institutionalized; · a temporary accommodation of not more than 365 days in the residence of another individual; or · a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.	

Priority Assigned	Risk Factor Number	Pregnant Women Nutrition Risk Factors Title and Definition	High Risk Assigned
4	802	**Migrancy** Categorically eligible women, infants and children who are members of families which contain at least one individual whose principal employment is in agriculture on a seasonal basis, who has been so employed within the last 24 months, and who establishes, for the purposes of such employment, a temporary abode.	
4	901	**Recipient of Abuse** Battering within past 6 months as self-reported, or as documented by a social worker, health care provider or on other appropriate documents, or as reported through consultation with a social worker, health care provider, or other appropriate personnel. ("Battering" generally refers to violent assaults on women.)	
4	902	**Woman or Infant/Child of Primary Caregiver with Limited Ability to Make Feeding Decisions and/or Prepare Food** · Woman (pregnant, breastfeeding, or non-breastfeeding) or infant/child whose primary caregiver is assessed to have a limited ability to make appropriate feeding decisions and/or prepare food. Examples may include individuals who are: · ≤17 years of age · Mentally disabled/delayed and/or have a mental illness such as clinical depression (diagnosed by a physician or licensed psychologist) · Physically disabled to a degree which restricts or limits food preparation abilities · Currently using or having a history of abusing alcohol or other drugs	
1	904	**Environmental Tobacco Smoke Exposure** Environmental tobacco smoke (ETS) exposure is defined (for WIC eligibility purposes) as exposure to smoke from tobacco products inside the home. ETS is also known as passive, secondhand, or involuntary smoke.	

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1	103	**Underweight** Birth to <24 months: ≤ 2.3rd percentile weight-for-length as plotted on CDC Birth to 24 months gender specific growth charts* **At Risk of Underweight** Birth to <24 months: >2.3rd percentile and ≤ 5th percentile weight-for-length as plotted on CDC Birth to 24 months gender specific growth charts* *Based on 2006 World Health Organization international growth standards. For the Birth to < 24 months "underweight" definition, CDC labels the 2.3rd percentile as the 2nd percentile on the Birth to 24 months gender specific growth charts.	✓
1	114a	**At Risk of Overweight** < 12 months (infant of obese mother): Biological mother with a BMI ≥ 30 at the time of conception or at any point in the first trimester of pregnancy** . Birth to 5 years (infant or child of obese father): Biological father with a BMI ≥ 30 at the time of certification** **BMI must be based on self-reported weight and height by the parent in attendance (i.e., one parent may not "self report" for the other parent) or weight and height measurements taken by staff at the time of certification	
1	115	**High Weight-for-Length (Infants and Children <24 Months of Age)** ≥ 97.7th percentile weight-for-length as plotted on CDC, Birth to 24 months gender specific growth charts* *Based on the 2006 World Health Organization (WHO) international growth standards. CDC labels the 97.7th percentile as the 98th percentile on the Birth to 24 months gender specific growth charts.	
1	121	**Short Stature** Birth to < 24 months: ≤ 2.3rd percentile length-for-age as plotted on the CDC Birth to 24 months gender specific growth charts.* **At Risk of Short Stature** Birth to < 24 months: >2.3rd percentile and ≤ 5th percentile length-for-age as plotted on the CDC Birth to 24 months gender specific growth charts.* *Based on 2006 World Health Organization international growth standards. CDC labels the 2.3rd percentile as the 2nd percentile on the Birth to 24 months gender specific growth charts.	

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1	134	**Failure to Thrive** Presence of failure to thrive (FTT) diagnosed, documented, or reported by a physician, or someone working under a physician's orders, or as self-reported by applicant/participant/caregivers reported or documented by a physician, or someone working under a physician's orders. Failure to thrive (FTT) is a serious growth problem with an often complex etiology. Some of the indicators that a physician might use to diagnose FTT include: • weight consistently below the 3rd percentile for age • weight less than 80% of ideal weight for height/age • progressive fall-off in weight to below the 3rd percentile • a decrease in expected rate of growth along the child's previously defined growth curve irrespective of its relationship to the 3rd percentile FTT may be a mild form of Protein Energy Malnutrition (PEM) that is manifested by a reduction in rate of somatic growth. Regardless of the etiology of FTT, there is inadequate nutrition to support weight gain.	✓
1	135	**Inadequate Growth** An inadequate rate of weight gain as defined below: A. Infants from birth to 1 month of age: · Excessive weight loss after birth or · Not back to birth weight by 2 weeks of age B. Infants from birth to 6 months of age: · Based on 2 weights taken at least 1 month apart, the infant's actual weight gain is less than the calculated expected minimal weight gain based on the following table:	✓

Priority Assigned	Risk Factor Number	Infant Nutrition Risk Factors Title and Definition	High Risk Assigned
1	135 (continued)		✓

Age	Average Weight Gain
Birth to 1 Month	18 g/day 4 ½ oz/week 19 oz/month 1 lb 3 oz/month
1 to 2 Months	25 g/day 6 ¼ oz/week 27 oz/month 1 lb 11 oz/month
2 to 3 Months	18 g/day 4 ½ oz/week 19 oz/month 1 lb 3 oz/month
3 to 4 Months	16 g/day 4 oz/week 17 oz/month 1 lb 1 oz/month
4 to 5 Months	14 g/day 3 ½ oz/week 15 oz/month
5 to 6 Months	12 g/day 3 oz/week 13 oz/week

C. Infants from 6 months to 12 months of age:

Option I: Based on 2 weights taken at least 3 months apart, the infant's actual weight gain less than the calculated expected weight gain based on the following table:

Age	Average Weight Gain
6 to 12 Months	9 g/day 2 ¼ oz/week 9 ½ oz/month 3 lb 10 oz/6 months

Option II: A low rate of weight gain over a six (6) month period (+/- 2 weeks) as defined by the following table:

Age at End of 6 Month Interval	Weight Gain per 6 Month Interval
6 Months	≤ 7 lbs
9 Months	≤ 5 lbs
12 Months	≤ 3 lbs

Priority Assigned	Risk Factor Number	Infant Nutrition Risk Factors Title and Definition	High Risk Assigned
1	141	**Low Birth Weight (For infants and children < 24 months of age)** Birth weight defined as ≤ 5 pounds 8 ounces (≤ 2500 grams). **Very Low Birth Weight(VLBW) (For infants and children < 24 months of age)** Birth weight defined as ≤3 pounds 5 ounces (≤1500 grams).	✓
1	142	**Prematurity (infants and children < 24 months old only)** Birth at ≤ 37 weeks gestation	✓
1	151	**Small for Gestational Age (Infants and children < 24 months of age diagnosed as small for gestational age** Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver.	✓
1	153	**Large for Gestational Age** • Birth weight ≥ 9 pounds (≥4000 g) **OR** • Presence of large for gestational age Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver.	
1	201	**Low Hemoglobin/ Low Hematocrit (Infants 6 to 12 Months of Age)** <11.0 Hemoglobin/<33.0 Hematocrit	
1	341	**Nutrient Deficiency Diseases** Diagnosis of nutritional deficiencies or a disease caused by insufficient dietary intake of macro and micronutrients. Diseases include, but are not limited to: · Protein Energy Malnutrition · Scurvy · Rickets · Beri Beri · Hypocalcemia · Osteomalacia · Vitamin K Deficiency · Pellagra · Cheilosis · Menkes Disease · Xeropthalmia Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by the applicant/participant/caregiver.	✓
1	342	**Gastrointestinal Disorders** Disease(s) or condition(s) that interferes with the intake or absorption of nutrients. The diseases and/or conditions include, but are not limited to: · Gastroesophageal reflux disease (GERD) · Peptic ulcer · Post-bariatric surgery · Short bowel syndrome · Inflammatory bowel disease, including ulcerative colitis or Crohn's disease · Liver disease	✓

Priority Assigned	Risk Factor Number	Infant Nutrition Risk Factors Title and Definition	High Risk Assigned
1	342 (continued)	· Pancreatitis · Biliary tract diseases Presence of gastrointestinal disorders diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by the applicant/participant/caregiver.	✓
1	343	**Diabetes Mellitus** Diabetes mellitus consists of a group of metabolic diseases characterized by inappropriate hyperglycemia resulting from defects in insulin secretion, insulin action or both. Presence of diabetes mellitus diagnosed, documented or reported by a physician or someone working under a physician's orders, or as self-reported by the applicant/participant/caregiver.	✓
1	344	**Thyroid Disorders** Thyroid dysfunctions that occur in pregnant and postpartum women, during fetal development, and in childhood are caused by the abnormal secretion of thyroid hormones. The medical conditions include, but are not limited to, the following: • **Hyperthyroidism**: Excessive thyroid hormone production (most commonly known as Graves' disease and toxic multinodular goiter). • **Hypothyroidism**: Low secretion of thyroid hormone (can be overt or mild/subclinical). Most commonly seen as chronic autoimmune thyroiditis (Hashimoto's thyroiditis or autoimmune thyroid disease). It can also be caused by severe iodine deficiency. • **Congenital Hyperthyroidism**: Excessive thyroid hormone levels at birth, either transient (due to maternal Graves' disease) or persistent (due to genetic mutation). • **Congenital Hypothyroidism**: Infants born with an under active thyroid gland and presumed to have had hypothyroidism in-utero. • **Postpartum Thyroiditis**: Transient or permanent thyroid dysfunction occurring in the first year after delivery based on an autoimmune inflammation of the thyroid. Frequently, the resolution is spontaneous. Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver.	✓
1	345	**Hypertension and Prehypertension** Presence of hypertension or prehypertension diagnosed, documented or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver.	✓
1	346	**Renal Disease** Any renal disease including pyelonephritis and persistent proteinuria, but excluding urinary tract infections (UTI) involving the bladder. Presence of condition diagnosed, documented or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver.	✓

Priority Assigned	Risk Factor Number	Infant Nutrition Risk Factors Title and Definition	High Risk Assigned
1	347	**Cancer** A chronic disease whereby populations of cells have acquired the ability to multiply and spread without the usual biologic restraints. The current condition, or the treatment for the condition, must be severe enough to affect nutritional status. Presence of condition diagnosed, documented or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver.	✓
1	348	**Central Nervous System Disorder** Conditions which affect energy requirements, ability to feed self, or alter nutritional status metabolically, mechanically, or both. These include, but are not limited to: · Epilepsy · Cerebral Palsy(CP) and · Neural Tube Defects (NTD), such as: · Spina Bifida · Parkinson's Disease · Multiple Sclerosis (MS) Presence of condition diagnosed, documented or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver.	✓
1	349	**Genetic Congenital Disorders** Hereditary or congenital condition at birth that causes physical or metabolic abnormality. The current condition must alter nutrition status metabolically, mechanically, or both. May include, but is not limited to: · Cleft lip or palate · Down's syndrome · Thalassemia major · Sickle cell anemia (not sickle cell trait) · Muscular dystrophy Presence of condition diagnosed, documented or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver.	✓

Priority Assigned	Risk Factor Number	Infant Nutrition Risk Factors Title and Definition	High Risk Assigned
1	351	**Inborn Errors of Metabolism** Inherited metabolic disorders caused by a defect in the enzymes or their co-factors that metabolize protein, carbohydrate, or fat. Inborn errors of metabolism (IEM) generally refer to gene mutations or gene deletions that alter metabolism in the body, including but not limited to: • **Amino Acid Disorders**: phenylketonuria (PKU); maple syrup urine disease; homocystinuria; tyrosinemia • **Carbohydrate Disorders**: glactosemia; glycogen storage disease type I, II (Pompe disease), type III, type IV (Andersen Disease), type V, type VI; hereditary fructose intolerance (fructose 1-phosphate aldolase deficiency, fructose 1,6,biphosphatase deficiency, fructose kinase deficiency) • **Fatty Acid Oxidation Defects:** medium chain acyl-CoA dehydrogenase deficiency; long-chain 3-hydroxyacyl-CoA dehydrogenase deficiency; trifunctional protein deficiency type 1(LCHAD deficiency), type 2 (mitochondrial trifunctional protein deficiency; carnitine uptake defect (primary carnitine deficiency); very long-chain acyl-CoA dehydrogenase deficiency • **Organic Acid Disorders** (AKA organic aciduria or organic acidemia): Isovaleric acidemia; 3-Methylcrotonyl-CoA carboxylase deficiency; glutaric acidemia type I, type II; 3-hydroxy-3-methylglutaryl-coenzyme A lyase deficiency; multiple carboxylase deficiency (biotindase deficiency, holocarboxylase synthetase deficiency); methylmalonic acidemia; propionic acidemia; beta-ketothiolase deficiency • **Lysomal Storage Diseases**: Fabry disease (α-galactosidase A deficiency); Gauchers disease (glucocerebrosidase deficiency); Pompe disease (glycogen storage disease Type II, or acid α-glucosidase deficiency) • **Mitochondrial Disorders**: Leber hereditary optic neuropathy; mitochondrial encephalomyopathy, lactic acidosis, and stroke-like episodes (MELAS); mitochondrial neurogastronintestinal encephalopathy disease (MNGIE); myoclonic epilepsy with ragged-red fibers (MERRF); neuropathy, ataxia , and retinitis pigmentosa (NARP); pyruvate carboxylase deficiency • **Peroxisomal Disorders:** Zellweger Syndrome Spectrum; adrenoleukodystrophy (x-ALD) • **Urea Cycle Disorders**: citrullinemia; argininosuccinic aciduria; carbamoyl phosphate synthetase I deficiency Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver.	✓

Priority Assigned	Risk Factor Number	Infant Nutrition Risk Factors Title and Definition	High Risk Assigned
1	352	**Infectious Diseases** A disease caused by growth of pathogenic microorganisms in the body severe enough to affect nutritional status. Includes, but is not limited to: · Tuberculosis · Pneumonia · Meningitis · Parasitic infections · Hepatitis · Bronchiolitis (3 episodes in last 6 months) · HIV (Human Immunodeficiency Virus infection)* · AIDS (Acquired Immunodeficiency Syndrome)* The infectious disease must be present within the past 6 months, and diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported. ***Breastfeeding is contraindicated for women with HIV or AIDS**. **Breastfeeding may be permitted for women with hepatitis:** **Hepatitis A**: Breastfeeding is permitted as soon as the mother receives gamma globulin. **Hepatitis B**: Breastfeeding is permitted after the infant receives HBIG (Hepatitis B specific immunoglobin) and the first dose of a series of Hepatitis B vaccine. **Hepatitis C**: Breastfeeding is permitted for mothers without co-infection (e.g. HIV)	✓
1	353	**Food Allergies** Food allergies are adverse health effects arising from a specific immune response that occurs reproducibly on exposure to a given food. Presence of condition diagnosed, documented or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver.	✓
1	354	**Celiac Disease** Celiac Disease (CD) is an autoimmune disease precipitated by the ingestion of gluten (a protein in wheat, rye, and barley) that results in damage to the small intestine and malabsorption of the nutrients from foods. CD is also known as: • Celiac Sprue • Gluten-sensitive Enteropathy • Non-tropical Sprue Presence of condition diagnosed, documented or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver.	✓

Priority Assigned	Risk Factor Number	Infant Nutrition Risk Factors Title and Definition	High Risk Assigned
1	355	**Lactose Intolerance** Lactose intolerance is the syndrome of one or more of the following: diarrhea, abdominal pain, flatulence, and/or bloating, that occurs after lactose ingestion. Presence of condition diagnosed, documented or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver.	✓
1	356	**Hypoglycemia** Presence of hypoglycemia diagnosed, documented or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver.	✓
1	357	**Drug Nutrient Interactions** Use of prescription or over-the-counter drugs or medications that have been shown to interfere with nutrient intake or utilization, to an extent that nutritional status is compromised.	✓
1	359	**Recent Major Surgery, Trauma, Burns** Major surgery (including C-sections), trauma or burns severe enough to compromise nutritional status. Any occurrence: · Within the past two (≤2) months may be self-reported · More than two (>2) months previous must have the continued need for nutritional support diagnosed by a physician or a health care provider working under the orders of a physician.	✓
1	360	**Other Medical Conditions** Diseases or conditions with nutritional implications that are not included in any of the other medical conditions. The current condition, or treatment for the condition, must be severe enough to affect nutritional status. This includes, but is not limited to: · Juvenile rheumatoid arthritis (JRA) · Lupus erythematosus · Cardiorespiratory diseases · Heart disease · Cystic fibrosis · Persistent asthma (moderate or severe) requiring daily medication Presence of medical condition(s) diagnosed, documented or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver.	✓
1	362	**Developmental, Sensory, or Motor Disabilities Interfering with the Ability to Eat** Developmental, sensory or motor disabilities that restrict the ability to chew or swallow food or require tube feeding to meet nutritional needs. Includes but not limited to: · Minimal brain function · Feeding problems due to a developmental disability such as pervasive development disorder (PDD) which includes autism · Birth injury · Head trauma · Brain damage · Other disabilities	✓

Priority Assigned	Risk Factor Number	Infant Nutrition Risk Factors Title and Definition	High Risk Assigned
1	381	**Oral Health Conditions** Oral health conditions include, but are not limited to: • **Dental caries**, often referred to as "cavities" or "tooth decay", is a common chronic, infectious, transmissible disease resulting from tooth-adherent specific bacteria that metabolize sugars to produce acid, which, over time, demineralizes tooth structure. • **Periodontal diseases** are infections that affect the tissues and bone that support the teeth. Periodontal diseases are classified according to the severity of the disease. The two major stages are gingivitis and periodontitis. Gingivitis is a milder and reversible form of periodontal disease that only affects the gums. Gingivitis may lead to more serious, destructive forms of periodontal disease called periodontitis. • **Tooth loss**, **ineffectively replaced teeth or oral infections**, which impair the ability to ingest food in adequate quantity or quality. Presence of oral health conditions diagnosed, documented, or reported by a physician, dentist, or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver.	
1	382	**Fetal Alcohol Syndrome** Fetal Alcohol Syndrome (FAS) is based on the presence of retarded growth, a pattern of facial abnormalities, and abnormalities of the central nervous system, including mental retardation. Presence of condition diagnosed, documented or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver.	✓
4	411	**Inappropriate Nutrition Practices for Infants** Routine use of feeding practices that may result in impaired nutrient status, disease, or health problems. The inappropriate nutrition practices are listed in the following subsections. Examples are included but are not limited to just those listed:	
	411.1	**Routinely Using a Substitute(s) for Breast Milk or for FDA-approved Iron-fortified Formula as the Primary Nutrient Source during the First Year of Life** Examples of substitutes include: · Low iron formula without iron supplementation · Cow's milk, goat's milk, or sheep's milk (whole, reduced fat, low-fat, skim), canned evaporated or sweetened condensed milk · Imitation or substitute milks (such as rice-or soy-based beverages, non-dairy creamer), or other "homemade concoctions"	

Priority Assigned	Risk Factor Number	Infant Nutrition Risk Factors Title and Definition	High Risk Assigned
	411.2	**Routinely Using Nursing Bottles or Cups Improperly** · Using a bottle to feed fruit juice · Feeding any sugar-containing fluids, such as soda/soft drinks, gelatin water, corn syrup solutions, and sweetened tea · Allowing the infant to fall asleep or be put to bed with a bottle at naps or bedtime · Allowing the infant to use the bottle without restriction (e.g., walking around with a bottle) or as a pacifier · Propping the bottle when feeding · Allowing an infant to carry around and drink throughout the day from a covered or training cup · Adding any food (cereal or other solid foods) to the infant's bottle	
	411.3	**Routinely Offering Complementary Foods* or Other Substances that Are Inappropriate in Type or Timing** *Complementary foods are any foods or beverages other than breast milk or infant formula. Examples of inappropriate complementary foods: · Adding sweet agents such as sugar, honey, or syrups to any beverage (including water) or prepared food, or used on a pacifier · Any food other than breast milk or iron-fortified infant formula before 4 months of age	
	411.4	**Routinely Using Feeding Practices that Disregard the Developmental Needs or Stage of the Infant** · Inability to recognize, insensitivity to, or disregarding the infant's cues for hunger and satiety (e.g., forcing an infant to eat a certain type and/or amount of food or beverage or ignoring an infant's hunger cues) · Feeding foods of inappropriate consistency, size, or shape that put infants at risk of choking · Not supporting an infant's need for growing independence with self-feeding (e.g., solely spoon-feeding an infant who is able and ready to finger-feed and /or try self-feeding with appropriate utensils) · Feeding an infant foods with inappropriate textures based on his/her developmental stage (e.g., feeding pureed or liquid foods when the infant is ready and capable of eating mashed, chopped or appropriate finger foods)	
	411.5	**Feeding Foods to an Infant that Could Be Contaminated with Harmful Microorganisms or Toxins** Examples of potentially harmful foods: · Unpasteurized fruit or vegetable juice · Unpasteurized dairy products or soft cheeses such as feta, Brie, Camembert, blue-veined, and Mexican-style cheese · Honey (added to liquids or solid foods, used in cooking, as part of processed foods, on a pacifier, etc.) · Raw or undercooked meat, fish, poultry, or eggs · Raw vegetable sprouts (alfalfa, clover, bean, and radish	

Priority Assigned	Risk Factor Number	Infant Nutrition Risk Factors Title and Definition	High Risk Assigned
	411.5 (continued)	· Undercooked or raw tofu · Deli meats, hot dogs, and processed meats (avoid unless heated until steaming hot)	
	411.6	**Routinely Feeding Inappropriately Diluted Formula** · Failure to follow manufacturer's dilution instructions (to include stretching formula for household economic reasons) · Failure to follow specific instructions accompanying a prescription	
	411.7	**Routinely Limiting the Frequency of Nursing of the Exclusively Breastfed Infant when Human Milk is the Sole Source of Nutrients** Examples of inappropriate frequency of nursing: · Scheduled feedings instead of demand feedings · Less than 8 feedings in 24 hours if less than 2 months of age · Less than 6 feedings in 24 hours if between 2 and 6 months of age	
	411.8	**Routinely Feeding a Diet Very Low in Calories and/or Essential Nutrients** Examples: · Vegan diet · Macrobiotic diet · Other diets very low in calories and/or essential nutrients	

	411.9	**Routinely Using Inappropriate Sanitation in Preparation, Handling, and Storage of Expressed Human Milk or Formula**
		Examples of inappropriate sanitation:
		· Limited or no access to a:
		  · Safe water supply (documented by appropriate officials, e.g., municipal or health department authorities)
		  · Heat source for sterilization
		  · Refrigerator or freezer for storage
		· Failure to properly prepare, handle, and store bottles, storage containers or breast pumps properly; examples include:
		Human Milk
		  · Thawing in a microwave
		  · Refreezing
		  · Adding freshly expressed unrefrigerated human milk to frozen human milk
		  · Adding refrigerated human milk to frozen human milk in an amount that is greater than the amount of frozen human milk
		  · Feeding thawed human milk more than 24 hours after it was thawed
		  · Saving human milk from a used bottle for another feeding
		  · Failure to clean breast pump per manufacturer's instruction
		Formula
		  · Storing at room temperature for more than one hour
		  · Failure to store prepared formula per manufacturer's	

Priority Assigned	Risk Factor Number	Infant Nutrition Risk Factors Title and Definition	High Risk Assigned
	411.9 (continued)	instructions · Using formula in a bottle one hour after the start of a feeding · Saving formula from a used bottle for another feeding · Failure to clean baby bottle properly	
	411.10	**Feeding Dietary Supplements with Potentially Harmful Consequences** Examples of dietary supplements, which when fed in excess of recommended dosage, may be toxic or have harmful consequences: · Single or multi-vitamins · Mineral supplements · Herbal or botanical supplements/remedies/teas	
	411.11	**Routinely Not Providing Dietary Supplements Recognized as Essential by National Public Health Policy when an Infant's Diet Alone Cannot Meet Nutrient Requirements** · Infants who are 6 months of age or older who are ingesting less than 0.25 mg of fluoride daily when the water supply contains less than 0.3 ppm fluoride · Infants who are exclusively breastfed, or who are ingesting less than 1 liter (or 1 quart) per day of vitamin D-fortified formula, and are not taking a supplement of 400 IU of Vitamin D.	
4	428	**Dietary Risk Associated with Complementary Feeding Practices (Infants 4 to 12 months only)** An infant 4 to 12 months of age who has begun to or is expected to begin to · consume complementary foods and beverages · eat independently · be weaned from breast milk or infant formula · transition from a diet based on infant/toddler foods to one based on the *Dietary Guidelines for Americans* · is at risk of inappropriate complementary feeding. **A complete nutrition assessment, including for risk #411, Inappropriate**	
1	603	**Breastfeeding Complications or Potential Complications (Infants)** A breastfed infant with any of the following complications or potential complications for breastfeeding: · Jaundice · Weak or ineffective suck · Difficulty latching onto mother's breast · Inadequate stooling (for age, as determined by physician or other health care professional), and/or less than 6 wet diapers per day	✓
2	701	**Infant Up to 6 Months Old of WIC Mother, or of a Woman Who Would Have Been Eligible During Pregnancy** An infant < six months of age whose mother was a WIC Program participant during pregnancy or whose mother's medical records document that the woman was at nutritional risk during pregnancy because of detrimental or abnormal nutritional conditions detectable by biochemical or anthropometric measurements or other documented nutritionally related medical conditions.	

Priority Assigned	Risk Factor Number	Infant Nutrition Risk Factors Title and Definition	High Risk Assigned
1, 2, or 4	702	**Breastfeeding Infant of Woman at Nutritional Risk** Breastfeeding infant of woman at nutritional risk.	
1	703	**Infant Born of Woman with Mental Retardation or Alcohol or Drug Abuse During Most Recent Pregnancy** Infant born of a woman: · Presence of mental retardation diagnosed, documented, or reported by a physician or psychologist or someone working under a physicians' orders, or as self-reported by applicant/participant/caregiver · Documentation or self-report of any use of alcohol or illegal drugs during most recent pregnancy	
4	801	**Homelessness** A woman, infant or child who lacks a fixed and regular nighttime residence; or whose primary nighttime residence is: · A supervised publicly or privately operated shelter (including a welfare hotel, a congregate shelter, or a shelter for victims of domestic violence) designed to provide temporary living accommodations · An institution that provides a temporary residence for individuals intended to be institutionalized · A temporary accommodation of not more than 365 days in the residence of another individual · A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings	
4	802	**Migrancy** Categorically eligible women, infants and children who are members of families which contain at least one individual whose principal employment is in agriculture on a seasonal basis, who has been so employed within the last 24 months, and who establishes, for the purposes of such employment, a temporary abode.	
4	901	**Recipient of Abuse** Child abuse/neglect within past 6 months as self-reported, or as documented by a social worker, health care provider, or on other appropriate documents, or as reported through consultation with a social worker, health care provider, or other appropriate personnel. **Child abuse/neglect:** Any recent act or failure to act resulting in imminent risk of serious harm, death, serious physical or emotional harm, sexual abuse, or exploitation of an infant or child by a parent or caretaker. **NOTE:** If State law requires the reporting of known or suspected child abuse or neglect, WIC staff must release such information to appropriate State officials. WIC regulations pertaining to confidentiality do not take precedence over such State law.	

Priority Assigned	Risk Factor Number	Infant Nutrition Risk Factors Title and Definition	High Risk Assigned
4	902	**Infant/Child of Primary Caregiver with Limited Ability to Make Feeding Decisions and/or Prepare Food** · Infant/child whose primary caregiver is assessed to have a limited ability to make appropriate feeding decisions and/or prepare food. Examples may include individuals who are: · ≤17 years of age · Mentally disabled/delayed and/or have a mental illness such as clinical depression (diagnosed by a physician or licensed psychologist) · Physically disabled to a degree which restricts or limits food preparation abilities · Currently using or having a history of abusing alcohol or other drugs	
1	904	**Environmental Tobacco Smoke Exposure** Environmental tobacco smoke (ETS) exposure is defined (for WIC eligibility purposes) as exposure to smoke from tobacco products inside the home. ETS is also known as passive, secondhand, or involuntary smoke.	

Priority Assigned	Risk Factor Number	Child Nutrition Risk Factors Title and Definition	High Risk Assigned
3	103	**Underweight** Birth to <24 months: ≤ 2.3rd percentile weight-for-length as plotted on the CDC Birth to 24 months gender specific growth charts* 2-5 years: ≤ 5th percentile Body Mass Index (BMI)-for-age as plotted on the 2000 CDC age/gender specific growth charts **At Risk of Underweight** Birth to <24 months: >2.3rd percentile and ≤ 5th percentile weight-for-length as plotted on the CDC Birth to 24 months gender specific growth charts* 2-5 years: >5th percentile and ≤ 10th percentile BMI-for-age as plotted on the 2000 CDC age/gender specific growth charts *Based on 2006 World Health Organization (WHO) international growth standards. For the Birth to < 24 months "underweight" definition, CDC labels the 2.3rd percentile as the 2nd percentile on the Birth to 24 months gender specific growth charts.	✓
3	113	**Obese (Children 2-5 Years of Age)** 2-5 Years: ≥ 95th percentile Body Mass Index (BMI) or weight-for-stature as plotted on the 2000 CDC 2-20 years gender specific growth charts* *NOTE: The cut off is based on standing height measurements. Therefore, recumbent length measurements may not be used to determine this risk.	✓
3 3	114 114a	**Overweight** 2-5 Years: ≥85th and <95th percentile Body Mass Index (BMI)-for-age or weight-for-stature as plotted on the 2000 CDC 2-20 years gender specific growth charts* **At Risk of Overweight** ≥ 12 months (child of obese mother): Biological mother with a BMI ≥ 30 at the time of certification.** (If the mother is pregnant or has had a baby within the past 6 months, use her preconceptual weight to assess for obesity since her current weight will be influenced by pregnancy-related weight gain.) Birth to 5 years (infant or child of obese father): Biological father with a BMI ≥ 30 at time of certification **BMI must be based on self-reported weight and height by the parent in attendance (i.e., one parent may not "self-report" for the other parent) or weight and height measurements taken by staff at the time of certification.	

Priority Assigned	Risk Factor Number	Child Nutrition Risk Factors Title and Definition	High Risk Assigned
3	115	**High Weight-for-Length (Infants and Children < 24 Months of Age)** Birth to < 24 months: ≥ 97.7th percentile weight-for-length as plotted on the CDC Birth to 24 months gender specific growth charts.* *Based on the 2006 World Health Organization (WHO) international growth standards. CDC labels the 97.7th percentile as the 98th percentile on the Birth to 24 months gender specific growth charts.	
3	121	**Short Stature** Birth to < 24 months: ≤ 2.3rd percentile length-for-age as plotted on the CDC Birth to 24 months gender specific growth charts.* 2-5 years: ≤ 5th percentile stature-for-age as plotted on the 2000 CDC age/gender specific growth charts. **At Risk of Short Stature** Birth to < 24 months: >2.3rd percentile and ≤ 5th percentile length-for-age as plotted on the CDC Birth to 24 months gender specific growth charts.* 2-5 years: >5th percentile and ≤ 10th percentile stature-for-age as plotted on the 2000 CDC age/gender specific growth charts. *Based on 2006 World Health Organization (WHO) international growth standards. CDC labels the 2.3rd percentile as the 2nd percentile on the Birth to 24 months gender specific growth charts.	
3	134	**Failure to Thrive** Presence of failure to thrive (FTT) diagnosed, documented, or reported by a physician, or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver. Failure to thrive (FTT) is a serious growth problem with an often complex etiology. Some of the indicators that a physician might use to diagnose FTT include: • weight consistently below the 3rd percentile for age • weight less than 80% of ideal weight for height/age • progressive fall-off in weight to below the 3rd percentile • a decrease in expected rate of growth along the child's previously defined growth curve irrespective of its relationship to the 3rd percentile FTT may be a mild form of Protein Energy Malnutrition (PEM) that is manifested by a reduction in rate of somatic growth. Regardless of the etiology of FTT, there is inadequate nutrition to support weight gain.	✓

<table>
<tr><th>Priority Assigned</th><th>Risk Factor Number</th><th>Child Nutrition Risk Factors
Title and Definition</th><th>High Risk Assigned</th></tr>
<tr><td>3</td><td>135</td><td>Inadequate Growth
An inadequate rate of weight gain as defined in the options below:

Option I: Based on two (2) weights taken at least three (3) months apart, the child's actual weight gain is less than the calculated expected weight gain based on the table below:

<table>
<tr><th>Age</th><th>Average Weight Gain</th></tr>
<tr><td>12 to 59 Months</td><td>2 ½ oz g/day
0.6 oz/week
2.7 oz/month
1 lb/6 months</td></tr>
</table>

Option II: A low rate of weight gain over a six (6) month period (+/- 2 weeks) as defined by the table below:
<table>
<tr><th>Age at End of 6 Month Interval</th><th>Weight Gain per 6 Month Interval</th></tr>
<tr><td>12 Months</td><td>≤ 3 lbs</td></tr>
<tr><td>18 to 60 Months</td><td>≤ 1 lb</td></tr>
</table></td><td>✓</td></tr>
<tr><td>3</td><td>141</td><td>Low Birth Weight (For children < 24 months of age)
Birth weight defined as ≤ 5 pounds 8 ounces (≤ 2500 grams).
Very Low Birth Weight (VLBW) (For children < 24 months of age)
Birth weight defined as ≤ 3 pounds 5 ounces (≤ 1500 grams).</td><td></td></tr>
<tr><td>3</td><td>142</td><td>Prematurity (children < 24 months old only)
Birth at ≤ 37 weeks gestation.</td><td></td></tr>
<tr><td>3</td><td>151</td><td>Small for Gestational Age (children < 24 months old only)
Infants and children < 24 months of age diagnosed as small for gestation age. Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver.</td><td></td></tr>
<tr><td>3</td><td>201</td><td>Low Hemoglobin/Hematocrit
<table>
<tr><th colspan="2">Children 1 - < 2 years of age</th><th colspan="2">age</th></tr>
<tr><td>Hgb</td><td>Hct</td><td>Hgb</td><td>Hct</td></tr>
<tr><td>< 11.0</td><td>< 32.9</td><td>< 11.1</td><td>< 33.0</td></tr>
</table></td><td></td></tr>
<tr><td>3</td><td>211</td><td>Elevated Blood Lead Levels
Blood lead level of ≥ 10 μg/deciliter within the past 12 months.*
*Cut off value is the current published guidance from the Centers for Disease Control and Prevention.</td><td>✓</td></tr>
<tr><td>3</td><td>341</td><td>Nutrient Deficiency Diseases
Diagnosis of nutritional deficiencies or a disease caused by insufficient dietary intake of macro and micronutrients. Disease include, but are not limited to:
· Protein Energy Malnutrition
· Scurvy
· Rickets
· Beri Beri</td><td>✓</td></tr>
</table>

Priority Assigned	Risk Factor Number	Child Nutrition Risk Factors Title and Definition	High Risk Assigned
3	341 (continued)	· Hypocalcemia · Osteomalacia · Vitamin K Deficiency · Pellagra · Cheilosis · Menkes Disease · Xeropthalmia Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by the applicant/participant/caregiver.	✓
3	342	**Gastrointestinal Disorders** Disease(s) and/or condition(s) that interferes with the intake or absorption of nutrients. The diseases and/or conditions include, but are not limited to: · Gastroesophageal reflux disease (GERD) · Peptic ulcer · Post-bariatric surgery · Short bowel syndrome · Inflammatory bowel disease, including ulcerative colitis or Crohn's disease · Liver disease · Pancreatitis · Biliary tract diseases Presence of gastrointestinal disorders diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by the applicant/participant/caregiver.	✓
3	343	**Diabetes Mellitus** Diabetes mellitus consists of a group of metabolic diseases characterized by inappropriate hyperglycemia resulting from defects in insulin secretion, insulin action or both. Presence of diabetes mellitus diagnosed by a physician as self-reported by applicant/participant/caregiver; or as reported or documented by a physician, or someone working under physician's orders.	✓
3	344	**Thyroid Disorders** Thyroid dysfunctions that occur in pregnant and postpartum women, during fetal development, and in childhood are caused by the abnormal secretion of thyroid hormones. The medical conditions include, but are not limited to, the following: • **Hyperthyroidism**: Excessive thyroid hormone production (most commonly known as Graves' disease and toxic multinodular goiter). • **Hypothyroidism**: Low secretion of thyroid hormone (can be overt or mild/subclinical). Most commonly seen as chronic autoimmune thyroiditis (Hashimoto's thyroiditis or autoimmune thyroid disease). It can also be caused by severe iodine deficiency. • **Congenital Hyperthyroidism**: Excessive thyroid hormone levels at birth, either transient (due to maternal Graves' disease) or persistent (due to genetic mutation). • **Congenital Hypothyroidism**: Infants born with an under active thyroid gland and presumed to have had hypothyroidism in-utero. • **Postpartum Thyroiditis**: Transient or permanent thyroid dysfunction occurring in the first year after delivery based on an autoimmune inflammation of the thyroid. Frequently, the resolution is spontaneous. Presence of condition diagnosed, documented, or reported by a physician or someone working under physician's orders, or as self-reported by applicant/participant/caregiver.	✓

Priority Assigned	Risk Factor Number	Child Nutrition Risk Factors Title and Definition	High Risk Assigned
3	345	**Hypertension and Prehypertension** Presence of hypertension or prehypertension diagnosed, documented or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver.	✓
3	346	**Renal Disease** Any renal disease including pyelonephritis and persistent proteinuria, but excluding urinary tract infections (UTI) involving the bladder. Presence of condition diagnosed, documented or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver.	✓
3	347	**Cancer** A chronic disease whereby populations of cells have acquired the ability to multiply and spread without the usual biologic restraints. The current condition, or the treatment for the condition, must be severe enough to affect nutritional status. Presence of condition diagnosed, documented or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver.	✓
3	348	**Central Nervous System Disorder** Conditions which affect energy requirements, ability to feed self, or alter nutritional status metabolically, mechanically, or both. These include, but are not limited to: · Epilepsy · Cerebral Palsy(CP) · Neural Tube Defects (NTD), such as: · Spina Bifida · Parkinson's Disease · Multiple Sclerosis (MS) Presence of condition diagnosed, documented or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver.	✓
3	349	**Genetic Congenital Disorders** Hereditary or congenital condition at birth that causes physical or metabolic abnormality. The current condition must alter nutrition status metabolically, mechanically, or both. May include, but is not limited to: · Cleft lip or palate · Down's syndrome · Thalassemia major · Sickle cell anemia (<u>not</u> sickle cell trait) · Muscular dystrophy Presence of condition diagnosed, documented or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver.	✓

Priority Assigned	Risk Factor Number	Child Nutrition Risk Factors Title and Definition	High Risk Assigned
3	351	**Inborn Errors of Metabolism** Inherited metabolic disorders caused by a defect in the enzymes or their co-factors that metabolize protein, carbohydrate, or fat. Inborn errors of metabolism (IEM) generally refer to gene mutations or gene deletions that alter metabolism in the body, including but not limited to: • **Amino Acid Disorders**: phenylketonuria (PKU); maple syrup urine disease; homocystinuria; tyrosinemia • **Carbohydrate Disorders**: glactosemia; glycogen storage disease type I, II (Pompe disease), type III, type IV (Andersen Disease), type V, type VI; hereditary fructose intolerance (fructose 1-phosphate aldolase deficiency, fructose 1,6,biphosphatase deficiency, fructose kinase deficiency) • **Fatty Acid Oxidation Defects:** medium chain acyl-CoA dehydrogenase deficiency; long-chain 3-hydroxyacyl-CoA dehydrogenase deficiency; trifunctional protein deficiency type 1(LCHAD deficiency), type 2 (mitochondrial trifunctional protein deficiency; carnitine uptake defect (primary carnitine deficiency); very long-chain acyl-CoA dehydrogenase deficiency • **Organic Acid Disorders** (AKA organic aciduria or organic acidemia): Isovaleric acidemia; 3-Methylcrotonyl-CoA carboxylase deficiency; glutaric acidemia type I, type II; 3-hydroxy-3-methylglutaryl-coenzyme A lyase deficiency; multiple carboxylase deficiency (biotindase deficiency, holocarboxylase synthetase deficiency); methylmalonic acidemia; propionic acidemia; beta-ketothiolase deficiency • **Lysomal Storage Diseases**: Fabry disease (α-galactosidase A deficiency); Gauchers disease (glucocerebrosidase deficiency); Pompe disease (glycogen storage disease Type II, or acid α-glucosidase deficiency) • **Mitochondrial Disorders**: Leber hereditary optic neuropathy; mitochondrial encephalomyopathy, lactic acidosis, and stroke-like episodes (MELAS); mitochondrial neurogastronintestinal encephalopathy disease (MNGIE); myoclonic epilepsy with ragged-red fibers (MERRF); neuropathy, ataxia , and retinitis pigmentosa (NARP); pyruvate carboxylase deficiency • **Peroxisomal Disorders:** Zellweger Syndrome Spectrum; adrenoleukodystrophy (x-ALD) • **Urea Cycle Disorders**: citrullinemia; argininosuccinic aciduria; carbamoyl phosphate synthetase I deficiency Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver.	✓

Priority Assigned	Risk Factor Number	Child Nutrition Risk Factors Title and Definition	High Risk Assigned
3	352	**Infectious Diseases** A disease caused by growth of pathogenic microorganisms in the body severe enough to affect nutritional status. Includes, but is not limited to: · Tuberculosis · Pneumonia · Meningitis · Parasitic infections · Hepatitis · Bronchiolitis (3 episodes in last 6 months) · HIV (Human Immunodeficiency Virus infection)* · AIDS (Acquired Immunodeficiency Syndrome)* The infectious disease must be present within the past 6 months, and diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant participant/caregiver. ***Breastfeeding is contraindicated for women with these conditions.** **Breastfeeding may be permitted for women with hepatitis.** **Hepatitis A**: Breastfeeding is permitted as soon as the mother receives gamma globulin. **Hepatitis B**: Breastfeeding is permitted after the infant receives HBIG. (Hepatitis B specific immunoglobin) and the first dose of a series of Hepatitis B vaccine. **Hepatitis C**: Breastfeeding is permitted for mothers without co-infection (e.g. HIV).	✓
3	353	**Food Allergies** Food allergies are adverse health effects arising from a specific immune response that occurs reproducibly on exposure to a given food. Presence of condition diagnosed, documented or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver.	✓
3	354	**Celiac Disease** Celiac Disease (CD) is an autoimmune disease precipitated by the ingestion of gluten (a protein in wheat, rye, and barley) that results in damage to the small intestine and malabsorption of the nutrients from foods. CD is also known as: • Celiac Sprue • Gluten-sensitive Enteropathy • Non-tropical Sprue Presence of condition diagnosed, documented or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver.	✓
3	355	**Lactose Intolerance** Lactose intolerance is the syndrome of one or more of the following: diarrhea, abdominal pain, flatulence, and/or bloating, that occurs after lactose ingestion. Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver.	✓

Priority Assigned	Risk Factor Number	Child Nutrition Risk Factors Title and Definition	High Risk Assigned
3	356	**Hypoglycemia** Presence of hypoglycemia diagnosed, documented or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver.	✓
3	357	**Drug Nutrient Interactions** Use of prescription or over-the-counter drugs or medications that have been shown to interfere with nutrient intake or utilization, to an extent that nutritional status is compromised.	✓
3	359	**Recent Major Surgery, Trauma, Burns** Major surgery (including C-sections), trauma or burns severe enough to compromise nutritional status. Any occurrence: · Within the past two (≤ 2) months may be self-reported · More than two (>2) months previous must have the continued need for nutritional support diagnosed by a physician or a health care provider working under the orders of a physician.	✓
3	362	**Developmental, Sensory, or Motor Disabilities Interfering with the Ability to Eat** Developmental, sensory or motor disabilities that restrict the ability to intake, chew or swallow food or require tube feeding to meet nutritional needs. Disabilities include but are not limited to: · Minimal brain function · Feeding problems due to a developmental disability such as pervasive development disorder (PDD) which includes Autism · Birth injury · Head trauma · Brain damage · Other disabilities	✓

Priority Assigned	Risk Factor Number	Child Nutrition Risk Factors Title and Definition	High Risk Assigned
3	381	**Oral Health Conditions** Oral health conditions include, but are not limited to: • **Dental caries**, often referred to as "cavities" or "tooth decay", is a common chronic, infectious, transmissible disease resulting from tooth-adherent specific bacteria that metabolize sugars to produce acid, which, over time, demineralizes tooth structure. • **Periodontal diseases** are infections that affect the tissues and bone that support the teeth. Periodontal diseases are classified according to the severity of the disease. The two major stages are gingivitis and periodontitis. Gingivitis is a milder and reversible form of periodontal disease that only affects the gums. Gingivitis may lead to more serious, destructive forms of periodontal disease called periodontitis. • **Tooth loss, ineffectively replaced teeth or oral infections**, which impair the ability to ingest food in adequate quantity or quality. Presence of oral health conditions diagnosed, documented, or reported by a physician, dentist, or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver.	
3	382	**Fetal Alcohol Syndrome** Fetal Alcohol Syndrome (FAS) is based on the presence of retarded growth, a pattern of facial abnormalities, and abnormalities of the central nervous system, including mental retardation. Presence of condition diagnosed, documented or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver.	✓
5	401	**Failure to Meet Dietary Guidelines for Americans** Women and children two years of age and older who meet the income, categorical, and residency eligibility requirements may be presumed to be at nutrition risk based on *Failure to Meet Dietary Guidelines for Americans (Dietary Guidelines)* . Based on an individual's estimated energy needs, the *Failure to Meet Dietary Guidelines* risk criterion is defined as consuming fewer than the recommended number of servings from one or more of the basic food groups (grains, fruits, vegetables, milk products, and meat or beans). **<u>NOTE</u>: The *Failure to Meet Dietary Guidelines for Americans* risk criterion can only be used when a complete nutrition assessment (to include an assessment for risk #425, Inappropriate Nutrition Practices for Children) has been completed <u>and</u> no other risk criteria have been identified.**	
5	425	**Inappropriate Nutrition Practices for Children** Routine use of feeding practices that may result in impaired nutrient status, disease, or health problems. The inappropriate nutrition practices are listed in the following subsections. Examples are included but are not limited to just those listed:	

	425.1	**Routinely Feeding Inappropriate Beverages as the Primary Milk Source** Examples of inappropriate beverages as primary milk source: · Non-fat or reduced-fat milks (between 12 and 24 months of age only) or sweetened condensed milk · Imitation or substitute milks (such as inadequately or unfortified rice- or soy-based beverages, non-dairy creamer) or other "homemade concoctions"	
	425.2	**Routinely Feeding a Child Any Sugar-Containing Fluids** Examples of sugar-containing fluids: · Soda/soft drinks · Gelatin water · Corn syrup solutions · Sweetened tea	

	425.3	**Routinely Using Nursing Bottles, Cups, or Pacifiers Improperly**
		· Using a bottle to feed:
		  · Fruit juice
		  · Diluted cereal or other solid foods
		· Allowing the child to fall asleep or be put to bed with a bottle at naps or bedtime
		· Allowing the child to use the bottle without restriction (e.g., walking around with a bottle) or as a pacifier
		· Using a bottle for feeding or drinking beyond 14 months of age
		· Using a pacifier dipped in sweet agents such as sugar, honey, or syrups
		· Allowing a child to carry around and drink throughout the day from a covered or training cup	

	425.4	**Routinely Using Feeding Practices that Disregard the Developmental Needs or Stages of the Child** · Inability to recognize, insensitivity to, or disregarding the child's cues for hunger and satiety (e.g., forcing a child to eat a certain type and/or amount of food or beverage or ignoring a hungry child's requests for appropriate foods) · Feeding foods of inappropriate consistency, size, or shape that put children at risk of choking · Not supporting a child's need for growing independence with self-feeding (e.g., solely spoon-feeding a child who is able and ready to finger-feed and/or try self-feeding with appropriate utensils) · Feeding a child food with inappropriate texture based on his/her developmental stage (e.g., feeding primarily pureed or liquid food when the child is ready and capable of eating mashed, chopped or appropriate finger foods)	

Priority Assigned	Risk Factor Number	Child Nutrition Risk Factors Title and Definition	High Risk Assigned
	425.5	**Feeding Foods to a Child that could be Contaminated with Harmful Microorganisms** Examples of potentially harmful foods: · Unpasteurized fruit or vegetable juice · Unpasteurized dairy products or soft cheeses such as feta, Brie, Camembert, blue-veined, and Mexican-style cheese · Raw or undercooked meat, fish, poultry, or eggs · Raw vegetable sprouts (alfalfa, clover, bean, and radish) · Undercooked or raw tofu · Deli meats, hot dogs, and processed meats (avoid unless heated until steaming hot)	
	425.6	**Routinely Feeding a Diet Very Low in Calories and/or Essential Nutrients** Examples: · Vegan diet · Macrobiotic diet · Other diets very low in calories and/or essential nutrients	
	425.7	**Feeding Dietary Supplements with Potentially Harmful Consequences.** Examples of dietary supplements which when fed in excess of recommended dosage may be toxic or have harmful consequences: · Single or multi-vitamins · Mineral supplements · Herbal or botanical supplements/remedies/teas	
	425.8	**Routinely not Providing Dietary Supplements Recognized as Essential by National Public Health Policy when a Child's Diet Alone Cannot Meet Nutrient Requirements.** · Providing children under 36 months of age less than 0.25 mg of fluoride daily when the water supply contains less than 0.3 ppm fluoride. · Providing children 36-60 months of age less than 0.50 mg of fluoride daily when the water supply contains less than 0.3 ppm fluoride. · Not providing 400 IU of vitamin D if a child consumes less than 1 liter (or 1 quart) of vitamin D fortified milk or formula.	

Priority Assigned	Risk Factor Number	Child Nutrition Risk Factors Title and Definition	High Risk Assigned
	425.9	**Routine Ingestion of Nonfood Items (Pica)** Examples of inappropriate nonfood items: · Ashes · Carpet fibers · Cigarettes or cigarette butts · Clay · Dust · Foam rubber · Paint chips · Soil · Starch (laundry and cornstarch)	
5	428	**Dietary Risk Associated with Complementary Feeding Practices (Children 12 through 23 months only)** A child 12 months through 23 months of age who has begun to or is expected to begin to: · consume complementary foods and beverages · eat independently · be weaned from breast milk or infant formula, or · transition from a diet based on infant/toddler foods to be one based on the *Dietary Guidelines for Americans* is at risk of inappropriate complementary feeding. **A complete nutrition assessment, including for risk #425, Inappropriate Nutrition Practices for Children, must be completed prior to assigning this risk.**	
5	501	**Possibility of Regression** A participant who has previously been certified eligible for the Program may be considered to be at nutritional risk in the next certification period if the competent professional authority determines there is a possibility of regression in nutritional status without the benefits that the WIC Program provides. The State may limit the number of times and circumstances under which a participant may be certified due to the possibility of regression.	
5	801	**Homelessness** A woman, infant or child who lacks a fixed and regular nighttime residence; or whose primary nighttime residence is: · A supervised publicly or privately operated shelter (including a welfare hotel, a congregate shelter, or a shelter for victims of domestic violence) designed to provide temporary living accommodations · An institution that provides a temporary residence for individuals intended to be institutionalized · A temporary accommodation of not more than 365 days in the residence of another individual · A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings	

Priority Assigned	Risk Factor Number	Child Nutrition Risk Factors Title and Definition	High Risk Assigned
5	802	**Migrancy** Categorically eligible women, infants and children who are members of families which contain at least one individual whose principal employment is in agriculture on a seasonal basis, who has been so employed within the last 24 months, and who establishes, for the purposes of such employment, a temporary abode.	
5	901	**Recipient of Abuse** Child abuse/neglect within past 6 months as self-reported, or as documented by a social worker, health care provider, or on other appropriate documents, or as reported through consultation with a social worker, health care provider, or other appropriate personnel. **Child abuse/neglect**: Any recent act or failure to act resulting in imminent risk of serious harm, death, serious physical or emotional harm, sexual abuse, or exploitation of an infant or child by a parent or caretaker. **NOTE**: If State law requires the reporting of known or suspected child abuse or neglect, WIC staff must release such information to appropriate State officials. WIC regulations pertaining to confidentiality do not take precedence over such State law.	
5	902	**Child of Primary Caregiver with Limited Ability to Make Feeding Decisions and/or Prepare Food** Child whose primary caregiver is assessed to have a limited ability to make appropriate feeding decisions and/or prepare food. Examples may include individuals who are: · ≤17 years of age · Mentally disabled/delayed and/or have a mental illness such as clinical depression (diagnosed by a physician or licensed psychologist) · Physically disabled to a degree which restricts or limits food preparation abilities · Currently using or having a history of abusing alcohol or other drugs	
3	904	**Exposure to Environmental Tobacco Smoke (also known as passive, secondhand or involuntary smoke)** Environmental tobacco smoke (ETS) exposure is defined as exposure to smoke from tobacco products inside the home. ETS is also known as passive, secondhand, or involuntary smoke.	

Breastfeeding Assessment Guide

Proceed through steps 1- 8 to assess breastfeeding adequacy and utilize the tips.

1. FREQUENCY OF NURSING

Appropriate If:
Birth-4 months . . . . . .8-12 times/day
4-6 months . . . . . .5+ times /day
6-8 months . . . . . .4-5 times/day*
9-12 months . . . . . .3-4 times/day*
13 months . . . .1-3 times/day*

Frequency could increase during growth spurts that occur typically at 7-14 days,
1 month, 2 months, 3 months and 6 months.

** Assess age appropriate solid food intake if nursing more than expected for age.*

2. LENGTH OF NURSING**

Healthy newborns should be allowed to determine the feeding length. Most will nurse 20 to 40 min/feeding.

Appropriate If:
Infant's weight gain is within the normal recommended limits ***and*** the infant ends the feedings.

Inappropriate If:
A. Infant's weight gain is below recommended normal limits.

B. One or more of the following is present:
Mother limits the time or schedules the nursing;
Infant's (newborn to 4 months) nursing averages less than 5 minutes per feedings;
Infant's nursing averages 60 minutes or more per feeding. *This may indicate the infant has a poor or ineffective suck.*

*** The length of time that a baby nurses varies greatly among infants. The length of feeding alone is not sufficient to assess the adequacy of breastfeeding.*

3. NUMBER OF WET DIAPERS***
(In a 24-Hour Period)

Should be 3 or more after the 3rd day of life. Ask if the infant is receiving anything other than breastmilk.

**** Water, glucose water, or other liquids given as a supplement will cause the number of wets to be falsely reassuring.*

4. NUMBER OF STOOLS****

By the 4th day of life — at least 3 soft yellow stools.
During the first 6 weeks of life — multiple yellow (liquid or soft) stools per day.
Six weeks and over — stool pattern varies. Many older babies only stool once over several days.
Do not use laxatives, etc. if the infant:
- ✓ Is nursing as usual;
- ✓ Is active as usual; and
- ✓ Seems comfortable

***** Formula supplements will change the frequency and consistency of the stool.*

5. INFANT BODY TONE

Make note of the infant's body tone when obtaining weights and lengths.

Good Tone: Infant has good strength and supports his body well when held.

Poor Tone: Infant's body feels floppy or difficult to hold onto.

Poor body tone may indicate ineffective suck. This is usually temporary. Emphasize optimal infant whole body support and additional breast stimulation.

6. POSITIONING FOR NURSING

If baby is less than one month old, ask the mother to show you how she puts her baby to the breast.

Observe:

- ❑ Is mother using good posture? Does she look comfortable?
- ❑ Are mother's fingers off the areola and out of the infant's way?
- ❑ Is the infant turned tummy to tummy with the mother?
- ❑ Is the infant's body well aligned — ear, shoulder, hip in a line?
- ❑ Are infant's lips flanged out and easily visible?
- ❑ Is the infant's nose and chin touching the mother's breast?
- ❑ Can you hear swallowing?
- ❑ Is the breast softer after nursing?

"Appropriate" if the answer to all eight questions is **—**Yes.

"Inappropriate" if the answer to one or more questions is **—**No.

7. MOTHER'S PERCEPTION OF NURSING

"Appropriate" if mother's perception of the nursing matches the available objective data. ***Example:*** *The mother of a thriving 4-week-old with appropriate weight gain thinks breastfeeding is going well.*

"Inappropriate" if the mother's perception of the nursing is not consistent with the objective data. ***Example:*** *The mother of a 3-week-old thinks that breastfeeding is going well but the baby's weight is 8 ounces below birth weight.*

8. TIPS FOR BREASTFEEDING SUCCESS

The more often a baby breastfeeds, the more milk a mother produces. The same goes for pumping the milk while away from the baby.

Drained or emptied breasts make milk faster.	**Full or un-emptied breasts make milk slower.**

Artificial nipples prevent effective suckling at the breast. Formula supplements delay hunger and feeding frequency needed in the early weeks of life. Both can cause less milk to be produced.

The highest milk volume is reached at 4 to 6 weeks postpartum and it is more difficult to increase later. The following steps are ***critical to achieve optimal breastfeeding and adequate milk production:***

1. Help mothers **correct latch & positioning problems immediately**, especially before the first growth spurt (7 to 14 days).
2. Encourage **exclusive frequent nursing** during the first 4 weeks to help produce the highest milk volumes possible.
3. Emphasize that nursing the healthy baby **at the breast during the first 4 weeks** versus using a pump results in the best chance for building and maintaining the milk.
4. Assist mothers separated from hospitalized sick and premature infants in obtaining an appropriate breast pump **as soon as requested**.

For additional help:
Tip Sheet #602
Maternal Breastfeeding Complications
Tip Sheet #603
Infant Breastfeeding Complications
Tip Sheet
Pain With Breastfeeding

WIC Nutrition and Breastfeeding Helpline
1-800-445-6175

Breastfeeding Best Practices Actions

Goal # 1: To increase breastfeeding duration among WIC participants			
Objectives: 1. Provide early postpartum follow-up to help new breastfeeding mothers survive the critical first 2 to 4 weeks. 2. Provide breastfeeding mothers with continuous frequent support during first 3 months of breastfeeding.			
Action #1 Provide breastfeeding education to new mothers, birth to 3 months	**WHO**	**What**	**When**
	Pregnant women	Issue "Mom to Mom" newsletter **Getting off to a Good Start**	Initial certification
	Pregnant women	Issue "Mom to Mom" newsletter **Your Family: 1st Week**	Last food check pickup
	Breastfeeding women	Issue "Mom to Mom" newsletter **Your Family: 1st Month**	Initial certification
	Breastfeeding women	Issue "Mom to Mom" newsletter **Your Family: 1 – 2 Months**	One month infant weight check
	Breastfeeding women	Issue "Mom to Mom" newsletter **Your Family: 2 to 3 Months**	Two month infant weight check
Action # 2 A. Provide support to new breastfeeding mothers and babies, birth to 3 months	Breastfeeding Infant	Encourage and offer appt for weekly infant weight checks	Weekly until return to birth weight and breastfeeding going well.
	Breastfeeding Infant	Encourage and offer appt for monthly infant weight checks	Up to 3 months of age or as indicated per growth assessment criteria.
	Breastfeeding Infant	Document infant weights in participant folder	At weight check visit
	Breastfeeding Women	Give a copy of infant weights (option – record weights on "Watch Me Grow" tear sheets – obtain from WIC breastfeeding)	At weight check visit
Action #3 Issue appropriate breastfeeding support materials including appropriate *local donations. **Note #1**: Breast pump issuance must follow current policy guidelines. **Note #2:** *Local donations must adhere to general WIC breastfeeding friendly clinic guidelines. Items to avoid include: Formula company logos, anything that might create a choking hazard for children, and home prepared food; see Breastfeeding-Local Health Unit/WIC Clinic for more guidance.	**Breastfeeding women only**	**Suggested items to issue as available:** A. Bra pads & ABC Baby Book (central supply items) B. *Local donation option C. *Local donation option D. Loving Support Shopping Tool (central supply item)	A. Initial certification B. One month visit C. Two month visit D. Three month visit

Breastfeeding Best Practices Actions

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Goal #2: To Increase communication and consistency regarding breastfeeding within the Region.

Objectives: 1. Address breastfeeding issues and provide breastfeeding updates within the region.

2. Recognize breastfeeding accomplishments for LHU/WIC Clinics.

The following are examples of issues, updates and accomplishments that should be addressed:

1. Breastfeeding information updates
2. Formula changes for breastfeeding infants
3. Breastfeeding problem solving
4. Staff training needs and issues
5. LHU/WIC Clinic certificates of breastfeeding recognition such as:
   - Highest BF rates
   - Highest BF rate growth from one month to next.
   - Most improved BF rate