

**Connecticut WIC Program Manual  
Federal Fiscal Year 2018**

**Section: Certification**

---

- 200-00 Overview of Eligibility Requirements**
- 200-00 Summary of Proof of Identity, Residency and Income Eligibility Procedures**
- 200-01 Certification Process and Applicant Processing Standards**
- 200-02 Physical Presence Requirement**
- 200-03 Identity Requirement**
- 200-04 Residency Requirement**
- 200-05 Categorical Eligibility**
- 200-06 Income Eligibility**
- 200-07 Income Eligibility Documentation**
- 200-08 Nutrition Assessment and Risk Determination**
- 200-09 Lead Screening Requirement**
- 200-10 Anthropometric Data**
- 200-11 Growth Chart Plotting of Premature Infants and Children**
- 200-12 Nutrition Questionnaire and Assessment Form**
- 200-13 Completion of Certification Forms and Separation of Duties**
- 200-14 Mandatory Referrals during Certification Process**
- 200-15 CT Immunization Registry and Tracking System (CIRTS)**
- 200-16 WIC Program Orientation**
- 200-17 Certification Periods**
- 200-18 Use of Regression Provision**

**Connecticut WIC Program Manual  
Federal Fiscal Year 2018**

- 200-19 Priority Assignment**
- 200-20 Transfer of Verification of Certification (VOC)**
- 200-21 Applicant/Participant Ineligibility, Termination and Disqualification**
- 200-22 Disposition of Certification Files**
- 200-23 Request for Caretaker**
- 200-24 Phenylketonuria or Metabolic Disorders with Nutrition Implications**
- 200-25 Non-Resident Alien Participants**
- 200-26 Homeless Individual WIC Participants**
- 200-27 Special Population Participants**
- 200-28 Coordination of Services-Referral to Other Programs by WIC Staff**
- 200-29 Transfer of Foster Children between Households**
- 200-30 Initiating Participant Waiting Lists**
- 200-31 WIC Participant Rights & Responsibilities**
- 200-32 Separation of Duties**
- 200-33 Short Certification**
- 200-34 Local Agency Non-Invasive Hemoglobin Testing of WIC Participants**

**SECTION: Certification****SUBJECT: Eligibility Requirements****ITEM: Overview**

---

**Federal Regulations:** §246.7

**POLICY**

The local agency shall certify an applicant or participant for program benefits based on category, residency, identification (ID), income and nutritional risks in accordance with the procedures described below.

**Required Procedures**

The following criteria must be met and documented in the Connecticut WIC Information System (CT-WIC) for the individual to receive program benefits.

## A. Category (200-05)

1. Pregnant woman,
2. Breastfeeding woman,
3. Non-breastfeeding woman,
4. Infant, and/or
5. Child under the age of five.

## B. Residency in Connecticut (200-04)

## C. Income (200-06 through 200-07)

## D. Indicators of nutritional needs (200-08 through 200-14)

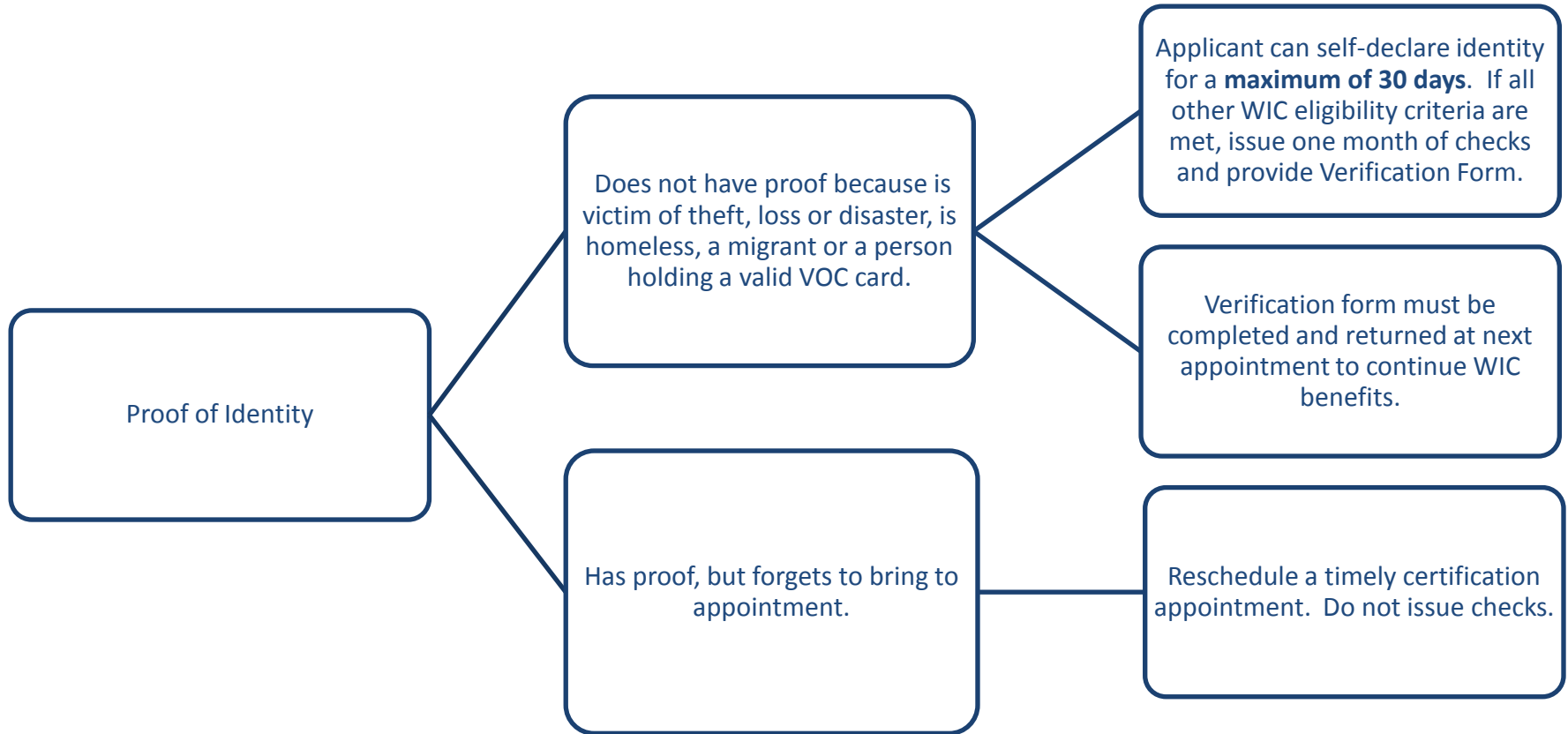
- Unless an applicant or participant meets an exemption criterion, presence at certification is required. (200-02)
- Certification shall be performed at no cost to the participant.
- WIC allows program participation by foreign citizens, including foreign students residing in the United States, provided they meet the program eligibility requirements. Citizenship status cannot be a factor in eligibility determinations.
- Eligibility of "Lawful Temporary Resident Status" persons.
  - A. Assistance received under the Child Nutrition Act of 1966 of which the WIC program is part, is exempt from being considered as financial assistance for purposes of determining a person's eligibility for initial or continuing status as a legal resident.
  - B. This information is important because the Immigration Reform and Control Act of 1986 prohibits persons who are granted "Lawful Temporary Resident Status" (LTRS) from receiving financial assistance during the five year period following their date of attaining legal resident status. This restriction on the receipt of financial assistance also applies to persons who have applied for, but not yet received LTRS.

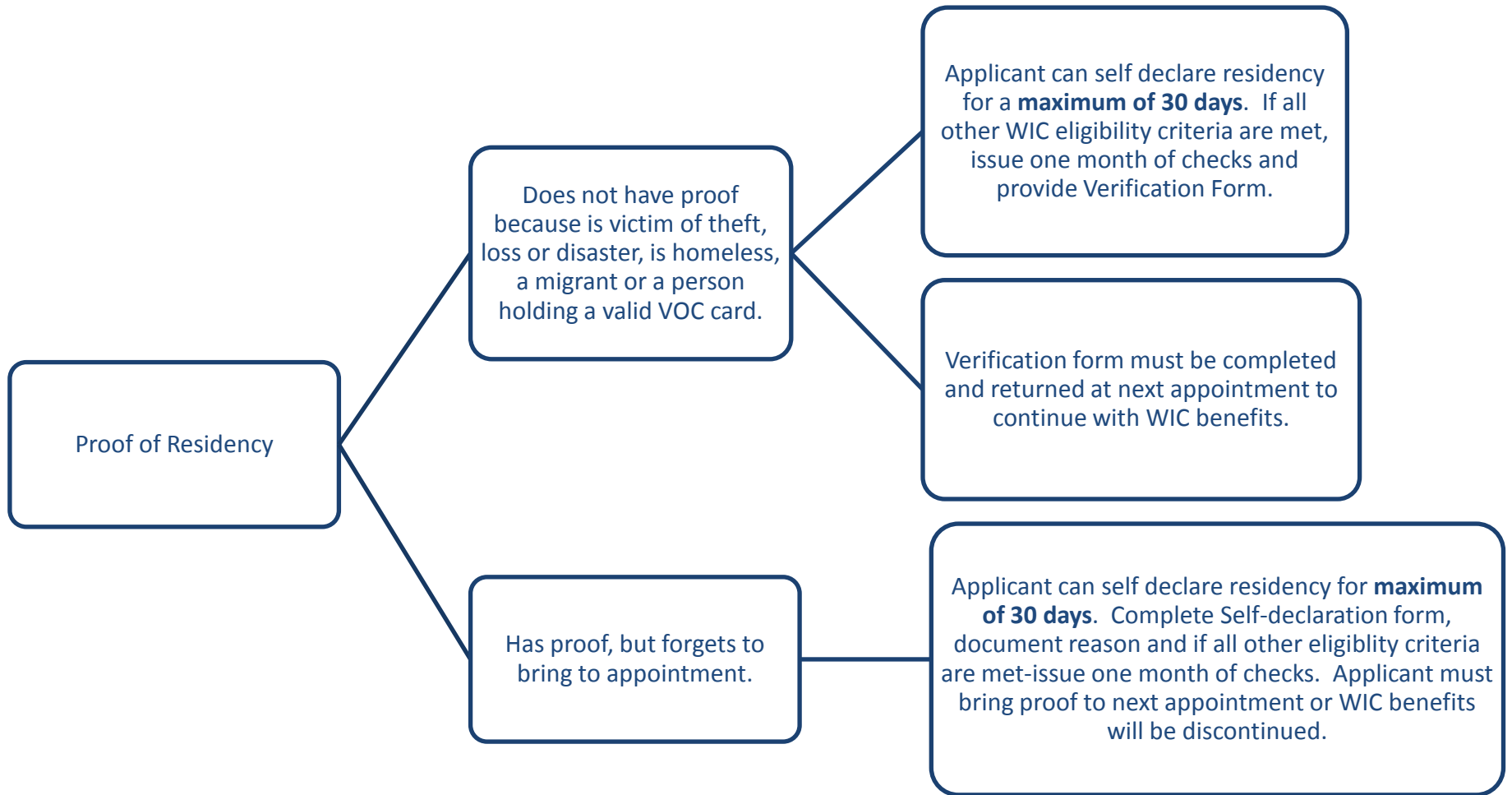
C. Since the WIC program provides non-cash benefits, WIC participants are not considered to be recipients of public cash assistance and are therefore not considered public charges under the Immigration Reform and Control Act.

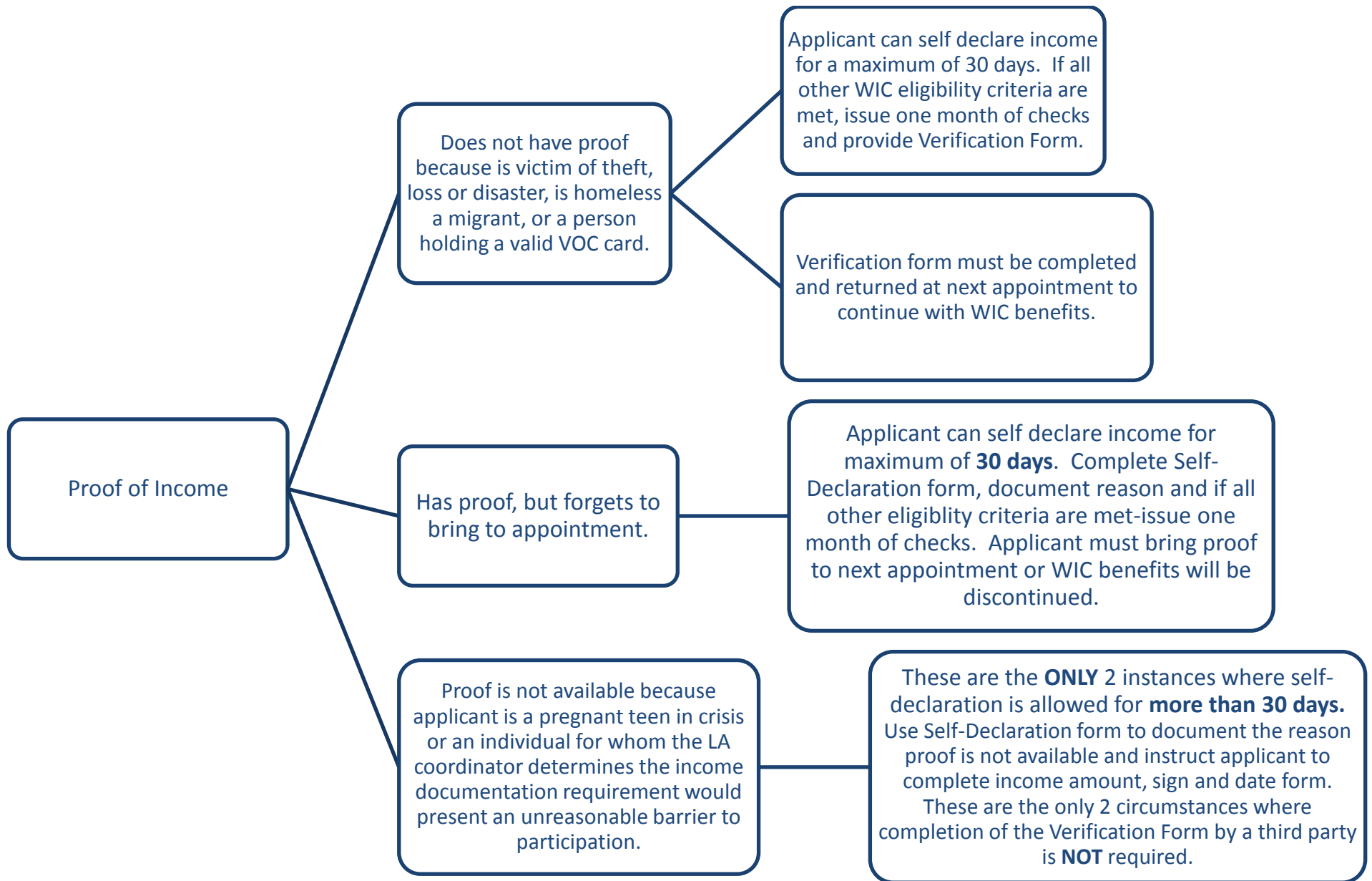
D. Therefore, receipt of WIC benefits does not have any effect on an individual's application for immigration or citizenship benefits or result in a determination that an alien is a public charge.

- Nondiscrimination statement. The WIC program does not permit discrimination on the basis of race, color, national origin, age, sex, or disability.

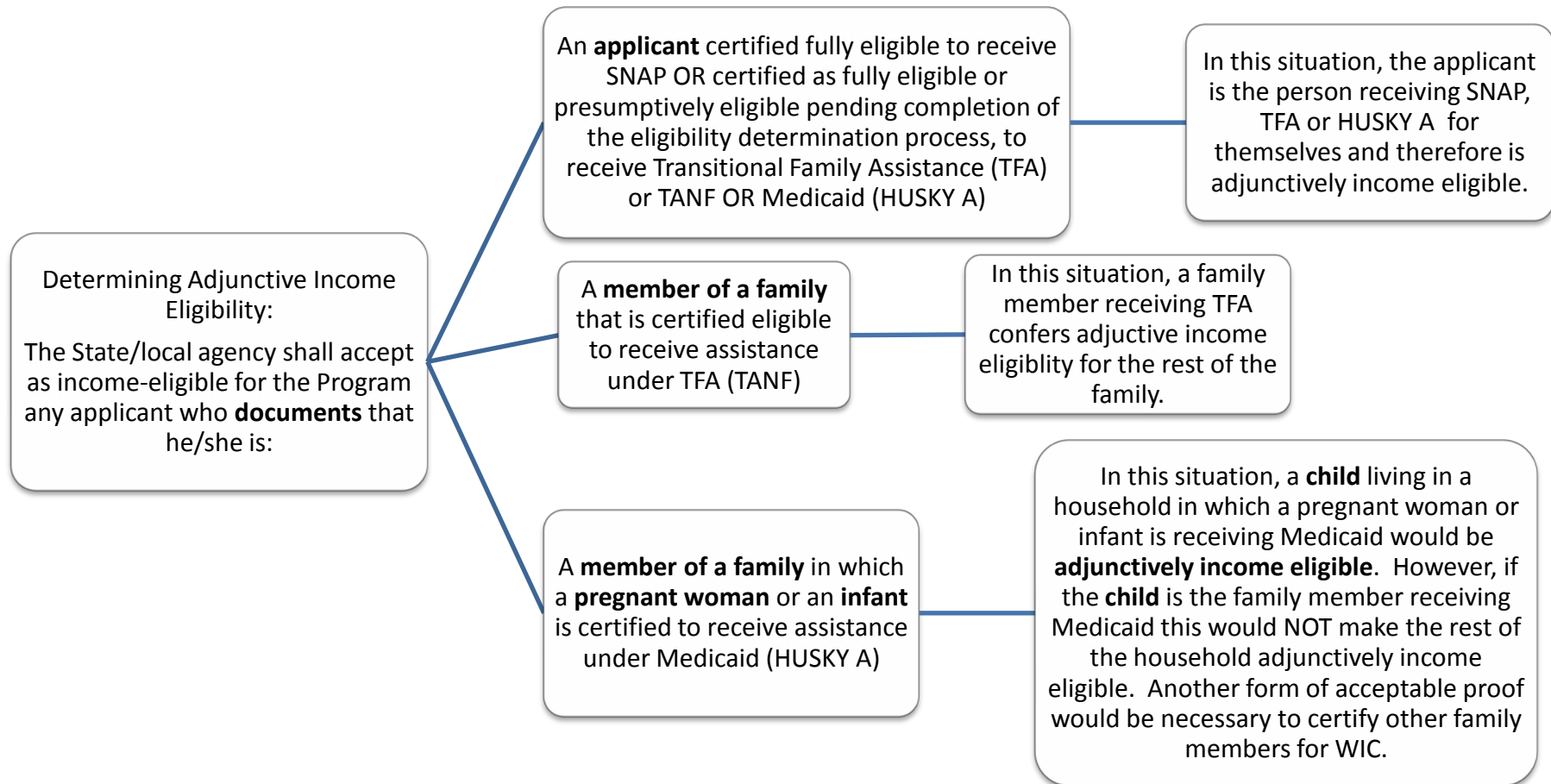
WIC 200-00 Summary of Proof of Identity, Residency and Income Eligibility Procedures







**Adjunctive or automatic income eligibility:**





**The State agency realizes that unique and varied situations arise in local agency determinations of family unit/household size and income eligibility. Specific interpretations are not readily available for every situation that may occur. Local agencies shall use discretion when determining family unit/ household size and income eligibility.**

**Definitions:**

**Family unit/household size:** Family unit/household size is a group of related or non-related individuals who live together as one household /economic unit. These individuals share income and consumption of goods or services.

**Economic Unit:** It is reasonable to assume that persons (other than the homeless and those living in institutional settings/homeless facilities) living in the residences of others, are receiving some degree of support and some commingling of resources which makes them members of the economic unit in which they live. However, with appropriate documentation, such as proof of proration of rent and all living and economic unit expenses, and proof of ability to finance personal expenses such as transportation, child care and health/medical costs, it is possible to establish that more than one economic unit lives under one roof.

**Income:** Total cash receipts before taxes, from ALL sources. (i.e., gross income)

**Total cash receipts:** Is defined as cash income, taxable or not which is available to purchase goods and services.

**The following are examples of appropriate determination of family unit/household size:**

1. **A pregnant women and her unborn child(ren)** shall be counted as two or more persons for the purposes of determining family unit/household size and thus income eligibility for her and her other children. Local agencies are NOT required to implement this policy for individuals where counting the unborn child(ren) would conflict with her cultural, personal or religious beliefs. That the individual chose not to have the unborn child counted should be documented in the participant file.
2. **Every infant/child** is counted as one person in the family unit/household size of the parent/caretaker with whom the infant/child live the majority (at least 50%) of the time. An infant/child shall not be counted in the family of the other parent or caretaker.  
**For example:** A child of divorced parents. The mother and the child live together at least 50% of the time and receive child support from the father. The father re-marries and lives with the new wife who is expecting a baby. The new wife and ex-wife apply for WIC benefits.

The ex-wife and the child are a family of two, and the child support payments are counted towards their household income. The new wife, husband (ex-husband) and unborn child have a family size of three. The child support payments cannot be deducted/excluded from the father's (ex-husband's) income and the child living with the mother (ex-wife) cannot be counted in the father's family unit.

**Joint custody:** When parents have joint custody and maintain separate households, either parent may apply for WIC for their child providing they have custody of their child at least 50% of the time. The other parent may NOT apply for WIC benefits for that same child. The WIC benefits will be provided to the parent who made the application. It is the two parents responsibility to mutually agree on sharing the child's WIC foods between the two households. The parent not receiving WIC benefits can also count the child in determination of household size for the new family if they apply for WIC benefits.

**For example:** Child A's parents have joint custody, 50/50. Child A's mother receives WIC benefits and Child A is used to determine household size or the mother's household. The two parents work out a plan to share Child A's supplemental foods. Childs A's father remarries and applies for WIC benefits for his other children in his new household. He can also count Child A as part of his household size when he applies for WIC for his other children. He cannot deduct child support payments from his income for determining eligibility for his new household.

**SECTION: Certification****SUBJECT: Certification Process and Applicant Processing Standards**

---

**Federal Regulations:** §246.7 and 246.7(f)(2)

**POLICY**

The process of certification is undertaken to determine an applicant's eligibility to receive the program benefits in accordance with the Federal Regulations of the WIC program and State guidelines. Processing standards are set to ensure timely enrollment in the WIC program and shouldn't be used as a de facto waiting period for WIC enrollment. Local agencies must make every effort to schedule applicants as soon as possible, as the schedule allows, with the understanding that same day or appointments prior to the 20 or 10 day standards are preferred.

Local agency staff shall develop a system to certify applicants for WIC benefits using the processing standards/ timeframes outlined in below:

**Federal Regulations:** §246.7 (f)(2)(i-iii)

Local agencies shall notify applicants of their eligibility status not later than **20 calendar days** from the date of application.

**Exception:**

Women applicants who would become Priority I participants and migrant farm workers and their family members, the local agency shall notify these applicants of their eligibility not later than **10 calendar days** following the date of application.

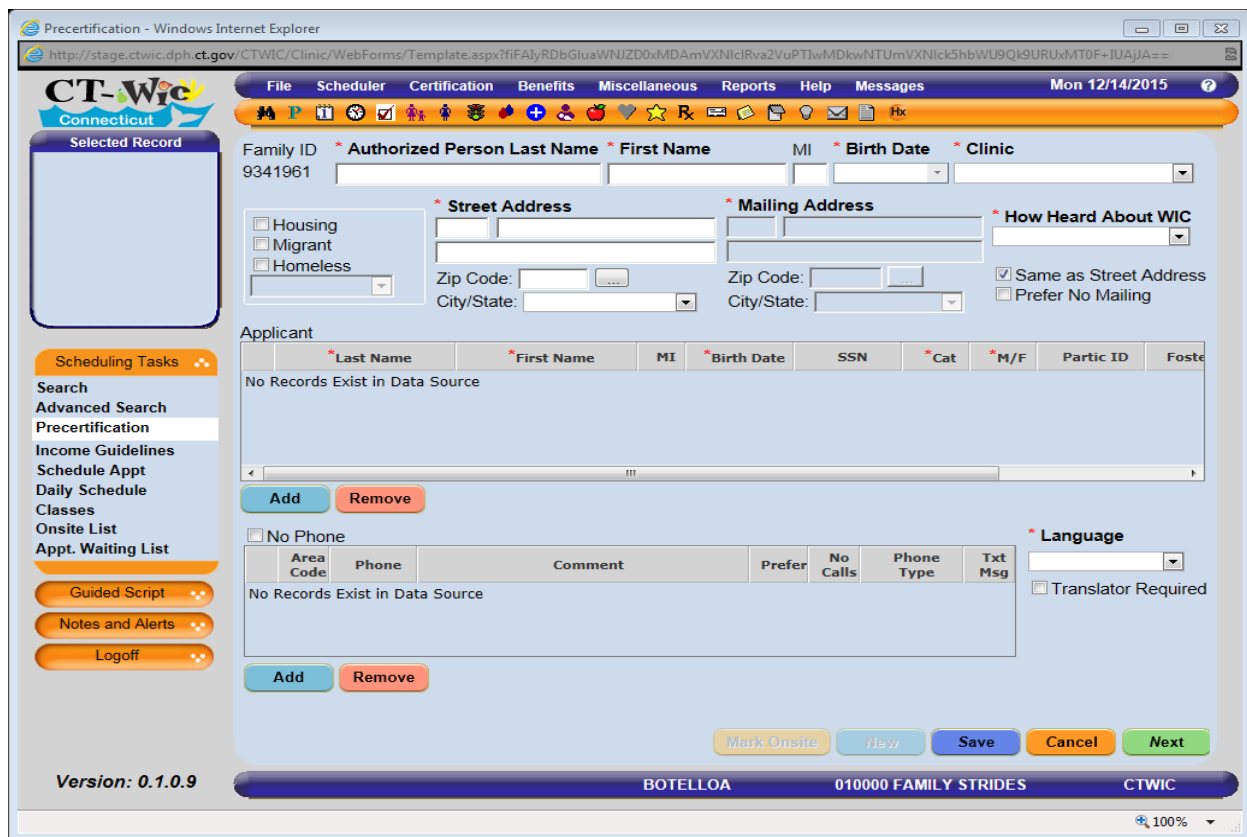
**State Exception:**

Infants under one year of age and the homeless shall be scheduled within **10 calendar days** of the initial date of the request for program benefits (date of application) to determine WIC eligibility. Also, in cases where all the required documentation is available and WIC benefits are urgently needed to ensure an applicant's nutritional health, a shorter timeframe for a certification appointment is warranted.

**Required Procedures**

The *date of application* is when an applicant visits or calls the local program during office hours to make an oral or a written request for program benefits OR the local agency receives a completed certification form from a health care provider (HCP).

When an applicant applies for WIC benefits, complete the CT-WIC Pre-Certification screen, to screen for *eligibility* (category, residency, income) tell the applicant about the application process and schedule an appointment if appropriate.



### Special Considerations for Pregnant Applicants §246.4(a)(19); 246.7(c)(2)(ii) and 246.7(e)(1)(v)

Local agencies must establish a system to support early (1<sup>st</sup> trimester) and continuous enrollment of pregnant women in the WIC Program. When staff is available, walk-in pregnant women should be enrolled **immediately**. In order to facilitate 1<sup>st</sup> trimester enrollment of prenatal women, local agencies should have working knowledge of health care facilities in the area provide no cost pregnancy tests in order for applicants to document pregnancy for WIC certification.

#### Presumptive Pregnancy Guidelines

If a pregnant applicant reports that she has a medical appointment for her pregnancy, but doesn't have proof of pregnancy at her initial certification visit, initiate the certification process, obtain height and weight and conduct a nutrition assessment. If other eligibility criteria are met, issue one month of food benefits and document appropriately in CT-WIC. At the next appointment, WIC staff must follow-up on the documentation of proof of pregnancy. If no proof is available, after appropriate nutrition education is provided, issue another, one month of food benefits. After a period of 60-days, if no proof of pregnancy is provided, she may be terminated from the program until proof is provided.

If a pregnant applicant is not enrolled in prenatal care, refer her to an appropriate health service (as noted above) to facilitate documentation of her pregnancy. Initiate the certification process, obtain height, weight and conduct a nutrition assessment. If other eligibility criteria are met, issue one month of food benefits and document in CT-WIC. At the next appointment, WIC staff must follow-up on the documentation of proof of pregnancy and access to prenatal care. If no proof is available, after appropriate nutrition education is provided, issue another, one month of food benefits. After a period of 60-days, if no proof of pregnancy is provided, she may be terminated from the program until proof is provided.

If a pregnant applicant is visibly pregnant, obtain height and weight, initiate the certification process and if eligible, issue one month of benefits. At the next appointment, WIC staff must follow-up on the documentation of proof of pregnancy and access to prenatal care. If no proof is available, after appropriate nutrition education is provided, issue another, one month of food benefits. After a period of 60-days, if no proof of pregnancy is provided, she may be terminated from the program until proof is provided.

Contact a pregnant applicant who misses her initial certification or subsequent appointment to determine if she would like to reschedule. If an applicant cannot be reached by phone, contact should be made by e-mail or mail as appropriate.

### **Other considerations**

Applicants or participants who are employed, live in rural areas, students or any other individual who requests a convenient appointment to apply for participation in the program should be accommodated.

### **Extension to notification period**

Local agencies may request State approval to extend the 10-day notification time frame to 15 days for women applicants who would become Priority I participants and migrant farm workers and their families. Such requests must be submitted in writing to the State WIC agency and must be accompanied by a justification. Acceptable justifications for requesting an extension to the processing standards include, but are not limited to, the following:

1. Limited number of times at a particular distribution site
2. Local agency staff shortages
3. Inclement weather

Agencies may submit requests to extend the notification time period at any time. In most cases, approval will be valid through the end of the federal fiscal year during which the request was made. Shorter approvals may be granted at the discretion of the State agency. The annual reapplication for funding is one method by which agencies may renew their requests.

**SECTION: Certification****SUBJECT: Physical Presence Requirement**

---

**Federal Regulations:** §246.7 (o)**POLICY**

In order to maintain WIC Program integrity, individuals must be physically present at the local agency or satellite office at the time of their initial certification, and subsequent recertification's (including mid-certifications). The local agency must notify every applicant or participant prior to certification of the physical presence requirements for certification. Additionally, local agencies should refrain from blanket statements regarding having child participants present or not present at WIC appointments. Visual assessment of child participants is vital to the overall WIC nutrition assessment and provides understanding of family dynamics. It should be the rare occasion where a child participant is not present at the initial certification, mid-certification or recertification appointments.

**Exceptions and Waivers**

Limited exceptions are allowable on an individual basis for certain applicants and participants. The need for an exception must be re-assessed prior to each certification period. In most cases, waivers or exceptions to physical presence cannot be used for consecutive certifications. Physical presence or acceptable waiver code must be documented on the individual's certification form.

Infants of women who were enrolled in the WIC program during pregnancy may be certified for up to eight weeks of age without being physically present at the time of certification. Physical presence of the infant must be documented by eight weeks of age.

If ongoing health care is being received within the local agency, the CPA signature on the certification form or other referral form may be accepted as documentation of physical presence. If the physical presence requirement poses **an unreasonable barrier to participation**, it may be waived for an infant or child who meets the following conditions:

- The infant or child was present at his/her initial certification, and has received ongoing health care outside of the local agency. Acceptable documentation includes any one of the following:
  - A WIC certification form or other referral form signed by a health care provider or a CPA on the provider's staff
  - A child health record that indicates that his/her immunizations are up-to-date
  - A letter signed by the health care provider indicating that the infant/child has been receiving ongoing health care
- The infant/child was present at his/her initial WIC certification, was present at the time of certification no more than one year prior to the most recent certification date, and is under the care of one or more working parents or primary caretakers.

Exceptions will also be allowed for individuals with medical conditions or in the event of a natural disaster, as described below. Medical conditions may be self-reported by the participant, parent or caretaker.

- A medical condition that necessitates the use of medical equipment not easily transportable.
- A medical condition that requires confinement to bed rest.
- A serious illness or condition:
  - A newly discharged premature infant
  - An individual with a severe medical condition
- Infectious diseases, e.g. measles, tuberculosis, flu, chicken pox, etc.
- Recuperation from major illness or injury, e.g. cancer treatment, burns, etc.
- Natural disasters, e.g. flood, hurricane, blizzard, etc.

All waivers of the physical presence requirement must be documented in CT-WIC on the Cert Action screen by a WIC staff. Documentation must include one of the following waiver codes:

- MC: medical condition (the condition should be specified on the certification form)
- ND: natural disaster
- OHC: ongoing healthcare
- WPC: working parents or caretakers

**SECTION: Certification****SUBJECT: Identity Requirement**

---

**Federal Regulations** §246.7(c)(2)(i)**POLICY**

Individuals who are being certified must be present and provide one of the following forms of documentation of their identity at the time of certification:

**For Women**

- Connecticut eWIC card (not for initial certification)
- Connecticut WIC certification/referral form with health care provider signature
- ConnectCard (Temporary Family Assistance, Supplemental Nutrition Assistance Program, and/or Medicaid)
- Notice of eligibility for TFA, SNAP, and Medicaid
- Health Plan Card
- Temporary Family Assistance photo ID
- Pay stub with applicant's name, no more than 60 days old
- State of Connecticut Driver's License (issued by DMV)
- State of Connecticut Non-Driver Photo ID (issued by DMV)
- State of Connecticut Learner's Permit (issued by DMV)
- Municipal ID
- Employee, School, Patient or Military ID
- Canceled letter addressed to applicant
- Passport
- Immigration or Refugee card
- Social Security Card
- W-2 form
- Unemployment benefit notification letter
- Unemployment check
- Tuition assistance document
- Birth Certificate
- Voter Registration Card

**For Infants/Children**

- Connecticut eWIC card (not for initial certification)
- Connecticut WIC certification/referral form with health care provider signature
- ConnectCard issued in child's name (Temporary Family Assistance, Supplemental Nutrition Assistance Program, and/or Medicaid)
- Notice of eligibility for Medicaid
- Health Plan Card issued in child's name
- Birth Certificate (long form or wallet size)
- Hospital birth Crib Card
- Immunization Record



In the CT-WIC Family Information Screen, document how identity was established.

An applicant with NO proof of identity, such as a victim of theft, loss, or disaster, a homeless individual, a migrant, or a person holding a verification of certification card (VOC), may sign a statement attesting to his/her own identity.

If the applicant presents without proof of identity, review the *Connecticut WIC Program Identity and Residency documentation form* and determine if acceptable documentation is available. If acceptable proof is available, reschedule a timely certification appointment.

**The local agency shall not certify or issue food benefits to applicants without proof of identity except for persons who meet the criteria below:**

If the applicant does not have documentation of identity at the time of the certification visit, determine the reason.

If the applicant is a victim of theft, loss or disaster, a homeless individual, a migrant or a person holding a verification of certification card, use the self-declaration form to document the reason and ask the applicant to sign and date the form.

This form is valid for 30 days. If the applicant/participant meets all other eligibility criteria, one month of benefits can be issued. Give the form to the Program Coordinator or designee for review. If approved, see below and provide applicant with a verification form and instructions for completion.

For applicants/participants who meet all other eligibility criteria at certification but have one of the above listed reasons for lacking proof of identity (theft, disaster, homeless) provide the verification form, review instruction for completion (request a reliable third party, such as a social service agency, church, legal aid society or an employer confirm the individual's identity) and advise the applicant/participant the completed verification form must be returned at next appointment to continue WIC benefits.

**Benefit Issuance at Subsequent WIC Appointments:**

The Authorized Person and the Caretaker must present proof of identity in order for benefits to be issued at subsequent appointments. Request the eWIC card along with a photo ID. If a photo ID is not available, any of the other forms of Identification on the Certification list may be used. If the authorized person or caretaker has a photo ID, but does not have the e-WIC card; verification of the signature is acceptable. However, a new e-WIC card cannot be reissued to a Caretaker, the Authorized Person must present. See Policy 200-23 and 400-04.



**Connecticut WIC Program Identity & Residency Documentation**

Authorized Person \_\_\_\_\_

Family ID \_\_\_\_\_

Participant Name \_\_\_\_\_

Participant ID \_\_\_\_\_

| DOCUMENT  | ID | STAFF INT | RES | STAFF INT | COMMENTS           |
|---|----|-----------|-----|-----------|--------------------|
| <b>WOMEN</b>  |    |           |     |           |                    |
| eWIC Card (Not for initial certification)                 | Y  |           |     |           |                    |
| WIC Cert Form-signed by Health Care Provider              | Y  |           |     |           |                    |
| WIC Cert Form-with address imprint                        | Y  |           | T   |           |                    |
| ConnectCard issued in woman's name                        | Y  |           | Y   |           |                    |
| TFA, FSP, Medicaid or Healthy Start notice of eligibility | Y  |           | Y   |           |                    |
| Health Plan Card issued in woman's name                   | Y  |           |     |           |                    |
| TFA Photo ID  | Y  |           |     |           |                    |
| Pay stub  | Y  |           | T   |           |                    |
| CT Driver's License                                       | Y  |           | T   |           |                    |
| Employee ID   | Y  |           |     |           |                    |
| School ID   | Y  |           | Y   |           |                    |
| Military ID   | Y  |           |     |           |                    |
| Patient ID  | Y  |           | T   |           |                    |
| Canceled letter addressed to applicant                    | Y  |           | T   |           |                    |
| Passport  | Y  |           | T   |           |                    |
| Immigration or Refugee Card                               | Y  |           |     |           |                    |
| Utility bill (telephone, gas, water, cable)               |    |           | T   |           |                    |
| Rent or mortgage receipt                                  |    |           | T   |           |                    |
| Social Security Card                                      | Y  |           |     |           |                    |
| Bank statement  |    |           | T   |           |                    |
| W-2 Form  | Y  |           | T   |           |                    |
| Unemployment Benefit Notification Letter                  | Y  |           | T   |           |                    |
| Unemployment Check  | Y  |           | T   |           |                    |
| Tuition Assistance Document                               | Y  |           | T   |           |                    |
| Birth Certificate   | Y  |           |     |           |                    |
| Voter Registration Card                                   | Y  |           | T   |           |                    |
| <b>INFANTS and CHILDREN</b>                               |    |           |     |           |                    |
| eWIC Card (Not for initial certification)                 | Y  |           |     |           |                    |
| WIC Cert Form - signed by Health Care Provider            | Y  |           |     |           |                    |
| WIC Cert Form - with address imprint                      | Y  |           | T   |           |                    |
| ConnectCard issued in child's name                        | Y  |           | Y   |           |                    |
| Medicaid or Healthy Start notice of eligibility           | Y  |           | Y   |           |                    |
| Health Plan Card issued in child's name                   | Y  |           |     |           |                    |
| Pay stub  |    |           | TT  |           |                    |
| CT Driver's License                                       |    |           | TT  |           |                    |
| Patient ID  |    |           | TT  |           |                    |
| Canceled letter addressed to applicant                    |    |           | TT  |           |                    |
| Passport  |    |           | TT  |           |                    |
| Utility Bill  |    |           | TT  |           |                    |
| Rent or mortgage receipt                                  |    |           | TT  |           |                    |
| Social Security Card                                      | Y  |           |     |           |                    |
| Bank statement  |    |           | TT  |           |                    |
| W-2 Form  |    |           | TT  |           |                    |
| Unemployment Benefit Notification Letter                  |    |           | TT  |           |                    |
| Unemployment Check  |    |           | TT  |           |                    |
| Tuition Assistance Document                               |    |           | TT  |           |                    |
| Voter Registration Card                                   |    |           | TT  |           |                    |
| Birth Certificate - Long form                             | Y  |           | T   |           |                    |
| Birth Certificate - Wallet size                           | Y  |           |     |           |                    |
| Hospital Birth "Crib" Card                                | Y  |           |     |           |                    |
| Immunization Record                                       | Y  |           | T   |           |                    |
| <b>SELF DECLARATION OR VERIFICATION FORM</b>              | Y  |           | Y   |           | <b>ATTACH COPY</b> |

T: Acceptable as documentation of residency if includes street address and current/no more than 60 days old. TT: Acceptable as documentation of infant/child's residency if includes st. address & is current/no more than 60 days old; documentation can be in the name of parent(s) /caretaker(s) with whom the infant/child resides. TTT: Acceptable as documentation of ID or residency only if applicant is a victim of theft, loss, disaster, homeless, migrant, or holding a VOC card.



State of Connecticut
Department of Public Health
WIC Program

Self Declaration Form

Authorized Person: Family ID:

Participant Name: Participant ID:

The Connecticut WIC Program requires each applicant to show proof of identity, residency (address), and income to be put on the WIC Program. Please read the following statement before completing this form.

I understand that by completing, signing, and dating this form, I am certifying that the information I am providing below is correct. I understand that intentional misrepresentation may result in paying the state agency, in cash, the value of the food benefits improperly received.
I understand that by signing this document I am eligible to receive 30 days of WIC benefits. In order to continue to receive WIC benefits I must provide the necessary documentation to prove eligibility. If I do not provide appropriate documentation within a 30 day period I will be terminated from the program and will have to complete a new application.

- 1. Completion of this form is for: Identity Residency Income
2. If this form is for identity, my name is
3. If this form is for residency, my address is:
4. If this form is for income my income is:
5. Reasons that I cannot show proof

Participant/Parent/Guardian (Signature) (Date)

APPROVED NOT APPROVED
FOR INCOME ONLY: (check one)
Unreasonable barrier - No additional documentation needed
Need more documentation next month
Staff: (Signature) (Title) (Date)

**CONNECTICUT WIC PROGRAM  
SELF DECLARATION FORM**

|   |   |
|---|---|
| Explanation:                            | The purpose for this form is to document and justify the reason a WIC applicant cannot provide proof of his/her identity, residency, and/or family income. This form should not be used on a routine basis. |
| Form Heading:                           | Write the Payee's name, Family number, Participant Name, and Participant ID number  |
| "I understand" Block:                   | Ask the applicant to read the "I understand" paragraph (or read the paragraph to the applicant if he/she is unable to read).  |
| Completion of this form is for:         | Circle the specific area(s) for which the applicant is unable to provide proof. (All 3 reasons may be circled)  |
| Identity:                               | If this form is to document identity, have applicant fill in the identity line.   |
| Residency:                              | If this form is to document residency, have applicant fill in address line.   |
| Income:                                 | If this form is to document income, have applicant fill in income line.   |
| Reason for No Proof:                    | Applicant (or staff if applicant is unable to write) writes a detailed statement explaining why he/she is unable to provide proof.  |
| Participant/Parent/ Signature provided: | Participant/Parent/Guardian signs and dates form on the line provided:  |
| Approved/Not Approved:                  | The WIC coordinator or designee reviews the form and checks the "approved" or the "not approved" box.   |
| For Income Only:                        | If income is being self-declared, the WIC Coordinator or designee must also indicate if additional documentation is needed or not needed the following month.   |
| Staff Signature:                        | WIC coordinator or designee signs his/her name and title, and enters the date.  |

**The Self Declaration Form should be maintained in the file under scanned Images in CT-WIC.**



**PROGRAMA WIC DE CONNECTICUT  
FORMULARIO DE AUTO DECLARACIÓN**

- Explicación: El propósito de este formulario es el de documentar y justificar la razón por la cual un aplicante al WIC no puede proporcionar una prueba de su identidad, residencia, y/o ingresos familiares. Este formulario no debe de ser usado en los términos rutinarios.
- Encabezamiento del Formulario: Escriba el nombre el beneficiario, número de familia, nombre del participante, y número de identificación del participante.
- El segmento "Yo Entiendo" Pregúntele al aplicante si leyó el párrafo de "Yo Entiendo" (o lea el párrafo si el aplicante no puede leerlo).
- Se llena este formulario para: Encierre en un círculo el área específica para la cual el aplicante no puede proveer pruebas. (Todas las 3 razones deben de estar encerradas en un círculo)
- Identidad: Si este formulario es para documentar la identidad, haga que el aplicante llene la línea de identidad.
- Residencia: Si este formulario es para documentar residencia, haga que el aplicante llene la línea de dirección.
- Ingresos: Si este formulario es para documentar ingresos, haga que el aplicante llene la línea de Ingresos.
- Razón de No prueba: El Aplicante (o el trabajador, si es que el aplicante no puede escribir) deberá escribir una declaración detallada explicando por qué es que no se puede proveer las pruebas.
- Participante / Padre / firma formulario El Participante / Padre / Guardián deberá firmar y fechar el en la línea proporcionada.
- Aprobado / Rechazado: El coordinador del WIC, o el designado, revisa el formulario y marca en el casillero de "Aprobado" o "Rechazado"
- Para ingresos solamente: Si los ingresos son auto declarados, el coordinador del WIC o el designado debe de indicar si la documentación adicional es necesaria el siguiente mes.
- Firma del trabajador: El coordinador el WIC o el designado firma su nombre y titulo, e ingresa la fecha.

**El formulario de Auto-Declaración se mantendrá archivado bajo Imágenes escaneadas en CT-WIC.**



**State of Connecticut  
Department of Public Health-WIC Program  
Verification Form**

Authorized Person \_\_\_\_\_ Family ID: \_\_\_\_\_  
 Applicant Name(s) \_\_\_\_\_ Participant ID: \_\_\_\_\_

The WIC Program requires proof of identity, residency and income in order to provide eligible applicants with program services. The Verification Form serves to assist applicants who cannot provide proof of this information with the opportunity to have a third party provide a letter to confirm an individual's identity, residency and/or income.

**Please complete the following:**

|                         |                   |
|-------------------------|-------------------|
| <b>Print Your Name:</b> | <b>Signature:</b> |
|-------------------------|-------------------|

**Agency/Organization:**

**Address:**

**Telephone Number:**

**Name of person/family members applying for WIC:**

|    |    |
|----|----|
| 1. | 4. |
| 2. | 5. |
| 3. | 6. |

**Circle the requirement(s) for which you are providing verification and write a detailed statement to support applicant's situation:**

|          |           |                                      |
|----------|-----------|--------------------------------------|
| Identity | Residency | Income (Indicate amount & frequency) |
|----------|-----------|--------------------------------------|

**Statement:**

APPROVED  NOT APPROVED

**Staff:**

(Signature) (Title) (Date)

**WE RESERVE THE RIGHT TO VERIFY THIS INFORMATION**

**CT WIC PROGRAM  
VERIFICATION FORM**

**Explanation:** The Verification Form may be completed by a reliable third party verifying identity, residency, and/or income for a WIC applicant. The individual providing the verification should have knowledge of the applicant family's situation

**Instructions for staff:**

- Write authorized person's name, family #, applicant name(s), and participant ID #.

**Instructions for the third party verifier:**

- Print your name.
- Print your Agency/Organization.
- Print your Address.
- Print your telephone number.
- List the names of person or persons applying for WIC.
- Circle the requirement(s) for which the applicant is unable to provide proof.  
(All 3 reasons may be circled)
- In statement section, write a detailed statement of support for the family that clarifies information for the circled requirement(s).
  - Identity statements should include length of time knowing family.
  - Residency should include the street address of the WIC family, unless the family resides in a shelter for victims of domestic violence.
  - Income should include amount and frequency the family receives (e.g. \$100.00/month).

**The Verification Form should be filed with the WIC Certification Form for the corresponding certification period.**





**Estado de Connecticut  
Departamento De Salud Publica-Programa WIC**

**Formulario de Verificación**

Persona Autorizada \_\_\_\_\_ Familia ID: \_\_\_\_\_

Nombre del Apicante(s) \_\_\_\_\_ No. De Id. del Participante: \_\_\_\_\_

El programa WIC requiere de pruebas de identidad, residencia e ingresos para poder proporcionar los servicios del programa a los participantes que son elegibles. Los formularios de verificación sirven para asistir a los aplicantes que no pueden proporcionar pruebas de esta información, con la oportunidad de tener a una tercera persona para que proporcione una carta en la cual confirme la identidad del individuo, su lugar de residencia y/o sus ingresos.

**Por favor complete lo siguiente:**

**Escriba en imprenta su nombre:**

**Firma:**

**Agencia/Organización:**

**Dirección:**

**Numero de Teléfono:**

**Nombre de las personas / miembros de la familia aplicando para el WIC:**

1.

4.

2.

5.

3.

6.

**Encierre en un círculo los requerimientos para los cuales usted esta proporcionando la verificación, y escriba una declaración detallada para apoyar la situación del aplicante:**

|           |            |  |
|-----------|------------|--|
| Identidad | Residencia | Ingresos (Indique la cantidad y la frecuencia) |
|-----------|------------|--|

**Declaración:**

**APROBADO**

**RECHAZADO**

**Trabajador:**

(Firma)

(Título)

(Fecha)

**NOS RESERVAMOS EL DERECHO DE VERIFICAR ESTA INFORMACIÓN**

## **PROGRAMA WIC DE CT FORMULARIO DE VERIFICACIÓN**

**Explicación:** El formulario de verificación debe de llenarse por una tercera persona confiable verificando la identidad, residencia y/o ingresos para un aplicante al WIC. El individuo que provea la identificación tiene que tener conocimiento de la situación de la familia aplicante.

### **Instrucciones para el personal:**

- Escriba Persona Autorizada, No. De Familia, nombre(s) de (los) aplicante(s), y números de identificación del participante

### **Instrucciones para la tercera persona que verifica:**

- Escriba con letra imprenta su nombre.
- Escriba con letra imprenta su Agencia / Organización.
- Escriba con letra imprenta su dirección.
- Escriba con letra imprenta su número telefónico.
- Liste el nombre de la persona o de las personas que aplican al WIC.
- Encierre en un círculo los requerimientos para los cuales el aplicante no puede proporcionar las pruebas.  
(Todas las 3 razones deben de ser encerradas en un círculo)
- En la sección de declaración, escriba una declaración detallada de apoyo para la familia, la cual clarifica la información para los requerimientos encerrados en un círculo.
  - Las declaraciones de identidad deben de incluir el tiempo de conocer a la familia.
  - Las de residencia deben de incluir la dirección de la familia WIC, a menos que la familia resida en un refugio para víctimas de violencia doméstica.
  - Las de Ingresos deben de incluir la cantidad y la frecuencia en la que la familia la recibe, (Ej. \$100.00/al mes)

**El formulario de verificación debe de ser archivado con el formulario de certificación del WIC para el período de certificación correspondiente.**

## CT WIC PROGRAM VERIFICATION FORM

**Explanation:** The Verification Form may be completed by a reliable third party verifying identity, residency, and/or income for a WIC applicant. The individual providing the verification should have knowledge of the applicant family's situation

### **Instructions for staff:**

- Write payee's name, family #, applicant name(s), and participant ID #.

### **Instructions for the third party verifier:**

- Print your name.
- Print your Agency/Organization.
- Print your Address.
- Print your telephone number.
- List the names of person or persons applying for WIC.
- Circle the requirement(s) for which the applicant is unable to provide proof.  
(All 3 reasons may be circled)
- In statement section, write a detailed statement of support for the family that clarifies information for the circled requirement(s).
  - Identity statements should include length of time knowing family.
  - Residency should include the street address of the WIC family, unless the family resides in a shelter for victims of domestic violence.
  - Income should include amount and frequency the family receives (e.g. \$100.00/month).

The Verification Form should be filed with the WIC Certification Form for the corresponding certification period.

## **PROGRAMA WIC DE CT FORMULARIO DE VERIFICACIÓN**

**Explicación:** El formulario de verificación debe de llenarse por una tercera persona confiable verificando la identidad, residencia y/o ingresos para un aplicante al WIC. El individuo que provea la identificación tiene que tener conocimiento de la situación de la familia aplicante.

### **Instrucciones para el personal:**

- Escriba el nombre del beneficiario, No. De Familia, nombre(s) de (los) aplicante(s), y números de identificación del participante

### **Instrucciones para la tercera persona que verifica:**

- Escriba con letra imprenta su nombre.
- Escriba con letra imprenta su Agencia / Organización.
- Escriba con letra imprenta su dirección.
- Escriba con letra imprenta su número telefónico.
- Liste el nombre de la persona o de las personas que aplican al WIC.
- Encierre en un círculo los requerimientos para los cuales el aplicante no puede proporcionar las pruebas.  
(Todas las 3 razones deben de ser encerradas en un círculo)
- En la sección de declaración, escriba una declaración detallada de apoyo para la familia, la cual clarifica la información para los requerimientos encerrados en un círculo.
  - Las declaraciones de identidad deben de incluir el tiempo de conocer a la familia.
  - Las de residencia deben de incluir la dirección de la familia WIC, a menos que la familia resida en un refugio para víctimas de violencia doméstica.
  - Las de Ingresos deben de incluir la cantidad y la frecuencia en la que la familia la recibe, (Ej. \$100.00/al mes)

El formulario de verificación debe de ser archivado con el formulario de certificación del WIC para el período de certificación correspondiente.

**SECTION: Certification****SUBJECT: Residency Requirement**

---

**Federal Regulations:** §246.7 (c)(2)(i)**POLICY**

To be eligible for WIC program benefits the applicant must live in Connecticut.

Determine if the applicant lives in Connecticut by asking the applicant to present documentation which lists the applicant's name and street address and/or which verifies that the applicant resides in Connecticut.

Acceptable documents include any one of the following:

**For Women**

- Connecticut WIC certification/referral form with address imprint and health care provider signature
- ConnectCard (Temporary Family Assistance, Supplemental Nutrition Assistance Program, and/or Medicaid)
- Notice of eligibility for TFA, SNAP, and Medicaid
- Pay stub with applicant's name, no more than 60 days old
- State of Connecticut Driver's License (issued by DMV)
- State of Connecticut Non-Driver Photo ID (issued by DMV)
- State of Connecticut Learner's Permit (issued by DMV)
- Municipal ID
- Employee, School, Patient or Military ID
- Canceled letter addressed to applicant
- Utility bill or other current document that includes street address
- Rent/Mortgage receipt
- Bank Statement
- W-2 form
- Unemployment benefit notification letter or unemployment check
- Tuition assistance document
- Voter registration card

**For Infants/Children**

- Connecticut WIC certification/referral form with address imprint and health care provider signature
- ConnectCard issued in child's name (Temporary Family Assistance, Supplemental Nutrition Assistance Program, and/or Medicaid)
- Municipal ID
- Notice of eligibility for Medicaid
- Health Plan Card issued in child's name
- Utility bill or other current document that includes street address
- Birth Certificate (long form or wallet size)

In the SWIS update participant demographics screen #102, document how state residency was established.

An applicant with NO proof of residency, such as a victim of theft, loss or disaster, a homeless individual, a migrant, or a person holding a verification of certification (VOC) card, may sign a statement attesting to his or her residency.

If the applicant does not present with proof of residency, review the identity and residency documentation form and determine if acceptable documentation is available. If all other eligibility criteria are met at certification, a local agency may permit an applicant/participant to self declare his/her address for a maximum of 30 days and one month of benefits can be issued. Instruct the applicant/participant to complete the self-declaration form. Inform the applicant/participant that if after 30 days, the necessary proof of residency is not provided the applicant/participant will be ineligible for WIC program benefits.

If the applicant is a victim of theft, loss or disaster, a homeless individual, a migrant, or a person holding a Verification of Certification (VOC) card, use the Self-Declaration form to document this reason and ask the applicant to sign and date the form.

This form is valid for 30 days. If the applicant/participant meets all other eligibility criteria, one month of benefits can be issued. Give the form to the Program Coordinator or designee for review. If the applicant is homeless, the address of a shelter or of a relative or a friend may be used.

For applicants/participants who meet all other eligibility criteria at certification but have one of the above listed reasons for lacking proof of residency i.e. victim of theft, loss or disaster, a homeless individual, a migrant or a person holding a VOC card and indicates that an acceptable proof of residency is not available, provide the Verification form, review instructions for completion (request a reliable third party, such as a social service agency, church, legal aid society or an employer can confirm the individual's residency) and advise the applicant/participant the completed Verification form must be returned at next appointment to continue WIC benefits.



**Connecticut WIC Program Identity & Residency Documentation**

Authorized Person \_\_\_\_\_

Family ID \_\_\_\_\_

Participant Name \_\_\_\_\_

Participant ID \_\_\_\_\_

| DOCUMENT  | ID | STAFF INT | RES | STAFF INT | COMMENTS           |
|---|----|-----------|-----|-----------|--------------------|
| <b>WOMEN</b>  |    |           |     |           |                    |
| eWIC Card (Not for initial certification)                 | Y  |           |     |           |                    |
| WIC Cert Form-signed by Health Care Provider              | Y  |           |     |           |                    |
| WIC Cert Form-with address imprint                        | Y  |           | T   |           |                    |
| ConnectCard issued in woman's name                        | Y  |           | Y   |           |                    |
| TFA, FSP, Medicaid or Healthy Start notice of eligibility | Y  |           | Y   |           |                    |
| Health Plan Card issued in woman's name                   | Y  |           |     |           |                    |
| TFA Photo ID  | Y  |           |     |           |                    |
| Pay stub  | Y  |           | T   |           |                    |
| CT Driver's License                                       | Y  |           | T   |           |                    |
| Employee ID   | Y  |           |     |           |                    |
| School ID   | Y  |           | Y   |           |                    |
| Military ID   | Y  |           |     |           |                    |
| Patient ID  | Y  |           | T   |           |                    |
| Canceled letter addressed to applicant                    | Y  |           | T   |           |                    |
| Passport  | Y  |           | T   |           |                    |
| Immigration or Refugee Card                               | Y  |           |     |           |                    |
| Utility bill (telephone, gas, water, cable)               |    |           | T   |           |                    |
| Rent or mortgage receipt                                  |    |           | T   |           |                    |
| Social Security Card                                      | Y  |           |     |           |                    |
| Bank statement  |    |           | T   |           |                    |
| W-2 Form  | Y  |           | T   |           |                    |
| Unemployment Benefit Notification Letter                  | Y  |           | T   |           |                    |
| Unemployment Check  | Y  |           | T   |           |                    |
| Tuition Assistance Document                               | Y  |           | T   |           |                    |
| Birth Certificate   | Y  |           |     |           |                    |
| Voter Registration Card                                   | Y  |           | T   |           |                    |
| <b>INFANTS and CHILDREN</b>                               |    |           |     |           |                    |
| eWIC Card (Not for initial certification)                 | Y  |           |     |           |                    |
| WIC Cert Form - signed by Health Care Provider            | Y  |           |     |           |                    |
| WIC Cert Form - with address imprint                      | Y  |           | T   |           |                    |
| ConnectCard issued in child's name                        | Y  |           | Y   |           |                    |
| Medicaid or Healthy Start notice of eligibility           | Y  |           | Y   |           |                    |
| Health Plan Card issued in child's name                   | Y  |           |     |           |                    |
| Pay stub  |    |           | TT  |           |                    |
| CT Driver's License                                       |    |           | TT  |           |                    |
| Patient ID  |    |           | TT  |           |                    |
| Canceled letter addressed to applicant                    |    |           | TT  |           |                    |
| Passport  |    |           | TT  |           |                    |
| Utility Bill  |    |           | TT  |           |                    |
| Rent or mortgage receipt                                  |    |           | TT  |           |                    |
| Social Security Card                                      | Y  |           |     |           |                    |
| Bank statement  |    |           | TT  |           |                    |
| W-2 Form  |    |           | TT  |           |                    |
| Unemployment Benefit Notification Letter                  |    |           | TT  |           |                    |
| Unemployment Check  |    |           | TT  |           |                    |
| Tuition Assistance Document                               |    |           | TT  |           |                    |
| Voter Registration Card                                   |    |           | TT  |           |                    |
| Birth Certificate - Long form                             | Y  |           | T   |           |                    |
| Birth Certificate - Wallet size                           | Y  |           |     |           |                    |
| Hospital Birth "Crib" Card                                | Y  |           |     |           |                    |
| Immunization Record                                       | Y  |           | T   |           |                    |
| <b>SELF DECLARATION OR VERIFICATION FORM</b>              | Y  |           | Y   |           | <b>ATTACH COPY</b> |

T: Acceptable as documentation of residency if includes street address and current/no more than 60 days old. TT: Acceptable as documentation of infant/child's residency if includes st. address & is current/no more than 60 days old; documentation can be in the name of parent(s) /caretaker(s) with whom the infant/child resides. TTT: Acceptable as documentation of ID or residency only if applicant is a victim of theft, loss, disaster, homeless, migrant, or holding a VOC card.



State of Connecticut
Department of Public Health
WIC Program

Self Declaration Form

Authorized Person: Family ID:

Participant Name: Participant ID:

The Connecticut WIC Program requires each applicant to show proof of identity, residency (address), and income to be put on the WIC Program. Please read the following statement before completing this form.

I understand that by completing, signing, and dating this form, I am certifying that the information I am providing below is correct. I understand that intentional misrepresentation may result in paying the state agency, in cash, the value of the food benefits improperly received.
I understand that by signing this document I am eligible to receive 30 days of WIC benefits. In order to continue to receive WIC benefits I must provide the necessary documentation to prove eligibility. If I do not provide appropriate documentation within a 30 day period I will be terminated from the program and will have to complete a new application.

- 1. Completion of this form is for: Identity Residency Income
2. If this form is for identity, my name is
3. If this form is for residency, my address is:
4. If this form is for income my income is:
5. Reasons that I cannot show proof

Participant/Parent/Guardian (Signature) (Date)

APPROVED NOT APPROVED
FOR INCOME ONLY: (check one)
Unreasonable barrier - No additional documentation needed
Need more documentation next month
Staff: (Signature) (Title) (Date)



**CONNECTICUT WIC PROGRAM  
SELF DECLARATION FORM**

|   |   |
|---|---|
| Explanation:                            | The purpose for this form is to document and justify the reason a WIC applicant cannot provide proof of his/her identity, residency, and/or family income. This form should not be used on a routine basis. |
| Form Heading:                           | Write the Payee's name, Family number, Participant Name, and Participant ID number  |
| "I understand" Block:                   | Ask the applicant to read the "I understand" paragraph (or read the paragraph to the applicant if he/she is unable to read).  |
| Completion of this form is for:         | Circle the specific area(s) for which the applicant is unable to provide proof. (All 3 reasons may be circled)  |
| Identity:                               | If this form is to document identity, have applicant fill in the identity line.   |
| Residency:                              | If this form is to document residency, have applicant fill in address line.   |
| Income:                                 | If this form is to document income, have applicant fill in income line.   |
| Reason for No Proof:                    | Applicant (or staff if applicant is unable to write) writes a detailed statement explaining why he/she is unable to provide proof.  |
| Participant/Parent/ Signature provided: | Participant/Parent/Guardian signs and dates form on the line provided:  |
| Approved/Not Approved:                  | The WIC coordinator or designee reviews the form and checks the "approved" or the "not approved" box.   |
| For Income Only:                        | If income is being self-declared, the WIC Coordinator or designee must also indicate if additional documentation is needed or not needed the following month.   |
| Staff Signature:                        | WIC coordinator or designee signs his/her name and title, and enters the date.  |

**The Self Declaration Form should be maintained in the file under scanned Images in CT-WIC.**



**PROGRAMA WIC DE CONNECTICUT  
FORMULARIO DE AUTO DECLARACIÓN**

- Explicación: El propósito de este formulario es el de documentar y justificar la razón por la cual un aplicante al WIC no puede proporcionar una prueba de su identidad, residencia, y/o ingresos familiares. Este formulario no debe de ser usado en los términos rutinarios.
- Encabezamiento del Formulario: Escriba el nombre el beneficiario, número de familia, nombre del participante, y número de identificación del participante.
- El segmento "Yo Entiendo" Pregúntele al aplicante si leyó el párrafo de "Yo Entiendo" (o lea el párrafo si el aplicante no puede leerlo).
- Se llena este formulario para: Encierre en un círculo el área específica para la cual el aplicante no puede proveer pruebas. (Todas las 3 razones deben de estar encerradas en un círculo)
- Identidad: Si este formulario es para documentar la identidad, haga que el aplicante llene la línea de identidad.
- Residencia: Si este formulario es para documentar residencia, haga que el aplicante llene la línea de dirección.
- Ingresos: Si este formulario es para documentar ingresos, haga que el aplicante llene la línea de Ingresos.
- Razón de No prueba: El Aplicante (o el trabajador, si es que el aplicante no puede escribir) deberá escribir una declaración detallada explicando por qué es que no se puede proveer las pruebas.
- Participante / Padre / firma formulario El Participante / Padre / Guardián deberá firmar y fechar el en la línea proporcionada.
- Aprobado / Rechazado: El coordinador del WIC, o el designado, revisa el formulario y marca en el casillero de "Aprobado" o "Rechazado"
- Para ingresos solamente: Si los ingresos son auto declarados, el coordinador del WIC o el designado debe de indicar si la documentación adicional es necesaria el siguiente mes.
- Firma del trabajador: El coordinador el WIC o el designado firma su nombre y titulo, e ingresa la fecha.

**El formulario de Auto-Declaración se mantendrá archivado bajo Imágenes escaneadas en CT-WIC.**



**State of Connecticut  
Department of Public Health-WIC Program  
Verification Form**

Authorized Person \_\_\_\_\_ Family ID: \_\_\_\_\_  
 Applicant Name(s) \_\_\_\_\_ Participant ID: \_\_\_\_\_

The WIC Program requires proof of identity, residency and income in order to provide eligible applicants with program services. The Verification Form serves to assist applicants who cannot provide proof of this information with the opportunity to have a third party provide a letter to confirm an individual's identity, residency and/or income.

**Please complete the following:**

|                         |                   |
|-------------------------|-------------------|
| <b>Print Your Name:</b> | <b>Signature:</b> |
|-------------------------|-------------------|

**Agency/Organization:**

**Address:**

**Telephone Number:**

**Name of person/family members applying for WIC:**

|    |    |
|----|----|
| 1. | 4. |
| 2. | 5. |
| 3. | 6. |

**Circle the requirement(s) for which you are providing verification and write a detailed statement to support applicant's situation:**

|          |           |                                      |
|----------|-----------|--------------------------------------|
| Identity | Residency | Income (Indicate amount & frequency) |
|----------|-----------|--------------------------------------|

**Statement:**

APPROVED  NOT APPROVED

**Staff:**

(Signature) (Title) (Date)

**WE RESERVE THE RIGHT TO VERIFY THIS INFORMATION**

**CT WIC PROGRAM  
VERIFICATION FORM**

**Explanation:** The Verification Form may be completed by a reliable third party verifying identity, residency, and/or income for a WIC applicant. The individual providing the verification should have knowledge of the applicant family's situation

**Instructions for staff:**

- Write authorized person's name, family #, applicant name(s), and participant ID #.

**Instructions for the third party verifier:**

- Print your name.
- Print your Agency/Organization.
- Print your Address.
- Print your telephone number.
- List the names of person or persons applying for WIC.
- Circle the requirement(s) for which the applicant is unable to provide proof. (All 3 reasons may be circled)
- In statement section, write a detailed statement of support for the family that clarifies information for the circled requirement(s).
  - Identity statements should include length of time knowing family.
  - Residency should include the street address of the WIC family, unless the family resides in a shelter for victims of domestic violence.
  - Income should include amount and frequency the family receives (e.g. \$100.00/month).

**The Verification Form should be filed with the WIC Certification Form for the corresponding certification period.**



**Estado de Connecticut  
Departamento De Salud Publica-Programa WIC**

**Formulario de Verificación**

Persona Autorizada \_\_\_\_\_ Familia ID: \_\_\_\_\_

Nombre del Apicante(s) \_\_\_\_\_ No. De Id. del Participante: \_\_\_\_\_

El programa WIC requiere de pruebas de identidad, residencia e ingresos para poder proporcionar los servicios del programa a los participantes que son elegibles. Los formularios de verificación sirven para asistir a los aplicantes que no pueden proporcionar pruebas de esta información, con la oportunidad de tener a una tercera persona para que proporcione una carta en la cual confirme la identidad del individuo, su lugar de residencia y/o sus ingresos.

**Por favor complete lo siguiente:**

|                                |        |
|--------------------------------|--------|
| Escriba en imprenta su nombre: | Firma: |
|--------------------------------|--------|

Agencia/Organización:

Dirección:

Numero de Teléfono:

Nombre de las personas / miembros de la familia aplicando para el WIC:

|    |    |
|----|----|
| 1. | 4. |
| 2. | 5. |
| 3. | 6. |

**Encierre en un círculo los requerimientos para los cuales usted esta proporcionando la verificación, y escriba una declaración detallada para apoyar la situación del aplicante:**

|           |            |  |
|-----------|------------|--|
| Identidad | Residencia | Ingresos (Indique la cantidad y la frecuencia) |
|-----------|------------|--|

Declaración:

APROBADO  RECHAZADO

Trabajador:

(Firma) (Título) (Fecha)

**NOS RESERVAMOS EL DERECHO DE VERIFICAR ESTA INFORMACIÓN**

## **PROGRAMA WIC DE CT FORMULARIO DE VERIFICACIÓN**

**Explicación:** El formulario de verificación debe de llenarse por una tercera persona confiable verificando la identidad, residencia y/o ingresos para un aplicante al WIC. El individuo que provea la identificación tiene que tener conocimiento de la situación de la familia aplicante.

### **Instrucciones para el personal:**

- Escriba Persona Autorizada, No. De Familia, nombre(s) de (los) aplicante(s), y números de identificación del participante

### **Instrucciones para la tercera persona que verifica:**

- Escriba con letra imprenta su nombre.
- Escriba con letra imprenta su Agencia / Organización.
- Escriba con letra imprenta su dirección.
- Escriba con letra imprenta su número telefónico.
- Liste el nombre de la persona o de las personas que aplican al WIC.
- Encierre en un círculo los requerimientos para los cuales el aplicante no puede proporcionar las pruebas.  
(Todas las 3 razones deben de ser encerradas en un círculo)
- En la sección de declaración, escriba una declaración detallada de apoyo para la familia, la cual clarifica la información para los requerimientos encerrados en un círculo.
  - Las declaraciones de identidad deben de incluir el tiempo de conocer a la familia.
  - Las de residencia deben de incluir la dirección de la familia WIC, a menos que la familia resida en un refugio para víctimas de violencia doméstica.
  - Las de Ingresos deben de incluir la cantidad y la frecuencia en la que la familia la recibe, (Ej. \$100.00/al mes)

**El formulario de verificación debe de ser archivado con el formulario de certificación del WIC para el período de certificación correspondiente.**

## CT WIC PROGRAM VERIFICATION FORM

**Explanation:** The Verification Form may be completed by a reliable third party verifying identity, residency, and/or income for a WIC applicant. The individual providing the verification should have knowledge of the applicant family's situation

### **Instructions for staff:**

- Write payee's name, family #, applicant name(s), and participant ID #.

### **Instructions for the third party verifier:**

- Print your name.
- Print your Agency/Organization.
- Print your Address.
- Print your telephone number.
- List the names of person or persons applying for WIC.
- Circle the requirement(s) for which the applicant is unable to provide proof.  
(All 3 reasons may be circled)
- In statement section, write a detailed statement of support for the family that clarifies information for the circled requirement(s).
  - Identity statements should include length of time knowing family.
  - Residency should include the street address of the WIC family, unless the family resides in a shelter for victims of domestic violence.
  - Income should include amount and frequency the family receives (e.g. \$100.00/month).

The Verification Form should be filed with the WIC Certification Form for the corresponding certification period.





Estado de Connecticut  
Departamento De Salud Publica  
Programa WIC

Formulario de Verificación

Nombre del Beneficiario \_\_\_\_\_ Familia # \_\_\_\_\_

Nombre del Apicante \_\_\_\_\_

No. De Id. del Participante \_\_\_\_\_

El programa WIC requiere de pruebas de identidad, residencia e ingresos para poder proporcionar los servicios del programa a los participantes que son elegibles. Los formularios de verificación sirven para asistir a los aplicantes que no pueden proporcionar pruebas de esta información, con la oportunidad de tener a una tercera persona para que proporcione una carta en la cual confirme la identidad del individuo, su lugar de residencia y/o sus ingresos.

Por favor complete lo siguiente:

Escriba en imprenta su nombre:

Firma:

Agencia/Organización:

Dirección:

Numero de Teléfono:

Nombre de las personas / miembros de la familia aplicando para el WIC:

1.

4.

2.

5.

3.

6.

Encierre en un círculo los requerimientos para los cuales usted esta proporcionando la verificación, y escriba una declaración detallada para apoyar la situación del aplicante:

Identidad

Residencia

Ingresos (Indique la cantidad y la frecuencia)

Declaración:

APROBADO

RECHAZADO

Trabajador:

(Firma)

(Título)

(Fecha)

NOS RESERVAMOS EL DERECHO DE VERIFICAR ESTA INFORMACIÓN

## **PROGRAMA WIC DE CT FORMULARIO DE VERIFICACIÓN**

**Explicación:** El formulario de verificación debe de llenarse por una tercera persona confiable verificando la identidad, residencia y/o ingresos para un aplicante al WIC. El individuo que provea la identificación tiene que tener conocimiento de la situación de la familia aplicante.

### **Instrucciones para el personal:**

- Escriba el nombre del beneficiario, No. De Familia, nombre(s) de (los) aplicante(s), y números de identificación del participante

### **Instrucciones para la tercera persona que verifica:**

- Escriba con letra imprenta su nombre.
- Escriba con letra imprenta su Agencia / Organización.
- Escriba con letra imprenta su dirección.
- Escriba con letra imprenta su número telefónico.
- Liste el nombre de la persona o de las personas que aplican al WIC.
- Encierre en un círculo los requerimientos para los cuales el aplicante no puede proporcionar las pruebas.  
(Todas las 3 razones deben de ser encerradas en un círculo)
- En la sección de declaración, escriba una declaración detallada de apoyo para la familia, la cual clarifica la información para los requerimientos encerrados en un círculo.
  - Las declaraciones de identidad deben de incluir el tiempo de conocer a la familia.
  - Las de residencia deben de incluir la dirección de la familia WIC, a menos que la familia resida en un refugio para víctimas de violencia doméstica.
  - Las de Ingresos deben de incluir la cantidad y la frecuencia en la que la familia la recibe, (Ej. \$100.00/al mes)

El formulario de verificación debe de ser archivado con el formulario de certificación del WIC para el período de certificación correspondiente.

---

**SECTION: Certification**

**SUBJECT: Categorical Eligibility**

---

**Federal Regulations:** §246.7 (c) (1)

**POLICY**

During the certification process, an applicant shall be in one of the WIC approved categories:

- Pregnant women
- Postpartum women up to six months after the end of pregnancy (live birth, miscarriage, abortion or fetal death)
- Breastfeeding women up to the breastfeeding infant's first birthday
- Infants from birth to their first birthday
- Children to their fifth birthday

**Guidance**

Determine if the applicant is within a WIC approved category.

If categorical ineligibility was determined during an appointment, complete and issue a Notice of Participant Action form. Give a copy to the participant and keep a copy of the documentation in the ineligible applicant document file.



**State of Connecticut  
Department of Public Health  
WIC Program**

**NOTICE OF PARTICIPANT ACTION**

**Date of Notice:** \_\_\_\_\_

|                 |                            |
|-----------------|----------------------------|
| <b>NAME</b>     | <b>WIC ID or DOB</b>       |
| <b>ADDRESS</b>  |                            |
| <b>CITY/ZIP</b> | <b>PHONE # (    )    -</b> |

**INELIGIBILITY/TERMINATION SECTION**

- You or your infant/child are not eligible for the WIC Program for the following reasons:
- You or your infant/child are no longer eligible (terminated) from the WIC Program for the following reasons:
  - Income is too high for the WIC Program.
  - Not in a WIC-eligible category (pregnant, postpartum, breastfeeding woman infant or child up to 5 years of age).
  - Postpartum woman 6 months past your delivery date.
  - Breastfeeding woman that discontinued breastfeeding before one year.
  - Breastfeeding woman that reached WIC eligibility limit of 12 months.
  - Child turning five (5) years old.
  - Do not have a medical/nutritional health condition.
  - Certification appointment for the Program was missed.
  - Voluntary withdrawal from the Program.
  - Other \_\_\_\_\_

**DISQUALIFICATION SECTION**

You are being suspended from the WIC Program for \_\_\_\_\_ because you broke the following WIC Program rule(s):  
(amount of time)

**FAIR HEARING SECTION**

You have the right to a fair hearing if you do not agree with the reason for your ineligibility, termination or disqualification. A request for a fair hearing must be made within 60 days of the date of this notice. Fair hearing requests should be addressed to:

**State of Connecticut - Department of Public Health-WIC Program**  
**Attention: State WIC Director**  
**410 Capitol Avenue MS # 11WIC**  
**P.O. Box 340308**  
**Hartford, CT 06134-0308**

The local WIC Program staff will assist you in preparing the fair hearing request form if you ask for help. Written rules for fair hearings are included on the fair hearing request form.

\_\_\_\_\_  
**PARTICIPANT/PAYEE SIGNATURE**

\_\_\_\_\_  
**WIC PROGRAM REPRESENTATIVE SIGNATURE/TITLE**

The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the basis of race, color, national origin, age, sex, disability, 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 (PDF), found online [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](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, SW, Washington, DC 20250 -9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov)**. Individuals who are deaf, hard of hearing or have speech disabilities and you wish to file either an EEO or program complaint please contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). El USDA es un proveedor y empleador que ofrece igualdad de oportunidades.



**Departamento de Salud Pública de Connecticut  
Programa WIC**

**NOTIFICACIÓN DE TERMINACIÓN**

**Fecha de Notificación:** \_\_\_\_\_

|  |   |
|--|---|
| <b>NOMBRE</b>  | <b>Número de Identificación o Fecha de Nacimiento</b> |
| <b>DIRECCIÓN</b>   |   |
| <b>CIUDAD/CÓDIGO POSTAL</b>  | <b>TELÉFONO (    )</b>                                |
| <p><b>SECCIÓN PARA SOLICITANTES INELEGIBLES/TERMINACIÓN</b></p> <p><input type="checkbox"/> Usted o su hijo(a) no son elegibles para el Programa WIC por las razones siguientes:</p> <p><input type="checkbox"/> Usted o su hijo(a) han dejado de ser elegibles (dados de baja) para el Programa WIC por las razones siguientes:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Ingresos demasiado altos para el Programa WIC.</li> <li><input type="checkbox"/> No pertenece a una categoría elegible de WIC (mujer embarazada, postparto, madre lactante, hijo(a) de hasta 5 años de edad).</li> <li><input type="checkbox"/> Mujer postparto después de 6 meses de la fecha del parto.</li> <li><input type="checkbox"/> Interrumpió la lactancia antes del primer año.</li> <li><input type="checkbox"/> Madre lactante que alcanzó el límite de 12 meses establecido bajo los requisitos del Programa WIC.</li> <li><input type="checkbox"/> Hijo(a) que va a cumplir cinco (5) años de edad.</li> <li><input type="checkbox"/> No presenta una condición clínica ni trastorno de salud nutricional.</li> <li><input type="checkbox"/> Faltó a la cita de certificación/re-certificación.</li> <li><input type="checkbox"/> Se retiró voluntariamente del programa.</li> <li><input type="checkbox"/> Otro: _____</li> </ul> |   |
| <p><b>SECCIÓN SOBRE DESCALIFICACIÓN</b></p> <p>Se le descalifica del programa WIC durante _____ porque usted infringió la(s) siguiente(s) regla(s) del Programa WIC:<br/>(periodo de tiempo)</p> <p>_____</p> <p>_____</p>   |   |
| <p><b>SECCIÓN DE AUDIENCIA IMPARCIAL</b></p> <p>Usted tiene derecho a una audiencia imparcial si no está de acuerdo con las razones que determinan su inelegibilidad, terminación o descalificación. Usted deberá presentar una petición de audiencia imparcial dentro de los sesenta (60) días siguientes a la fecha de notificación. Las peticiones se deben enviar a:</p> <p>State of Connecticut – Department of Public Health – WIC Program<br/>Attention: State WIC Director<br/>410 Capitol Avenue MS #11 WIC<br/>P.O. Box 340308<br/>Hartford, CT 06134-0308</p> <p>El personal del Programa de WIC local le ayudará a rellenar el formulario de petición de audiencia imparcial si usted lo solicita. El formulario incluye las normas para la petición de audiencias imparciales.</p>  |   |
| FIRMA DE LA PARTICIPANTE   | FIRMA/TÍTULO DEL REPRESENTANTE DE WIC                 |

El Departamento de Agricultura de los Estados Unidos (por sus siglas en inglés "USDA") prohíbe la discriminación contra sus clientes, empleados y solicitantes de empleo por raza, color, origen nacional, edad, discapacidad, sexo, identidad de género, religión, represalias y, según corresponda, convicciones políticas, estado civil, estado familiar o paternal, orientación sexual, o si los ingresos de una persona provienen en su totalidad o en parte de un programa de asistencia pública, o información genética protegida de empleo o de cualquier programa o actividad realizada o financiada por el Departamento. (No todos los criterios prohibidos se aplicarán a todos los programas y/o actividades laborales). Si desea presentar una queja por discriminación del programa de Derechos Civiles, complete el [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html) (formulario de quejas por discriminación del programa del USDA), que puede encontrar en internet en [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), o en cualquier oficina del USDA, o llame al (866) 632-9992 para solicitar el formulario. También puede escribir una carta con toda la información solicitada en el formulario. Envíenos su formulario de queja completo o carta por correo postal a U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, por fax al (202) 690-7442 o por correo electrónico a [program.intake@usda.gov](mailto:program.intake@usda.gov). Las personas sordas, con dificultades auditivas, o con discapacidad del habla pueden contactar al USDA por medio del Federal Relay Service (Servicio federal de transmisión) al (800) 877-8339 o (800) 845-6136 (en español). El USDA es un proveedor y empleador que ofrece igualdad de oportunidades.



Fecha de Notificación: \_\_\_\_\_

|  |   |  |  |
|--|---|--|--|
| <b>NOMBRE</b>  |   | <b>Número de Identificación o Fecha de Nacimiento</b>  |  |
| <b>DIRECCIÓN</b>   |   |  |  |
| <b>CIUDAD/CODIGO POSTAL</b>  |   | <b>TELÉFONO ( )</b>  |  |
| <b>SECCIÓN PARA SOLICITANTES INELEGIBLES/TERMINACIÓN</b>   |   |  |  |
| <input type="checkbox"/> Usted o su hijo(a) no son elegibles para el Programa WIC por las razones siguientes:<br><input type="checkbox"/> Usted o su hijo(a) han dejado de ser elegibles (dados de baja) para el Programa WIC por las razones siguientes:  |   |  |  |
| <input type="checkbox"/> Ingresos demasiado altos para el Programa WIC.  | <input type="checkbox"/> Interrumpió la lactancia antes del primer año.   | <input type="checkbox"/> No presenta una condición clínica ni trastorno de salud nutricional.      |  |
| <input type="checkbox"/> No pertenece a una categoría elegible de WIC: Mujer embarazada, postparto, madre lactante, hijo(a) de hasta 5 años de edad  | <input type="checkbox"/> Madre lactante que alcanzó el límite de 12 meses establecido bajo los requisitos del Programa WIC. | <input type="checkbox"/> Faltó a la cita de certificación/re-certificación.                        |  |
| <input type="checkbox"/> Mujer postparto después de 6 meses de la fecha del parto.   | <input type="checkbox"/> Hijo(a) que va a cumplir cinco (5) años de edad.   | <input type="checkbox"/> Se retiró voluntariamente del programa.<br><input type="checkbox"/> Otro: |  |
| <b>Sección Sobre Suspensión:</b> Se le descalifica del programa WIC durante _____ porque usted infringió la(s) regla(s) del Programa WIC:<br>_____<br>_____<br>_____<br>_____  |   |  |  |
| <b>Sección de Audiencia Imparcial</b><br><br>Usted tiene derecho a una audiencia imparcial si no está de acuerdo con las razones que determinan su inelegibilidad, terminación, suspensión o descalificación. Usted deberá presentar una petición de audiencia imparcial dentro de los sesenta (60) días siguientes a la fecha de notificación. Las peticiones se deben enviar a:<br><br>State of Connecticut – Department of Public Health – WIC Program<br>Attention: State WIC Director<br>410 Capitol Avenue MS #11 WIC<br>P.O. Box 340308<br>Hartford, CT 06134-0308<br><br>El personal del Programa de WIC local le ayudará a rellenar el formulario de petición de audiencia imparcial si usted lo solicita. El formulario incluye las normas para la petición de audiencias imparciales. |   |  |  |
| _____<br><b>FIRMA DE LA PARTICIPANTE</b>   |   | _____<br><b>FIRMA/TÍTULO DEL REPRESENTANTE DE WIC</b>  |  |

El Departamento de Agricultura de los Estados Unidos (por sus siglas en inglés "USDA") prohíbe la discriminación contra sus clientes, empleados y solicitantes de empleo por raza, color, origen nacional, edad, discapacidad, sexo, identidad de género, religión, represalias y, según corresponda, convicciones políticas, estado civil, estado familiar o paternal, orientación sexual, o si los ingresos de una persona provienen en su totalidad o en parte de un programa de asistencia pública, o información genética protegida de empleo o de cualquier programa o actividad realizada o financiada por el Departamento. (No todos los criterios prohibidos se aplicarán a todos los programas y/o actividades laborales). Si desea presentar una queja por discriminación del programa de Derechos Civiles, complete el [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html) (formulario de quejas por discriminación del programa del USDA), que puede encontrar en internet en [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), o en cualquier oficina del USDA, o llame al (866) 632-9992 para solicitar el formulario. También puede escribir una carta con toda la información solicitada en el formulario. Envíenos su formulario de queja completo o carta por correo postal a U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, por fax al (202) 690-7442 o por correo electrónico a [program.intake@usda.gov](mailto:program.intake@usda.gov). Las personas sordas, con dificultades auditivas, o con discapacidad del habla pueden contactar al USDA por medio del Federal Relay Service (Servicio federal de transmisión) al (800) 877-8339 o (800) 845-6136 (en español).

**SECTION: Certification****SUBJECT: Income Eligibility**

---

**Federal Regulations:** §246.7(d)(1); WIC Policy Memorandum 2010-02: Implementation of Public Law (P.L) 111-80- Exclusion of Combat Pay from WIC Income Eligibility Determination and related guidance documents; WIC Policy Memorandum 2011-07 Conversion factors for WIC Eligibility Guidelines

**POLICY**

An applicant's household unit income shall be at or below 185% of the Office of Management and Budget's poverty guidelines which are revised annually.

Recipients of the following programs are automatically income eligible for WIC benefits:

- Supplemental Nutrition Assistance Program (SNAP)
- Temporary Family Assistance Program (TFA)
- HUSKY A/Medicaid Program

A person who documents that he/she is a member of a household that contains a SNAP or TFA recipient or that contains a pregnant woman or an infant who receives HUSKY shall also be determined adjunctively income eligible for WIC.

CT-WIC manually calculates income from multiple sources at more than one frequency. If there is a problem with this feature in CT-WIC, local agency staff shall use the following conversion procedures to determine household income as outlined in USDA-FNS-WIC Policy Memorandum 2011-07.

In 2008, the Child Nutrition Program (CN) established new conversion factor procedures for the purpose of determining income eligibility for their applicants. In an effort to improve consistency between FNS Program areas, and to resolve the confusion associated with using conversion factors when determining income eligibility, WIC has decided to implement the procedures established by CN. These procedures are outlined as follows:

#### NEW CONVERSION FACTOR PROCEDURES

1. If a household has only one income source, or if all sources have the same frequency, do not use conversion factors. Compare the income, or the sum of the separate incomes, to the published IEGs for the appropriate frequency and household size to make the WIC income eligibility determination.
2. If a household reports income sources at more than one frequency, perform the following calculations:
  - Annualize all income by multiplying weekly income by 52, income received every two weeks by 26, income received twice a month by 24, and income received monthly by 12.
  - ***Do not round the values resulting from each conversion.***
  - Add together all the unrounded, converted values.
  - Compare the total to the published IEGs (annual income for the appropriate household size) to make the final income eligibility determination. Do not recalculate the published IEGs, as they are already calculated and rounded up to the next whole dollar prior to being published in the Federal Register.

**NOTE:** For the migrant farm-worker, a letter from the current employer may be used to determine income.

Applicants from households with adult members who are unemployed shall be eligible based on income during the unemployment period or if the loss of income causes the current household income to meet the WIC income eligibility guidelines.

#### **Income includes:**

- Gross cash or monetary compensation for services including wages, salary, commissions, or fees
- Net income from farm and non-farm self-employment
- Social Security
- Dividends or interest on savings or bonds, income from estates or trusts, or net rental income
- Public assistance or welfare payment
- Unemployment compensation
- Government civilian employee or military retirement or pensions or veterans' payments
- Private pensions or annuities
- Alimony or child support payments
- Nutrition assistance document
- Regular contributions from persons not living in the household
- Net royalties
- Self employed applicants
- Other cash income, to include but not limited to cash amounts received or withdrawn from any source including savings, investment trust accounts and other resources, which are readily available to the family.

#### **Income shall NOT include:**



- Basic Allowance for Housing (BAH) received by military service personnel for on or off-base housing or Combat Pay during Deployment to a Designated Combat Zone. See below for more details.
- The value of in-kind housing and other in-kind benefits
- Income or benefits received under any Federal program or act which are excluded from consideration as income by an legislative prohibition, including: The value of assistance to children or their families under the National School Lunch Act, the Child Nutrition Act, and the Food Stamp Act
- Student financial assistance received from any program funded under Title IV of the Higher Education Act of 1965 (e.g., the Pell Grant, Supplemental Education Opportunity Grant, State Student Incentive Grants, National Direct Student Loan)
- Plus, College Work study and Byrd Honor Scholarship used for specified costs (i.e., books, materials, tuition, fees, supplies, transportation)
- Payments received under the Job Training Partnership Act
- Payments received under the Low-Income Home Energy Assistance Act
- Reimbursements from Uniform Relocation Assistance & Real Property Acquisition Policies Act
- Any payments to volunteers under Title I (VISTA and others), and Title II (RSVP, Foster Grandparents and others) of the Domestic Volunteer Service Act
- Benefits received through the Farmer's Market Nutrition Program
- The value of any childcare payments made under Section 402 (g)(1)(E) of the Social Security Act, as amended by the Family Support Act
- Child Care and Development Block Grant payment
- Short-term, non-secured loans
- Federal/State Income Tax Rebates

### **Explanation of Military Income**

In determining income eligibility of any applicant whose family contains one or more military members, all gross income should be counted except the value of in-kind housing:

- Basic Allowance for Housing (BAH), Family Separation Housing (FSHJ) and Overseas Housing Allowance (OHA). Also excluded from determining income eligibility is the value of the Cost of Living Allowance (COLA), mandatory salary reductions for the GI Bill and other in-kind benefits. \*Basic Allotment for Sustenance (BAS) is considered income.
- Military off-base housing is not considered income. Additional monetary allowances provided to military personnel stationed in areas with higher than average housing costs, such as Basic Allowance for Quarters (BAQ) OR Variable Housing Allowance (VHA), are not considered income.
- If a military family has one or more members stationed overseas or away from home who are receiving additional military compensation such as hazardous duty or combat pay, family separation allowance, and/or foreign duty pay, this is counted as family income. This additional income may only be provided on a temporary basis. If this is the case, the family's income should be averaged over the past 12 months. See below for exclusions.

Applicants from families in which one or more family member are military reservists who have been placed on active duty may experience dramatic changes in their income sources and total gross income such that they may become eligible for the WIC program. In this circumstance, the family's income eligibility is determined based on the family's current rate of income (while the reservist is on active duty), as opposed to income received over the past 12 months.

### **Included as Gross Income for Military Families:**

Updated 07-2015

- Basic Pay
- Basic Allotment for Subsistence (BAS)
- Flight Pay
- Deployment pay\* (Payments can be counted over a 12-month period)
- Family Separation Allowance
- Foreign Duty Pay
- Hazardous Duty Pay
- One year Extension Pay (Extension of Hazardous Duty Pay, this payment begins on the 13<sup>th</sup> month of deployment of combat; this payment cannot be prorated over a 12-month period.)

### **Military Combat Pay during Deployment to a Designated Combat Zone**

Combat pay is defined as an additional payment made under Chapter 5 of Title 37 of the United States Code that is received by the household member who is deployed to a designated combat zone. See additional guidance documents for assistance interpreting the LES.

<http://frwebgate.access.gpo.gov/cgi-bin/usc.cgi?ACTION=BROWSE&TITLE=37USCC5&PDFS=YES>

Combat pay is excluded from income determination 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.

A combat zone is an area that the President of the United States designates by Executive Order as an area in which the U.S. Armed Forces are engaging or have engaged in combat. As with other types of income commonly received by military personnel, such as the Basic Allowance for Housing or Basic Allowance for Subsistence payments, combat pay received by service members is normally reflected in the entitlements column of the military Leave and Earning Statement (LES).

### **Excluded Income for Military Families:**

- Basic Allowance for Housing (BAH)
- Basic Allowance for Quarters (BAQ)
- Variable Housing Allowance Housing (VHA)
- Family Separation Housing (FSH)
- Overseas Housing Allowance (OSA)
- Cost of Living Allowance (COLA)
- Mandatory salary reductions of the GI Bill
- Family Subsistence Supplemental Allowance (FSSA)
- Combat Pay if above 3 conditions are met

### **Combat Zone Areas:**

#### **Executive Order 12744 (effective 17 Jan 1991)**

Arabian Sea Portion that lies North of 10 degrees North Latitude and West Of 68 degrees East Longitude

Updated 07-2015

- Bahrain
- Gulf of Aden
- Gulf of Oman
- Iraq
- Kuwait
- Persian Gulf
- Qatar
- Oman
- Red Sea
- Saudi Arabia
- United Arab Emirates

#### **Direct Support of EO 12744**

- Turkey effective 1 Jan 2003
- Israel effective 1 Jan – 31 July 2003
- Eastern Med effective 19 Mar – 31 July 2003
- Jordan effective 19 Mar 2003
- Egypt effective 19 Mar – 20 Apr 2003

#### **Executive Order 13239 (effective 19 Sep 2001)**

- Afghanistan

#### **Direct Support of EO 13239**

- Pakistan effective 19 Sep 2001
- Tajikistan effective 19 Sep 2001
- Jordan effective 19 Sep 2001
- Incirlik AFB Turkey effective 21 Sep 2001
- Kyrgyzstan effective 1 Oct 2001
- Uzbekistan effective 1 Oct 2001
- Phillipines (only troops w/orders that reference OEF) effective 9 Jan 2002
- Yemen effective 10 Apr 2002
- Djibouti effective 1 Jul 2002

#### **Executive Order 13119 (effective 24 Mar 1999) Public Law 106-21 Establishing Kosovo as Qualified Hazardous Duty Area (24 Mar 1999)**

- The Federal Republic of Yugoslavia (Serbia/Montenegro)
- Albania
- The Adriatic Sea
- The Ionian Sea north of the 39th parallel

**Public Law 104-117 Establishing a Qualified Hazardous Duty Area (November 1995)**

- Bosnia
- Herzegovina
- Croatia
- Macedonia

For other policies that impact income determination at certifications and during the certification period- see WIC 200-07 and WIC 200-21.



## CONNECTICUT WIC PROGRAM

### INCOME ELIGIBILITY FOR THE WIC PROGRAM \*

**FOR PERIOD OF JULY 1, 2017 – JUNE 30, 2018**

| Family Size                                    | Annual        | Monthly      | Twice-Monthly | Bi-Weekly    | Weekly       |
|--|---------------|--------------|---------------|--------------|--------------|
| <b>1</b>                                       | <b>22,311</b> | <b>1,860</b> | <b>930</b>    | <b>859</b>   | <b>430</b>   |
| <b>2</b>                                       | <b>30,044</b> | <b>2,504</b> | <b>1,252</b>  | <b>1,156</b> | <b>578</b>   |
| <b>3</b>                                       | <b>37,777</b> | <b>3,149</b> | <b>1,575</b>  | <b>1,453</b> | <b>727</b>   |
| <b>4</b>                                       | <b>45,510</b> | <b>3,793</b> | <b>1,897</b>  | <b>1,751</b> | <b>876</b>   |
| <b>5</b>                                       | <b>53,243</b> | <b>4,437</b> | <b>2,219</b>  | <b>2,048</b> | <b>1,024</b> |
| <b>6</b>                                       | <b>60,976</b> | <b>5,082</b> | <b>2,541</b>  | <b>2,346</b> | <b>1,173</b> |
| <b>7</b>                                       | <b>68,709</b> | <b>5,726</b> | <b>2,863</b>  | <b>2,643</b> | <b>1,322</b> |
| <b>8</b>                                       | <b>76,442</b> | <b>6,371</b> | <b>3,186</b>  | <b>2,941</b> | <b>1,471</b> |
| <b>For each additional family member, add:</b> | <b>7,733</b>  | <b>645</b>   | <b>323</b>    | <b>298</b>   | <b>149</b>   |

**\* Based on HHS Federal Poverty Guidelines.**

**For example, a family of four can make up to \$45,510 gross income (before taxes) a year to be income eligible.**

**SECTION: Certification****SUBJECT: Income Eligibility Documentation**

---

**Federal Regulations:** §246.7(d)(2)(v(A-D))-(vi)**POLICY**

Determine the applicant's income and complete the CT-WIC Income Information Screen as follows:

- If the applicant is a woman, indicate her employment status.
- Document the number of people in the family (i.e., the "economic unit" or "household", composed of a person or group of persons that has its own source of income). If the applicant is a pregnant woman, increase her family size/household by one or by the number of expected multiple births, if this would qualify her under WIC program income eligibility standards.

**Note:** Local agencies are not required to implement this procedure if increasing the pregnant woman's family size conflicts with her cultural, personal or religious beliefs.

- Ask if the applicant is a recipient of Temporary Family Assistance (TFA), HUSKY A, and/or The Supplemental Nutrition Assistance Program (SNAP) or is a member of a family that contains a TFA recipient or a pregnant woman or an infant who receives HUSKY A benefits. If the applicant states that he or she is on HUSKY A or Medicaid, obtain their ConnectCard to verify their enrollment by using the Medicaid Automated Eligibility Verification System (AEVS).
- If verified, enter the client number on the ConnectCard into the CT-WIC Income Information screen. If applicable, document participation in TFA, SNAP and/or other public assistance programs in CT-WIC.

If the applicant does not have a ConnectCard, other acceptable forms of income documentation are as follows:

**Proof of Adjunctive Income Eligibility (Document must specify that individual is eligible through the WIC Certification date)**

- The Supplemental Nutrition Assistance Program (SNAP)
- Temporary Family Assistance Program (TFA)
- HUSKY A (Medicaid)
- Notice of eligibility for any of the above programs

**Proof of Non-Adjunctive Income Eligibility (Document cannot be more than 60 days old, unless using along with a current document to determine annual income)**

- Pay stubs, representing the recent pay periods for one month
- Current W-2 form
- Current year 1040 Tax Return Form (with Schedule C only for self or seasonally employed)
- Letter from employer on letterhead stating gross income and frequency
- Unemployment benefit notification letter

- Unemployment check(s) (from previous 30 days)
- Student financial assistance document
- Social Security retirement benefits letter
- Alimony payments-Court Decree or copies of check
- Child support payments-Court Decree or copies of check
- Verification of Certification card

## **Guidance for Income Determination of Special Situations:**

### **Self Employed Applicants/Participants**

Gross income is problematic to determine for a family where one of the household members is self-employed because they cannot provide pay stubs based on a monthly salary or hourly wage. In such instances the best and most reasonable documentation is last years' Income Tax Return (Form 1040).

1. On the Form 1040, locate the line Business income or (loss). Schedule C or C-EZ should be attached to verify the business expenses. Use the line titled *Adjusted Net Income* as it accounts for the costs of doing business (business expenses) and the self-employed health insurance deduction.
2. Then compare that annual amount against the WIC guidelines for the number of persons in the Family Economic Unit.
3. If the local agency has further questions, e.g. one of the household members is no longer employed but has earnings on last years' tax return; call the State agency for clarification.

### **Migrant Farmworkers**

Income eligibility of migrant farmworkers shall be determined no more than once annually. Local agencies shall not require determination of income eligibility for any migrant farmworker (or their family member) that presents an expired Verification of Certification (VOC) card if income eligibility was determined less than 12 months prior. Income eligibility shall expire 12 months from the date of the last income determination.

An applicant with no proof of income, such as a victim of theft, loss, or disaster, a homeless individual, a migrant, a person who works for cash, or a pregnant teen in crisis may sign a statement attesting to her or his household income.

Migrant farmworkers and their family members are defined by federal regulation as individuals whose principal employment (over 50 percent) is in agriculture on a seasonal basis, who have been so employed within the last 24 months, and who establish a temporary residence for the purpose of such employment. This may include field worker, farm equipment operator, harvester, etc.

### **Participants Residing in Institutions/Homeless Facilities**

All persons in a residential institution/homeless facility may not be considered as members of one "family unit" for purposes of income eligibility determination. The family size of the institutionalized person or unit of related persons, e.g., a mother and her children in a temporary shelter for battered women, does not include other residents of the shelter. Income of the resident shall be considered separate from the income of the other residents and the revenues of the institution/facility. For additional information see 200-26 Homeless Individual WIC Participants.

## **Zero Income**

Applicants/Participants reporting zero income shall be prompted to describe in detail their living circumstances and how they obtain basic necessities such as food, shelter, medical care and clothing, in order to properly apply WIC rules pertaining to family size and income. Documentation of income could include bank statements, child support, etc. This income must represent the last 30 days.

If the applicant/participant claims zero income, complete a self-declaration form for a period up to 30 days. In cases where it is established that an applicant/participant is truly with minimal or no resources, local agencies can offer invaluable links to crucial resources and assistance. Follow up on any public assistance or income, 30 days after the initial (re)certification is required for continued participation in the WIC Program.

## **Foster Care**

Foster children must be considered as a family size of one. While foster children participate with Husky A/Medicaid it is important to capture income for completion of the certification process. A verbal declaration of the amount paid to the family for the care of the foster child shall be obtained if the amount is not indicated on the placement paper. No other income should be considered.

Income screening shall be done annually at every re-certification for foster children, even if they have not changed foster homes.

## **Emancipated Minors**

An emancipated minor is defined as a person who assumes most adult responsibilities before reaching the age of majority (usually 18). **Emancipated** minors are no longer considered to be under the care and control of parents -- instead, they take responsibility for their own care.

In most cases emancipated minors are HUSKY/Medicaid eligible. If the applicant/participant has HUSKY A or other state assistance they are adjunctively income eligible and any public assistance should be documented in CT-WIC Income Information screen. Otherwise it is important to determine what income is supporting the economic unit. If the applicant/participant claims zero income, follow the procedure for Zero Income accordingly.

## **Students**

Student Financial Assistance in the form of grants and scholarships are included as income (with the exception of those grants and scholarships specifically excluded in §246.7(d)(2)(iv)(12)). Loans (whether from student financial aid or private) that must be paid back, **should not** be counted as income.

Loans in which the participant has constant or unlimited access (i.e. a trust, savings, or monthly personal loan from a family member) are considered as income because they do not have to be paid back.

**Please note students should have their income determined in the same manner as other participants.**



## **Applicants for Family Members on Strike**

Consider a strike, lockout or furlough as a temporary decrease in income. Both annual and current income may be used to assess the income of applicants or family members on strike/furlough. Since annual income may exceed WIC income eligibility guidelines, current income may be assessed to determine eligibility.

Remind the applicant/participant to report any changes in income to the WIC office as they occur. The WIC office should also refer the applicant/participant to other sources of aid or assistance.

## **Multiple Economic Units at One Address**

For WIC purposes, "family" is defined by the Federal WIC regulations as a "group of related or nonrelated individuals who are living together as one economic unit (except residents in an institution or homeless facility). The definition of income for WIC purposes includes gross income earned by any and all members of a family. The terms "household", "family" and "economic unit" can be used interchangeably, however when determining WIC eligibility the latter is preferred. It is reasonable to assume that persons living in residences of others, whether related or not, are likely receiving support and sharing resources which renders them members of the economic unit with which they live. However, it is possible to establish that more than one economic unit lives under one roof through appropriate questioning. For example, a pregnant woman who is sharing an apartment with her sister may be determined to be a separate economic unit from her sister if the staff can reasonably establish that she has a separate source of income and is paying her proportionate share of household, living and personal expenses. For income determination, an economic unit must have its own source of income and adequacy of the income; whether the available income is adequate to sustain the economic unit, should be the determining factor, not whether the unit receives any in-kind benefits.

## **Documentation of Income Eligibility**

Indicate the type of proof shown for each applicant's income eligibility determination on CT-WIC Income Information screen. If the applicant is found to be adjunctively income eligible, ask the applicant (or parent of a guardian) to verbally state their household income. Enter the amount in CT-WIC.

If ineligible, complete and issue a Notice of Participant Action form. Give a copy to the applicant and scan a copy of the documentation into CT-WIC.

Retain a copy of the proof of income presented by the Applicant/Authorized Person in the CT-WIC file.

An applicant with no proof of income, such as a victim of theft, loss, or disaster, a homeless individual, a migrant, a person who works for cash, or a pregnant teen in crisis may sign a statement attesting to her or his household income.

If an applicant/participant meets all other eligibility criteria at certification but fails to bring acceptable documentation to the appointment a local agency shall permit an applicant/participant to self declare income for a maximum of 30 days. One month of benefits can be issued.

Inform the applicant/participant that if after 30 days, the necessary proof of income is not provided the applicant/participant will be ineligible for program benefits. Use the Self Declaration form to document the reason proof is not available. Instruct the applicant to fill in the income amount, and to sign and date the form. Give the form to the Program Coordinator or designee for review. Add an Alert in CT-WIC to ensure that additional benefits are not issued until the documentation is received.

For applicants/participants who meet all other eligibility criteria at certification but have one of the following reasons for lacking proof of income:

- Victim of theft, loss or disaster
- A homeless individual
- A migrant or a person who works for cash

Use the Self Declaration form to document the reason proof is not available and self declare their income. Instruct the applicant to fill in the income amount, and to sign and date the form. This form is valid for a maximum of 30 days. One month of benefits can be issued. Give the form to the Program Coordinator or designee for review. Provide the Verification form and review instructions for completion (request a reliable third party, such as a social service agency, church, legal aid society or an employer confirm the individual's income) and advise the applicant/participant the completed Verification form must be returned at next appointment to continue WIC benefits.

The **ONLY** exceptions in which self declaration of income is allowed for **MORE** than 30 days are:

- For pregnant teen in crisis for whom the necessary documentation is not available.
- For individuals for whom the Local Agency Program Coordinator determines the income documentation requirement would present an unreasonable barrier to participation.

Use the Self Declaration form to document the reason the proof is not available and instruct the applicant to fill in the income amount and sign and date the form. In these two instances, completion of the Verification Form by a third party is NOT required.



**State of Connecticut  
Department of Public Health  
WIC Program**

**NOTICE OF PARTICIPANT ACTION**

**Date of Notice:** \_\_\_\_\_

|                 |                            |
|-----------------|----------------------------|
| <b>NAME</b>     | <b>WIC ID or DOB</b>       |
| <b>ADDRESS</b>  |                            |
| <b>CITY/ZIP</b> | <b>PHONE # (    )    -</b> |

**INELIGIBILITY/TERMINATION SECTION**

- You or your infant/child are not eligible for the WIC Program for the following reasons:
- You or your infant/child are no longer eligible (terminated) from the WIC Program for the following reasons:
  - Income is too high for the WIC Program.
  - Not in a WIC-eligible category (pregnant, postpartum, breastfeeding woman infant or child up to 5 years of age).
  - Postpartum woman 6 months past your delivery date.
  - Breastfeeding woman that discontinued breastfeeding before one year.
  - Breastfeeding woman that reached WIC eligibility limit of 12 months.
  - Child turning five (5) years old.
  - Do not have a medical/nutritional health condition.
  - Certification appointment for the Program was missed.
  - Voluntary withdrawal from the Program.
  - Other \_\_\_\_\_

**DISQUALIFICATION SECTION**

You are being suspended from the WIC Program for \_\_\_\_\_ because you broke the following WIC Program rule(s):  
(amount of time)

**FAIR HEARING SECTION**

You have the right to a fair hearing if you do not agree with the reason for your ineligibility, termination or disqualification. A request for a fair hearing must be made within 60 days of the date of this notice. Fair hearing requests should be addressed to:

**State of Connecticut - Department of Public Health-WIC Program**  
**Attention: State WIC Director**  
**410 Capitol Avenue MS # 11WIC**  
**P.O. Box 340308**  
**Hartford, CT 06134-0308**

The local WIC Program staff will assist you in preparing the fair hearing request form if you ask for help. Written rules for fair hearings are included on the fair hearing request form.

\_\_\_\_\_  
**PARTICIPANT/PAYEE SIGNATURE**

\_\_\_\_\_  
**WIC PROGRAM REPRESENTATIVE SIGNATURE/TITLE**

The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the basis of race, color, national origin, age, sex, disability, 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 (PDF), found online [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](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, SW, Washington, DC 20250 -9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov)**. Individuals who are deaf, hard of hearing or have speech disabilities and you wish to file either an EEO or program complaint please contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). El USDA es un proveedor y empleador que ofrece igualdad de oportunidades.



**Departamento de Salud Pública de Connecticut  
Programa WIC**

**NOTIFICACIÓN DE TERMINACIÓN**

**Fecha de Notificación:** \_\_\_\_\_

|  |   |
|--|---|
| <b>NOMBRE</b>  | <b>Número de Identificación o Fecha de Nacimiento</b> |
| <b>DIRECCIÓN</b>   |   |
| <b>CIUDAD/CÓDIGO POSTAL</b>  | <b>TELÉFONO (    )</b>                                |
| <p><b>SECCIÓN PARA SOLICITANTES INELEGIBLES/TERMINACIÓN</b></p> <p><input type="checkbox"/> Usted o su hijo(a) no son elegibles para el Programa WIC por las razones siguientes:</p> <p><input type="checkbox"/> Usted o su hijo(a) han dejado de ser elegibles (dados de baja) para el Programa WIC por las razones siguientes:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Ingresos demasiado altos para el Programa WIC.</li> <li><input type="checkbox"/> No pertenece a una categoría elegible de WIC (mujer embarazada, postparto, madre lactante, hijo(a) de hasta 5 años de edad).</li> <li><input type="checkbox"/> Mujer postparto después de 6 meses de la fecha del parto.</li> <li><input type="checkbox"/> Interrumpió la lactancia antes del primer año.</li> <li><input type="checkbox"/> Madre lactante que alcanzó el límite de 12 meses establecido bajo los requisitos del Programa WIC.</li> <li><input type="checkbox"/> Hijo(a) que va a cumplir cinco (5) años de edad.</li> <li><input type="checkbox"/> No presenta una condición clínica ni trastorno de salud nutricional.</li> <li><input type="checkbox"/> Faltó a la cita de certificación/re-certification.</li> <li><input type="checkbox"/> Se retiró voluntariamente del programa.</li> <li><input type="checkbox"/> Otro: _____</li> </ul> |   |
| <p><b>SECCIÓN SOBRE DESCALIFICACIÓN</b></p> <p>Se le descalifica del programa WIC durante _____ porque usted infringió la(s) siguiente(s) regla(s) del Programa WIC:<br/>(periodo de tiempo)</p> <p>_____</p> <p>_____</p>   |   |
| <p><b>SECCIÓN DE AUDIENCIA IMPARCIAL</b></p> <p>Usted tiene derecho a una audiencia imparcial si no está de acuerdo con las razones que determinan su inelegibilidad, terminación or descalificación. Usted deberá presentar una petición de audiencia imparcial dentro de los sesenta (60) días siguientes a la fecha de notificación. Las peticiones se deben enviar a:</p> <p>State of Connecticut – Department of Public Health – WIC Program<br/>Attention: State WIC Director<br/>410 Capitol Avenue MS #11 WIC<br/>P.O. Box 340308<br/>Hartford, CT 06134-0308</p> <p>El personal del Programa de WIC local le ayudará a rellenar el formulario de petición de audiencia imparcial si usted lo solicita. El formulario incluye las normas para la petición de audiencias imparciales.</p>   |   |
| FIRMA DE LA PARTICIPANTE   | FIRMA/TÍTULO DEL REPRESENTANTE DE WIC                 |

El Departamento de Agricultura de los Estados Unidos (por sus siglas en inglés "USDA") prohíbe la discriminación contra sus clientes, empleados y solicitantes de empleo por raza, color, origen nacional, edad, discapacidad, sexo, identidad de género, religión, represalias y, según corresponda, convicciones políticas, estado civil, estado familiar o paternal, orientación sexual, o si los ingresos de una persona provienen en su totalidad o en parte de un programa de asistencia pública, o información genética protegida de empleo o de cualquier programa o actividad realizada o financiada por el Departamento. (No todos los criterios prohibidos se aplicarán a todos los programas y/o actividades laborales). Si desea presentar una queja por discriminación del programa de Derechos Civiles, complete el [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html) (formulario de quejas por discriminación del programa del USDA), que puede encontrar en internet en [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), o en cualquier oficina del USDA, o llame al (866) 632-9992 para solicitar el formulario. También puede escribir una carta con toda la información solicitada en el formulario. Envíenos su formulario de queja completo o carta por correo postal a U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, por fax al (202) 690-7442 o por correo electrónico a [program.intake@usda.gov](mailto:program.intake@usda.gov). Las personas sordas, con dificultades auditivas, o con discapacidad del habla pueden contactar al USDA por medio del Federal Relay Service (Servicio federal de transmisión) al (800) 877-8339 o (800) 845-6136 (en español). El USDA es un proveedor y empleador que ofrece igualdad de oportunidades.



Fecha de Notificación: \_\_\_\_\_

|  |   |  |  |
|--|---|--|--|
| <b>NOMBRE</b>  |   | <b>Número de Identificación o Fecha de Nacimiento</b>  |  |
| <b>DIRECCIÓN</b>   |   |  |  |
| <b>CIUDAD/CÓDIGO POSTAL</b>  |   | <b>TELÉFONO ( )</b>  |  |
| <b>SECCIÓN PARA SOLICITANTES INELEGIBLES/TERMINACIÓN</b>   |   |  |  |
| <input type="checkbox"/> Usted o su hijo(a) no son elegibles para el Programa WIC por las razones siguientes:<br><input type="checkbox"/> Usted o su hijo(a) han dejado de ser elegibles (dados de baja) para el Programa WIC por las razones siguientes:  |   |  |  |
| <input type="checkbox"/> Ingresos demasiado altos para el Programa WIC.  | <input type="checkbox"/> Interrumpió la lactancia antes del primer año.   | <input type="checkbox"/> No presenta una condición clínica ni trastorno de salud nutricional.      |  |
| <input type="checkbox"/> No pertenece a una categoría elegible de WIC: Mujer embarazada, postparto, madre lactante, hijo(a) de hasta 5 años de edad  | <input type="checkbox"/> Madre lactante que alcanzó el límite de 12 meses establecido bajo los requisitos del Programa WIC. | <input type="checkbox"/> Faltó a la cita de certificación/re-certificación.                        |  |
| <input type="checkbox"/> Mujer postparto después de 6 meses de la fecha del parto.   | <input type="checkbox"/> Hijo(a) que va a cumplir cinco (5) años de edad.   | <input type="checkbox"/> Se retiró voluntariamente del programa.<br><input type="checkbox"/> Otro: |  |
| <b>Sección Sobre Suspensión:</b> Se le descalifica del programa WIC durante _____ porque usted infringió la(s) regla(s) del Programa WIC: _____<br>_____<br>_____<br>_____   |   |  |  |
| <b>Sección de Audiencia Imparcial</b>  |   |  |  |
| Usted tiene derecho a una audiencia imparcial si no está de acuerdo con las razones que determinan su inelegibilidad, terminación, suspensión o descalificación. Usted deberá presentar una petición de audiencia imparcial dentro de los sesenta (60) días siguientes a la fecha de notificación. Las peticiones se deben enviar a: |   |  |  |
| State of Connecticut – Department of Public Health – WIC Program<br>Attention: State WIC Director<br>410 Capitol Avenue MS #11 WIC<br>P.O. Box 340308<br>Hartford, CT 06134-0308   |   |  |  |
| El personal del Programa de WIC local le ayudará a rellenar el formulario de petición de audiencia imparcial si usted lo solicita. El formulario incluye las normas para la petición de audiencias imparciales.  |   |  |  |
| _____<br><b>FIRMA DE LA PARTICIPANTE</b>   |   | _____<br><b>FIRMA/TÍTULO DEL REPRESENTANTE DE WIC</b>  |  |

El Departamento de Agricultura de los Estados Unidos (por sus siglas en inglés "USDA") prohíbe la discriminación contra sus clientes, empleados y solicitantes de empleo por raza, color, origen nacional, edad, discapacidad, sexo, identidad de género, religión, represalias y, según corresponda, convicciones políticas, estado civil, estado familiar o paternal, orientación sexual, o si los ingresos de una persona provienen en su totalidad o en parte de un programa de asistencia pública, o información genética protegida de empleo o de cualquier programa o actividad realizada o financiada por el Departamento. (No todos los criterios prohibidos se aplicarán a todos los programas y/o actividades laborales). Si desea presentar una queja por discriminación del programa de Derechos Civiles, complete el [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html) (formulario de quejas por discriminación del programa del USDA), que puede encontrar en internet en [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), o en cualquier oficina del USDA, o llame al (866) 632-9992 para solicitar el formulario. También puede escribir una carta con toda la información solicitada en el formulario. Envíenos su formulario de queja completo o carta por correo postal a U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, por fax al (202) 690-7442 o por correo electrónico a [program.intake@usda.gov](mailto:program.intake@usda.gov). Las personas sordas, con dificultades auditivas, o con discapacidad del habla pueden contactar al USDA por medio del Federal Relay Service (Servicio federal de transmisión) al (800) 877-8339 o (800) 845-6136 (en español).



State of Connecticut  
Department of Public Health  
WIC Program

Self Declaration Form

Authorized Person: \_\_\_\_\_ Family ID: \_\_\_\_\_

Participant Name: \_\_\_\_\_ Participant ID: \_\_\_\_\_

The Connecticut WIC Program requires each applicant to show proof of identity, residency (address), and income to be put on the WIC Program. Please read the following statement before completing this form.

I understand that by completing, signing, and dating this form, I am certifying that the information I am providing below is correct. I understand that intentional misrepresentation may result in paying the state agency, in cash, the value of the food benefits improperly received.

I understand that by signing this document I am eligible to receive **30 days** of WIC benefits. In order to continue to receive WIC benefits I must provide the necessary documentation to prove eligibility. If I do not provide appropriate documentation within a 30 day period I will be terminated from the program and will have to complete a new application.

1. Completion of this form is for:                      Identity              Residency              Income
2. If this form is for identity, my name is \_\_\_\_\_
3. If this form is for residency, my address is: \_\_\_\_\_
4. If this form is for income my income is: \_\_\_\_\_
5. Reasons that I cannot show proof  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Participant/Parent/Guardian \_\_\_\_\_ (Signature)                      \_\_\_\_\_ (Date)

**APPROVED**  **NOT APPROVED**

**FOR INCOME ONLY: (check one)**

Unreasonable barrier - No additional documentation needed

Need more documentation next month

Staff: \_\_\_\_\_ (Signature)                      \_\_\_\_\_ (Title)                      \_\_\_\_\_ (Date)

**CONNECTICUT WIC PROGRAM  
SELF DECLARATION FORM**

|   |   |
|---|---|
| Explanation:                            | The purpose for this form is to document and justify the reason a WIC applicant cannot provide proof of his/her identity, residency, and/or family income. This form should not be used on a routine basis. |
| Form Heading:                           | Write the Payee's name, Family number, Participant Name, and Participant ID number  |
| "I understand" Block:                   | Ask the applicant to read the "I understand" paragraph (or read the paragraph to the applicant if he/she is unable to read).  |
| Completion of this form is for:         | Circle the specific area(s) for which the applicant is unable to provide proof. (All 3 reasons may be circled)  |
| Identity:                               | If this form is to document identity, have applicant fill in the identity line.   |
| Residency:                              | If this form is to document residency, have applicant fill in address line.   |
| Income:                                 | If this form is to document income, have applicant fill in income line.   |
| Reason for No Proof:                    | Applicant (or staff if applicant is unable to write) writes a detailed statement explaining why he/she is unable to provide proof.  |
| Participant/Parent/ Signature provided: | Participant/Parent/Guardian signs and dates form on the line provided:  |
| Approved/Not Approved:                  | The WIC coordinator or designee reviews the form and checks the "approved" or the "not approved" box.   |
| For Income Only:                        | If income is being self-declared, the WIC Coordinator or designee must also indicate if additional documentation is needed or not needed the following month.   |
| Staff Signature:                        | WIC coordinator or designee signs his/her name and title, and enters the date.  |

**The Self Declaration Form should be maintained in the file under scanned Images in CT-WIC.**





**PROGRAMA WIC DE CONNECTICUT  
FORMULARIO DE AUTO DECLARACIÓN**

- Explicación: El propósito de este formulario es el de documentar y justificar la razón por la cual un aplicante al WIC no puede proporcionar una prueba de su identidad, residencia, y/o ingresos familiares. Este formulario no debe de ser usado en los términos rutinarios.
- Encabezamiento del Formulario: Escriba el nombre el beneficiario, número de familia, nombre del participante, y número de identificación del participante.
- El segmento "Yo Entiendo" Pregúntele al aplicante si leyó el párrafo de "Yo Entiendo" (o lea el párrafo si el aplicante no puede leerlo).
- Se llena este formulario para: Encierre en un círculo el área específica para la cual el aplicante no puede proveer pruebas. (Todas las 3 razones deben de estar encerradas en un círculo)
- Identidad: Si este formulario es para documentar la identidad, haga que el aplicante llene la línea de identidad.
- Residencia: Si este formulario es para documentar residencia, haga que el aplicante llene la línea de dirección.
- Ingresos: Si este formulario es para documentar ingresos, haga que el aplicante llene la línea de Ingresos.
- Razón de No prueba: El Aplicante (o el trabajador, si es que el aplicante no puede escribir) deberá escribir una declaración detallada explicando por qué es que no se puede proveer las pruebas.
- Participante / Padre / firma formulario El Participante / Padre / Guardián deberá firmar y fechar el en la línea proporcionada.
- Aprobado / Rechazado: El coordinador del WIC, o el designado, revisa el formulario y marca en el casillero de "Aprobado" o "Rechazado"
- Para ingresos solamente: Si los ingresos son auto declarados, el coordinador del WIC o el designado debe de indicar si la documentación adicional es necesaria el siguiente mes.
- Firma del trabajador: El coordinador el WIC o el designado firma su nombre y titulo, e ingresa la fecha.

**El formulario de Auto-Declaración se mantendrá archivado bajo Imágenes escaneadas en CT-WIC.**



State of Connecticut  
Department of Public Health-WIC Program  
Verification Form

Authorized Person \_\_\_\_\_ Family ID: \_\_\_\_\_  
Applicant Name(s) \_\_\_\_\_ Participant ID: \_\_\_\_\_

The WIC Program requires proof of identity, residency and income in order to provide eligible applicants with program services. The Verification Form serves to assist applicants who cannot provide proof of this information with the opportunity to have a third party provide a letter to confirm an individual's identity, residency and/or income.

Please complete the following:

Print Your Name:

Signature:

Agency/Organization:

Address:

Telephone Number:

Name of person/family members applying for WIC:

1.

4.

2.

5.

3.

6.

Circle the requirement(s) for which you are providing verification and write a detailed statement to support applicant's situation:

Identity

Residency

Income (Indicate amount & frequency)

Statement:

APPROVED

NOT APPROVED

Staff:

(Signature)

(Title)

(Date)

WE RESERVE THE RIGHT TO VERIFY THIS INFORMATION

**CT WIC PROGRAM  
VERIFICATION FORM**

**Explanation:** The Verification Form may be completed by a reliable third party verifying identity, residency, and/or income for a WIC applicant. The individual providing the verification should have knowledge of the applicant family's situation

**Instructions for staff:**

- Write authorized person's name, family #, applicant name(s), and participant ID #.

**Instructions for the third party verifier:**

- Print your name.
- Print your Agency/Organization.
- Print your Address.
- Print your telephone number.
- List the names of person or persons applying for WIC.
- Circle the requirement(s) for which the applicant is unable to provide proof. (All 3 reasons may be circled)
- In statement section, write a detailed statement of support for the family that clarifies information for the circled requirement(s).
  - Identity statements should include length of time knowing family.
  - Residency should include the street address of the WIC family, unless the family resides in a shelter for victims of domestic violence.
  - Income should include amount and frequency the family receives (e.g. \$100.00/month).

**The Verification Form should be filed with the WIC Certification Form for the corresponding certification period.**



**Estado de Connecticut  
Departamento De Salud Publica-Programa WIC**

**Formulario de Verificación**

Persona Autorizada \_\_\_\_\_ Familia ID: \_\_\_\_\_

Nombre del Apicante(s) \_\_\_\_\_ No. De Id. del Participante: \_\_\_\_\_

El programa WIC requiere de pruebas de identidad, residencia e ingresos para poder proporcionar los servicios del programa a los participantes que son elegibles. Los formularios de verificación sirven para asistir a los aplicantes que no pueden proporcionar pruebas de esta información, con la oportunidad de tener a una tercera persona para que proporcione una carta en la cual confirme la identidad del individuo, su lugar de residencia y/o sus ingresos.

**Por favor complete lo siguiente:**

|                                |        |
|--------------------------------|--------|
| Escriba en imprenta su nombre: | Firma: |
|--------------------------------|--------|

Agencia/Organización:

Dirección:

Numero de Teléfono:

Nombre de las personas / miembros de la familia aplicando para el WIC:

|    |    |
|----|----|
| 1. | 4. |
| 2. | 5. |
| 3. | 6. |

**Encierre en un círculo los requerimientos para los cuales usted esta proporcionando la verificación, y escriba una declaración detallada para apoyar la situación del aplicante:**

|           |            |  |
|-----------|------------|--|
| Identidad | Residencia | Ingresos (Indique la cantidad y la frecuencia) |
|-----------|------------|--|

Declaración:

APROBADO  RECHAZADO

Trabajador:

(Firma) (Título) (Fecha)

**NOS RESERVAMOS EL DERECHO DE VERIFICAR ESTA INFORMACIÓN**

## **PROGRAMA WIC DE CT FORMULARIO DE VERIFICACIÓN**

**Explicación:** El formulario de verificación debe de llenarse por una tercera persona confiable verificando la identidad, residencia y/o ingresos para un aplicante al WIC. El individuo que provea la identificación tiene que tener conocimiento de la situación de la familia aplicante.

### **Instrucciones para el personal:**

- Escriba Persona Autorizada, No. De Familia, nombre(s) de (los) aplicante(s), y números de identificación del participante

### **Instrucciones para la tercera persona que verifica:**

- Escriba con letra imprenta su nombre.
- Escriba con letra imprenta su Agencia / Organización.
- Escriba con letra imprenta su dirección.
- Escriba con letra imprenta su número telefónico.
- Liste el nombre de la persona o de las personas que aplican al WIC.
- Encierre en un círculo los requerimientos para los cuales el aplicante no puede proporcionar las pruebas.  
(Todas las 3 razones deben de ser encerradas en un círculo)
- En la sección de declaración, escriba una declaración detallada de apoyo para la familia, la cual clarifica la información para los requerimientos encerrados en un círculo.
  - Las declaraciones de identidad deben de incluir el tiempo de conocer a la familia.
  - Las de residencia deben de incluir la dirección de la familia WIC, a menos que la familia resida en un refugio para víctimas de violencia doméstica.
  - Las de Ingresos deben de incluir la cantidad y la frecuencia en la que la familia la recibe, (Ej. \$100.00/al mes)

**El formulario de verificación debe de ser archivado con el formulario de certificación del WIC para el período de certificación correspondiente.**

## **CT WIC PROGRAM VERIFICATION FORM**

**Explanation:** The Verification Form may be completed by a reliable third party verifying identity, residency, and/or income for a WIC applicant. The individual providing the verification should have knowledge of the applicant family's situation

### **Instructions for staff:**

- Write payee's name, family #, applicant name(s), and participant ID #.

### **Instructions for the third party verifier:**

- Print your name.
- Print your Agency/Organization.
- Print your Address.
- Print your telephone number.
- List the names of person or persons applying for WIC.
- Circle the requirement(s) for which the applicant is unable to provide proof.  
(All 3 reasons may be circled)
- In statement section, write a detailed statement of support for the family that clarifies information for the circled requirement(s).
  - Identity statements should include length of time knowing family.
  - Residency should include the street address of the WIC family, unless the family resides in a shelter for victims of domestic violence.
  - Income should include amount and frequency the family receives (e.g. \$100.00/month).

The Verification Form should be filed with the WIC Certification Form for the corresponding certification period.



Estado de Connecticut  
Departamento De Salud Publica  
Programa WIC

Formulario de Verificación

Nombre del Beneficiario \_\_\_\_\_ Familia # \_\_\_\_\_

Nombre del Apicante \_\_\_\_\_

No. De Id. del Participante \_\_\_\_\_

El programa WIC requiere de pruebas de identidad, residencia e ingresos para poder proporcionar los servicios del programa a los participantes que son elegibles. Los formularios de verificación sirven para asistir a los aplicantes que no pueden proporcionar pruebas de esta información, con la oportunidad de tener a una tercera persona para que proporcione una carta en la cual confirme la identidad del individuo, su lugar de residencia y/o sus ingresos.

Por favor complete lo siguiente:

Escriba en imprenta su nombre:

Firma:

Agencia/Organización:

Dirección:

Numero de Teléfono:

Nombre de las personas / miembros de la familia aplicando para el WIC:

1.

4.

2.

5.

3.

6.

Encierre en un círculo los requerimientos para los cuales usted esta proporcionando la verificación, y escriba una declaración detallada para apoyar la situación del aplicante:

Identidad

Residencia

Ingresos (Indique la cantidad y la frecuencia)

Declaración:

APROBADO

RECHAZADO

Trabajador:

(Firma)

(Título)

(Fecha)

NOS RESERVAMOS EL DERECHO DE VERIFICAR ESTA INFORMACIÓN

## **PROGRAMA WIC DE CT FORMULARIO DE VERIFICACIÓN**

**Explicación:** El formulario de verificación debe de llenarse por una tercera persona confiable verificando la identidad, residencia y/o ingresos para un aplicante al WIC. El individuo que provea la identificación tiene que tener conocimiento de la situación de la familia aplicante.

### **Instrucciones para el personal:**

- Escriba el nombre del beneficiario, No. De Familia, nombre(s) de (los) aplicante(s), y números de identificación del participante

### **Instrucciones para la tercera persona que verifica:**

- Escriba con letra imprenta su nombre.
- Escriba con letra imprenta su Agencia / Organización.
- Escriba con letra imprenta su dirección.
- Escriba con letra imprenta su número telefónico.
- Liste el nombre de la persona o de las personas que aplican al WIC.
- Encierre en un círculo los requerimientos para los cuales el aplicante no puede proporcionar las pruebas.  
(Todas las 3 razones deben de ser encerradas en un círculo)
- En la sección de declaración, escriba una declaración detallada de apoyo para la familia, la cual clarifica la información para los requerimientos encerrados en un círculo.
  - Las declaraciones de identidad deben de incluir el tiempo de conocer a la familia.
  - Las de residencia deben de incluir la dirección de la familia WIC, a menos que la familia resida en un refugio para víctimas de violencia doméstica.
  - Las de Ingresos deben de incluir la cantidad y la frecuencia en la que la familia la recibe, (Ej. \$100.00/al mes)

El formulario de verificación debe de ser archivado con el formulario de certificación del WIC para el período de certificación correspondiente.



**SECTION: Certification****SUBJECT: Nutrition Assessment and Risk Determination**

---

**Federal Regulations:** § 246.7 (e)(1)-(3); WIC Policy Memorandum 2011-05 WIC Nutrition Risk Criteria (electronic version)

**Nutrition Services Standard:** 7

**VENA Guidance Document:**

[http://www.nal.usda.gov/wicworks/Learning\\_Center/VENA/VENA\\_Guidance.pdf](http://www.nal.usda.gov/wicworks/Learning_Center/VENA/VENA_Guidance.pdf)

**POLICY**

A WIC nutrition assessment is the process of obtaining and synthesizing relevant and accurate information in order to:

- Assess an applicant's/participant's nutrition status and risk
- Design appropriate nutrition education and counseling
- Tailor the food package to address nutritional needs and
- Make appropriate referrals

A Value Enhanced WIC Nutrition Assessment (VENA) is accomplished by systematically completing a series of five steps:

- Collect relevant information
- Clarify and synthesize the information that has been collected
- Identify the pertinent and appropriate risk(s) and other related issues
- Document the assessment and
- Follow up on previous assessments, as appropriate

These steps are sequential and cyclical in nature so that previous information collected builds on future assessment and education.

The Connecticut WIC program has adopted the Health Outcome Based Nutrition Assessment as the model for its nutrition assessment process. At the core is the focus on desired health outcomes to collect relevant information. See the VENA guidance document for an explanation of the desired health outcomes, specific health determinants and relevant information to be collected for the five categories of WIC clients. Each health determinant is associated with *WIC Nutrition Risk Criteria* and additional information not associated with risk criteria, but needed to individualize nutrition services based on client needs.

Using this approach the nutrition assessment process allows staff to:

- Emphasize strengths and healthy practices of the client and family
- Highlight accomplishments and/or developmental progress and
- Reinforce the increasing competence of caregivers

Nutrition Assessment and Risk Determination shall be conducted and documented by a local agency Competent Professional Authority (CPA) or by a CPA who has a written contract with the local agency. Nutritional Assessments and Risk Determinations that are documented by contracted staff shall be reviewed by a local agency CPA and countersigned. Local agencies may use the *Sample Agreement for Professional Services* to ensure WIC nutrition assessments performed by a CPA not on the staff of the local agency follows WIC procedures.

For program eligibility, a complete nutrition assessment will be performed, which shall include but not be limited to the following:

- A medical history
- A clinical assessment
- Anthropometric measurements
- Hematological measurements
- Dietary assessment and
- Risk determination

A hematological test for anemia such as a hemoglobin or hematocrit test shall be obtained for clients based on the following schedule:

|                                       |   |
|---------------------------------------|---|
| <b>Pregnant Women</b>                 | <b>During the current pregnancy.</b>  |
| <b>Postpartum/Breastfeeding Women</b> | <b>Completion of the pregnancy, preferably 4-6 weeks post-delivery (An additional blood test is NOT required for breastfeeding women 6-12 months postpartum).</b>                     |
| <b>Infants</b>                        | <b>Between 9-12 months of age (A blood test done between 6-9 months can be used to meet this screening requirement).</b>  |
| <b>Children 12-24 months</b>          | <b>Between 15-18 months of age, preferably six months after the infant test (A blood test done between 12-15 months or 18-24 months of age can be used to meet this requirement).</b> |
| <b>Children 2-5 years</b>             | <b>Annually between the ages of 2 and 5 years (If the annual blood test result is abnormal, a repeat blood test is required at six-month intervals).</b>                              |

The hematological test/screening for anemia should be obtained at the time of certification. However, if at least *one qualifying nutritional risk factor is identified* the individual shall be certified and issued benefits on a monthly basis until the blood test results are obtained.

If the blood test result is not available at the time of certification, inform the participant or parent/guardian that WIC benefits will be issued on a monthly basis until it is received. Nutrition staff should attempt to resolve such cases by contacting the individual's health care provider (HCP), when appropriate. Make any necessary referrals to assist the participant or parent/guardian in obtaining the bloodwork at no cost in a timely manner. At the subsequent WIC appointment, nutrition staff will assess the participant or payee/guardian's progress in obtaining the bloodwork.

Blood test results shall be documented in CT-WIC, Lab screen - Infant/Child Height/Weight tab, and the participant or parent/guardian shall be informed of the test results when there is a finding of anemia.

Upon data entry of bloodwork results, CT-WIC will automatically reassess the participant's nutritional status and change priority assignment, when warranted.

Nutrition education, health care referrals, and the food package prescription should be reassessed and amended, as appropriate by a WIC CPA.

### **Bloodwork Exemptions**

Blood tests are not required for the following:

- **Medical conditions contraindicating bloodwork.** For participants with a medical condition preventing safe collection of blood. A health care provider must document ongoing medical care.
- **Beta-thalassemia major or Sickle Cell anemia.** Every effort should be made to obtain the most recent bloodwork results from the health care provider. A recent blood test must be documented. While an annual test is required, the 6 month re-test is not required in this case. A diagnosis of Beta-Thalassemia or Sickle Cell must be documented in the participant's file.
- **Autism/Sensory Processing Disorders.** A health care provider must document ongoing medical care. Every effort should be made to obtain the most recent bloodwork results from the health care provider.
- **Delayed bloodwork-Postpartum woman only.** Bloodwork must be obtained during the postpartum period.
- **CPA determined bloodwork skipped.**

When a participant has a valid bloodwork exemption rationale, documentation must include the exemption reason, any appropriate diagnosis and information on when or if bloodwork will be obtained during the current certification period. If the health care provider has a previously collected hemoglobin or hematocrit result, contact may be necessary to obtain this and/or other pertinent information. Document any communication with the health care provider in CT-WIC and follow up as necessary in order to obtain bloodwork results.

**SAMPLE AGREEMENT  
FOR PROFESSIONAL SERVICES TO THE WIC PROGRAM**

The \_\_\_\_\_ (Local Agency) \_\_\_\_\_ and the \_\_\_\_\_ (Contractor) \_\_\_\_\_ hereby enter into an agreement subject to the terms and conditions stated herein and/or attached hereto.

The contractor agrees to:

1. Inform all potentially eligible women, infants and children, or their parents or caretakers, of the services provided by the WIC Program and how to apply for benefits.
2. Assess and document the nutritional status of each individual who is interested in applying for WIC benefits, using the guidelines delineated in Attachment 1, and the criteria and standards delineated in Attachment 2. Meet applicable Occupational Safety and Health Administration (OSHA) regulations, including needlestick safety rules.
3. Ensure that the nutritional risk determination is performed and documented by a Competent Professional Authority (CPA), as defined in Attachment 1, who shall also verify by his or her signature, that the woman, infant or child was presented in person.
4. Maintain a National Center for Health Statistics (NCHS) pediatric growth chart in each infant's and child's medical file and establish procedures to ensure that authorized local agency staff have access to the growth chart and other information that is pertinent to the individual's nutritional status.
5. Designate an individual to oversee services to WIC eligible clients, and to participate with the Local Agency in the establishment of formal communication and quality assurance systems, to include training and evaluation. Conduct the necessary follow-up activities to ensure the continuity of health care for WIC clients and transmittal of information for the purpose of WIC certification in a timely manner.
6. Ensure that in the performance of this agreement, the contract will not discriminate or permit discrimination against any person or group of persons on the grounds of race, color, national origin, sex or handicap.
7. Allow observation of the nutritional assessment process and access to all pertinent medical files, records and reports by officials of the local agency, the State of Connecticut Department of Public Health and the U.S. Department of Agriculture for the purpose of ensuring that the terms of this agreement are being met.

The local agency agrees to provide initial and annual training, and all necessary certification forms, criteria and standards for participation in the WIC Program. Final determination of the client's eligibility will be completed by a local agency CPA. The local agency shall also be responsible for food package issuance, nutrition education, and referrals.

**This agreement shall be in effect from \_\_\_\_\_ to \_\_\_\_\_**

**Signature** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Title** \_\_\_\_\_

**Title** \_\_\_\_\_

**Date** \_\_\_\_\_

**Date** \_\_\_\_\_

**SECTION: Certification****SUBJECT: Lead Screening Requirement**

---

**POLICY**

Lead screening is mandated by State Law that an infant/child's pediatric primary Health Care Provider test blood lead levels:

- Yearly between 9 months and 35 months of age
- On any child between 35 and 72 months of age who was not previously screened
- At any time when medically indicated

At the time of certification, local agency staff shall determine if a lead test has been performed. Children who have not been screened for lead poisoning, or whose screening status is unknown, shall be referred to their health care provider.

Instructions to parents/guardians about the certification process should include information regarding lead screening recommendations.

At the time of certification, determine if a lead test has been performed. If the health care provider has not reported this information on the WIC certification form, ask the parent/guardian if the child has been screened. Refer children who have not been screened, or whose screening status is unknown to their health care provider.

**SECTION: Certification****SUBJECT: Anthropometric Data**

---

**Federal Regulations:** §246.7 (e)(1), Guidelines for Growth Charts and Gestational Age Adjustment for Premature, Low Birth Weight and Very Low Birth Weight Infants (revision in process)

**Nutrition Services Standard:** 7

**Resources:** This on-line module discusses the importance of accuracy and reliability in taking anthropometric measurements <http://depts.washington.edu/growth/> (MCHB Growth Chart Training) and provides a review of appropriate anthropometric equipment selection, calibration and measurement techniques. An additional online module is available at <https://connect.wisconsin.gov/dhswicweighmeasure/>

**POLICY**

Anthropometric data shall be no more than 60 days old at the time of certification. If the participant/parent or guardian doesn't have current anthropometric measurements from his/her health care provider (HCP), ask the participant the date/month of the last or future visit to the HCP to determine if measurements obtained will fall within appropriate timeframes for CT-WIC data entry and to determine if the participant has a medical home.

Often for children ages 2 and older, if it is not time for a child's annual physical the insurance company will NOT cover a doctor's visit for height and weight check only.

WIC certification requirements must occur at no charge to the participant (certification without charge). Therefore, local agency staff must be equipped to weigh and measure participants and provide this service as long as there is evidence of ongoing health care.

**Anthropometric measurements****Infants and Children:**

- At certification, mid-certification and re-certification visits, the Competent Professional Authority (CPA) enters the anthropometric measurements of the infant or child participant in the Infant/Child Height/Weight tab in the Health menu. Based on the data, CT-WIC auto-assigns the appropriate anthropometric risk factors. It is recommended that the CPA, verify the CT-WIC automated risk factor for those infants or children that require gestational age adjustment (GAA). At follow-up visits, anthropometric data can be updated in the Infant/Child Health tab.

Growth of infants and children ages 0-24 months are assessed using the WHO Growth Standards, which are based on optimal growth, rather than a reference population as the 2000 Centers for Disease Control and Prevention (CDC) growth curves. Body Mass Index (BMI) for age or weight-for-stature for children 24 months to 5 years are assessed using the 2000 CDC 2-20 years gender specific growth charts. CT-WIC will display both the BMI and BMI-for-age percentile after data is entered. See below for sample

Infant 0-23 months

Infant/Child Height/Weight
Growth Chart

Anthropometric Data English(SAE) Metric

| * Anthro Date | Age       | Height |       |           |                          |       | Weight |                          |     | BMI | BMI/ Age | Wt/ Age | Ht/ Age | Wt/ Ln |
|---------------|-----------|--------|-------|-----------|--------------------------|-------|--------|--------------------------|-----|-----|----------|---------|---------|--------|
|               |           | * in   | * 1/8 | R/S       | ?                        | * lbs | * oz   | ?                        |     |     |          |         |         |        |
| 10/19/2015    | 9 m, 18 d | 20     | 0     | Recumbent | <input type="checkbox"/> | 44    | 0      | <input type="checkbox"/> | N/A | N/A | 99.99    | 0.01    | 99.9    |        |
| 1/1/2015      | 0 days    | 14     | 3     | Recumbent | <input type="checkbox"/> | 3     | 4      | <input type="checkbox"/> | N/A | N/A | N/A      | N/A     | N/      |        |

\* Birth Weight:  lbs  oz  Unknown  
 \* Birth Length:  in  1/8  Unknown  
 \* Completed Weeks of Gestation:   Unknown  
 Weight Change: 40 lbs 12 oz  
 Immunization Status:  Reviewed  Referred  
 Height Change: 5 in 5 eighths  
 Time Interval: 9 m, 18 d

**Bloodwork**

| Date of Bloodwork | HGB  | Hct | Lead Value | No Blood                 | Exemption Reasons | Date Created |
|-------------------|------|-----|------------|--------------------------|-------------------|--------------|
| 10/16/2015        | 12.0 |     |            | <input type="checkbox"/> |                   | 10/19/2015   |

Child 2-5 years

Infant/Child Height/Weight
Growth Chart

Anthropometric Data English(SAE) Metric

| * Anthro Date | Age      | Height |       |           |                          |       | Weight |                          |       | BMI   | BMI/ Age | Wt/ Age | Ht/ Age | Wt/ Ln |
|---------------|----------|--------|-------|-----------|--------------------------|-------|--------|--------------------------|-------|-------|----------|---------|---------|--------|
|               |          | * in   | * 1/8 | R/S       | ?                        | * lbs | * oz   | ?                        |       |       |          |         |         |        |
| 10/26/2015    | 2 y, 9 m | 35     | 0     | Standing  | <input type="checkbox"/> | 29    | 0      | <input type="checkbox"/> | 16.64 | 72.75 | 40.14    | 16.77   | N/      |        |
| 1/1/2013      | 0 days   | 21     | 0     | Recumbent | <input type="checkbox"/> | 5     | 0      | <input type="checkbox"/> | N/A   | N/A   | 0.97     | 98.78   | 0.0     |        |

\* Birth Weight:  lbs  oz  Unknown  
 \* Birth Length:  in  1/8  Unknown  
 \* Completed Weeks of Gestation:   Unknown  
 Weight Change: 24 lbs  
 Immunization Status:  Reviewed  Referred  
 Height Change: 14 in  
 Time Interval: 2 y, 9 m

**Bloodwork**

| Date of Bloodwork               | HGB | Hct | Lead Value | No Blood | Exemption Reasons | Date Created |
|---------------------------------|-----|-----|------------|----------|-------------------|--------------|
| No Records Exist in Data Source |     |     |            |          |                   |              |

History of anthropometric assessments including BMI calculation and percentiles, shown as numerical values, can be viewed in the Lab Screen. CT-WIC shows a graphical representation of growth curves. This upgrade provides the CPA with an overview of the infant or child's growth over time.

To provide the parent, caretaker or guardian with a visual overview of the infant/child's growth, CPA's should display the growth chart and print a copy if necessary or requested by the parent, caretaker or guardian.

Additionally, for infants and children ages 0-24 months and children ages 2-5 year old it is important to clearly communicate with parents and caregivers what the specific growth curve conveys or represents, especially if the pediatrician or health care provider is using a different growth chart. Also, when a child transfers from the WHO Growth Standards to the 2000 CDC 2-20 years gender specific growth curves, some changes in percentiles may occur.

- Use of CT-WIC Nutrition Risk Criterion #114 (Parent with BMI  $\geq 30$ ) is a manually assigned risk factor. If the mother's pre-pregnancy BMI is known, the CPA must manually assign this risk. CPA's are not required to request and/or calculate the BMI of each parent. However, if this risk is used, the parent's information should be documented in the Education Notes.

Note: It is possible for an infant or child to have CT-WIC FNS Nutrition Risk Criterion #103(**Underweight or At Risk of Underweight**) and #114 (**Parent with BMI  $\geq 30$** ) assigned simultaneously, based on the mother's assessed BMI and the infant or child's weight for length and BMI for age. Nutritionists are encouraged to use discretion and professional judgment when discussing this with caregivers. Additional information can be found in the *CT WIC Program Motivational Interviewing Guidance Local Agency Resource*, and *Consistent Education Messages: Childhood Overweight and Obesity Guide for BMI Assessment and Effective Communication with Families*, guidance document.

### **Additional Resources:**

Changes in Terminology for Childhood Overweight and Obesity:  
<http://www.cdc.gov/nchs/data/nhsr/nhsr025.pdf>

*WIC 200-12 Supplement to Infant/Children Certification Form, WIC 200-12 Infant and Children Nutrition Assessment Form Guidance* for more information on counseling tips.

Also refer to CT Nutrition Risk Update presentation, related nutrition risk write-ups, and CDC's WHO Growth Chart On-line training: [www.cdc.gov/nccdphp/dnpao/growthcharts/who/index.htm](http://www.cdc.gov/nccdphp/dnpao/growthcharts/who/index.htm) for more in-depth information.

### **Prenatal, Breastfeeding and Postpartum Women:**

At certification, the CPA records anthropometric measurements for manual and/or auto-assignment of anthropometric risk factors in the Lab screen in CT-WIC. To provide quality nutrition services, during follow-up appointments, enter current prenatal weight in Lab screen and click "Save". CT-WIC will auto-calculate weeks' gestation and incremental weight gain or loss and assign any applicable weight-based risks once new information is saved.

Verify measurements of women on the Prenatal Weight Gain Grid in CT-WIC at each prenatal visit. Discuss strategies to increase, decrease or maintain weight gain.



For Breastfeeding and Postpartum Women, current weight can also be updated at follow-up visit on the Lab Screen to determine if participant has returned to pre-pregnancy weight or reached her weight loss/gain goals.

**Additional Resources:**

*WIC 200-12 Supplement to Women's Certification Form and 200-12 Nutrition Questionnaire and Assessment for Guidance* for additional background and information on 2009 IOM Recommendations Prenatal Weight Gain and prenatal weight gain counseling tips.

Information is also available at the following link: <http://iom.edu/Reports/2009/Weight-Gain-During-Pregnancy-Reexamining-the-Guidelines.aspx>

**Documentation:**

If anthropometric measurements or blood work are obtained verbally from the HCP, documentation should be included in CT-WIC indicating the date the verbal order was obtained. Faxed information should be scanned into CT-WIC. Please Note that verbal anthropometric measurements or blood work are not acceptable from a WIC participant since this information is used to assign risks and eligibility.

# WIC 200-10 Connecticut Department of Health, WIC Program – Prenatal Weight Gain Grid (Adapted from NYS WIC)

Name \_\_\_\_\_

WIC #ID \_\_\_\_\_ Date \_\_\_\_\_

Prepregnant Wt \_\_\_\_\_ Ht \_\_\_\_\_

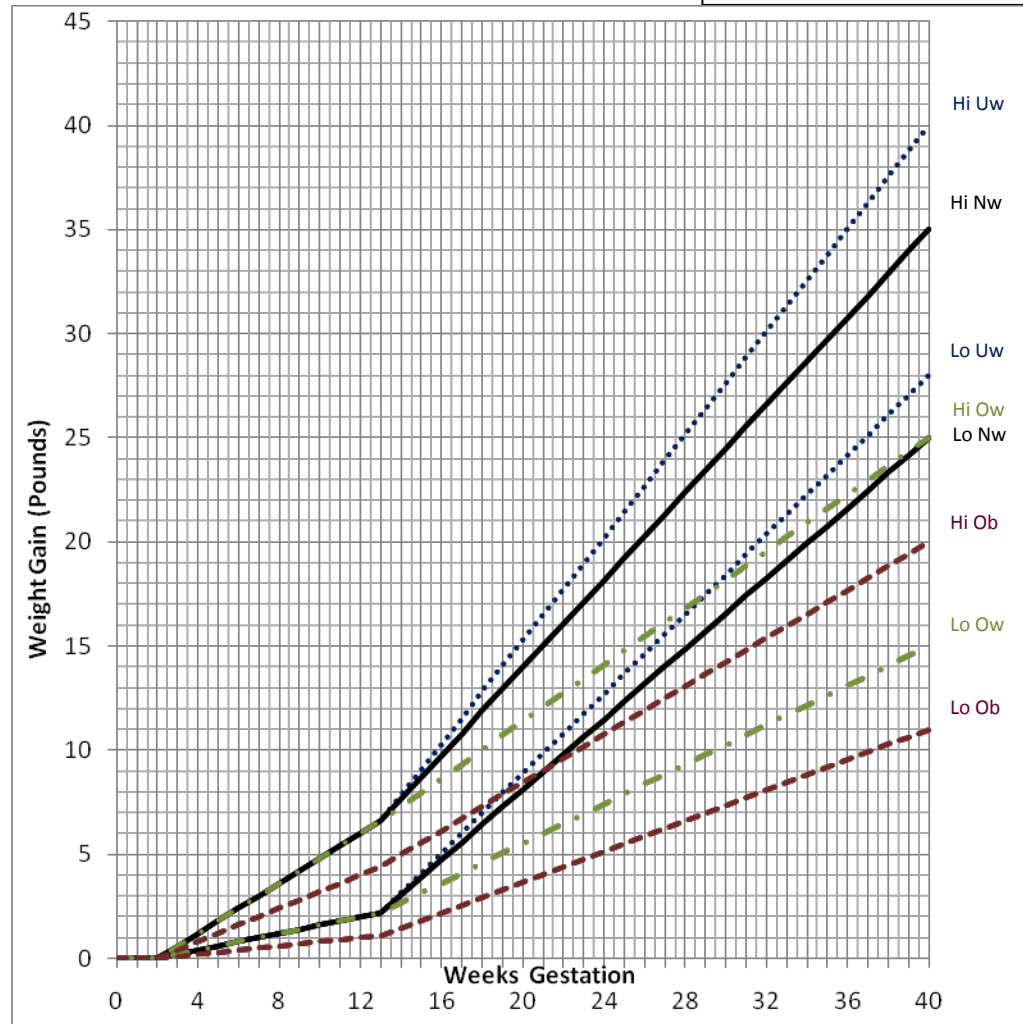
Prepregnant BMI \_\_\_\_\_ EDD \_\_\_\_\_

DOB \_\_\_\_\_

| <u>Check One:</u>             | <u>Prepregnant BMI*</u> | <u>Recommended Wt. Gain (singleton)*</u> | <u>Recommended Wt. Gain (multifetal)*</u> |
|-------------------------------|-------------------------|--|---|
| _____ <b>Underweight (Uw)</b> | _____ BMI <18.5         | 28 - 40 pounds                           | Not Available                             |
| _____ <b>Normal (Nw)</b>      | _____ BMI 18.5 - 24.9   | 25 - 35 pounds                           | 37 - 54 pounds                            |
| _____ <b>Overweight (Ow)</b>  | _____ BMI 25.0 - 29.9   | 15 - 25 pounds                           | 31 - 50 pounds                            |
| _____ <b>Obese (Ob)</b>       | _____ BMI >=30.0        | 11 - 20 pounds                           | 25 - 42 pounds                            |

\*IOM 2009, *Weight Gain During Pregnancy: Reexamining the Guidelines*. Washington, D.C.: National Academies Press.  
 Twins - Consistent rate of weight gain with 1.5 pound/week gain in 2<sup>nd</sup> and 3<sup>rd</sup> trimesters  
 Triplets - Overall weight gain of 50 pounds with 1.5 pound/week gain throughout the pregnancy

## Prenatal Weight Gain Grid



Notes: \_\_\_\_\_

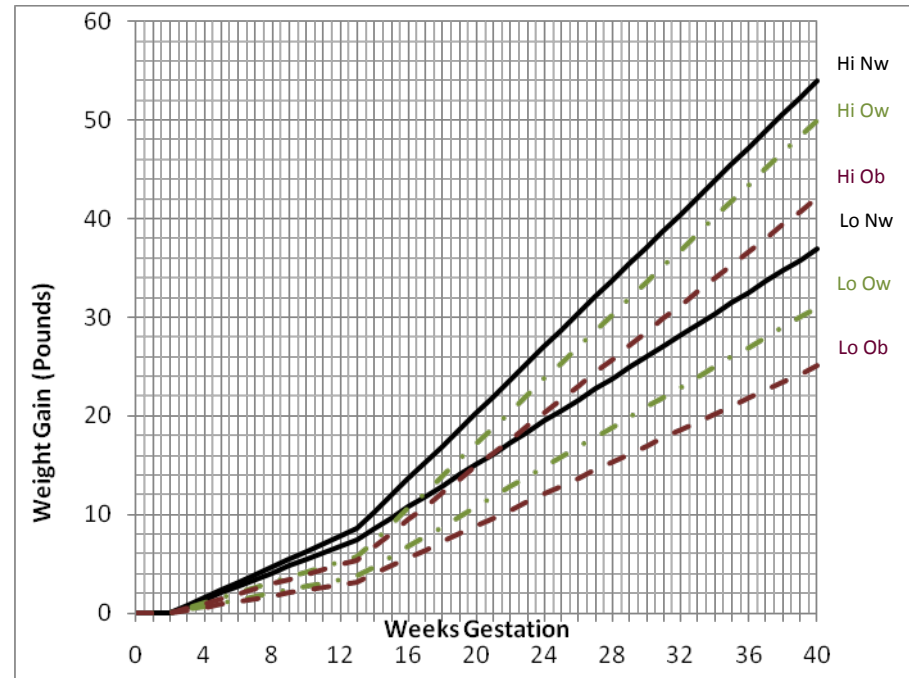
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Multi-fetal Weight Gain Grid



## BMI Table for Determining Weight Classification for Women\*

| Height (Inches)** | Underweight<br>BMI <18.5 | Normal Weight<br>BMI 18.5 – 24.9 | Overweight<br>BMI 25.0 – 29.9 | Obese<br>BMI ≥30.0 |
|-------------------|--------------------------|----------------------------------|-------------------------------|--------------------|
| 54"               | <77                      | 77 – 103                         | 104 – 124                     | ≥124               |
| 55"               | <80                      | 80 – 107                         | 108 – 129                     | ≥129               |
| 56"               | <83                      | 83 – 110                         | 111 – 134                     | ≥134               |
| 57"               | <86                      | 86 – 115                         | 116 – 138                     | ≥138               |
| 58"               | <89                      | 89 – 118                         | 119 – 142                     | ≥142               |
| 59"               | <92                      | 92 – 123                         | 124 – 147                     | ≥147               |
| 60"               | <95                      | 95 – 127                         | 128 – 152                     | ≥152               |
| 61"               | <98                      | 98 – 131                         | 132 – 157                     | ≥157               |
| 62"               | <101                     | 101 – 135                        | 136 – 163                     | ≥163               |
| 63"               | <105                     | 105 – 140                        | 141 – 168                     | ≥168               |
| 64"               | <108                     | 108 – 144                        | 145 – 173                     | ≥173               |
| 65"               | <111                     | 111 – 149                        | 150 – 179                     | ≥179               |
| 66"               | <115                     | 115 – 154                        | 155 – 185                     | ≥185               |
| 67"               | <118                     | 118 – 158                        | 159 – 190                     | ≥190               |
| 68"               | <122                     | 122 – 163                        | 164 – 196                     | ≥196               |
| 69"               | <125                     | 125 – 168                        | 169 – 202                     | ≥202               |
| 70"               | <129                     | 128 – 173                        | 174 – 208                     | ≥208               |
| 71"               | <133                     | 133 – 178                        | 179 – 214                     | ≥214               |
| 72"               | <137                     | 137 – 183                        | 184 – 220                     | ≥220               |
| 73"               | <140                     | 140 – 188                        | 189 – 227                     | ≥227               |
| 74"               | <144                     | 144 – 194                        | 195 – 234                     | ≥234               |
| 75"               | <148                     | 148 – 199                        | 200 – 239                     | ≥239               |
| 76"               | <152                     | 152 – 204                        | 205 – 246                     | ≥246               |

**Calculating BMI:** Body Mass Index (BMI) is an anthropometric index of weight and height that is defined as body weight in kilograms (kg) divided by height/stature in meters squared (Keys et al., 1972).

$$\text{BMI} = \text{weight (lbs)} \div \text{stature (in)} \div \text{stature (in)} \times 703$$

$$\text{BMI} = \text{weight (kg)} \div \text{stature (m)}^2$$

$$\text{BMI} = \text{weight (kg)} \div \text{stature (cm)} \div \text{stature (cm)} \times 10,000$$

\*Adapted from the Clinical Guidelines on the Identification, Evaluation of Overweight and Obesity in Adults. National Heart, Lung and Blood Institute (NHLBI), National Institutes of Health (NIH), NIH Publication No. 98-4083. *This chart applies to prenatal, breastfeeding and postpartum women.*

\*\*When a woman's height is ≥ halfway between two values, round up to the next value (e.g.: for a height ≥62 ½", use 63").

**SECTION: Certification****SUBJECT: Growth Chart Plotting of Premature Infants and Children**

---

**Federal Regulations:** WIC Policy Memorandum 2011-05 WIC Nutrition Risk Criteria

*WIC 200-10 Anthropometric Data*

*WIC 200-11 Guidelines for Growth Charts and Gestational Age Adjustment for Premature, Low Birth Weight and Very Low Birth Weight Infants (in process of revision)*

**POLICY**

For premature infants who are less than 40 weeks adjusted gestational age: Growth may be plotted and assessed using the premature growth chart depicting the infant's growth trend from birth that is provided by the local hospital/health care provider, if available.

CT-WIC will have the functionality to plot premature infants who have reached the equivalent of 40 weeks gestation. Growth will be assessed using the Centers for Disease Control (CDC) Birth -24 months gender specific growth charts (based on 2006 WHO international Growth Standards) (see also WIC 200-10), using adjusted gestational age. The CDC Birth-24 months gender specific growth charts shall not be used for premature infants who have not yet reached the equivalent of 40 weeks gestational age. If manually plotting an infant's growth, under no circumstances should any anthropometric data prior to 40 weeks gestation be plotted on the CDC Birth -24 months gender specific growth charts to assess a premature infant's growth.

When using the CDC Birth- 24 month gender specific growth charts for premature infants once 40 weeks gestational age has been reached; and for children with a history of prematurity, plotting of weight and length shall be based on adjusted gestational age **until their second birthday**. Plotting of head circumference for premature infants shall be based on adjusted gestational age **until their second birthday**. CT-WIC will auto-correct up until the second birthday for premature infants.

Nutritional Risk assessment in premature infants and children with a history of prematurity shall be based on gestational adjusted age for the following risk criteria:

- Short stature or at risk of short stature (until their second birthday) FNS Nutrition Risk Criterion #121 (CT-WIC auto-assigned based on data)
- Low head circumference (until their second birthday) FNS Nutrition Risk Criterion #152 (CT-WIC auto-assigned based on data entry)

# Guidelines for Growth Charts and Gestational Age Adjustment for Low Birth Weight and Very Low Birth Weight Infants

---

## Guidelines

- 1.) All low birth weight (LBW) and very low birth weight (VLBW) infants and children (up to 2 years of age) who have reached the equivalent age of 40 weeks gestation, shall be assessed for growth using the 2000 CDC Birth to 36 Months Growth Charts, adjusting for gestational age\*.
- 2.) The assignment of nutrition risk criteria #121 (Short Stature) and #152 (Low Head Circumference) for premature infants/children shall be based on adjusted gestational age.
- 3.) Infants born prematurely (less than or equal to 37 weeks gestation) who have not reached the equivalent age of 40 weeks gestation may be assessed for growth using a growth chart for low birth weight (LBW) or very low birth weight (VLBW) infants (e.g., Infant Health and Development Program [IHDP]) consistent with the protocols of the local medical community in which the WIC clinic operates. The Centers for Disease Control and Prevention (CDC) does not recommended the use of the 2000 CDC Growth Charts for preterm infants who have not reached the equivalent age of 40 weeks gestation.

\* See Attachment A: Calculating Gestation-Adjusted Age, for instructions on how to adjust for gestational age.

---

## Justification

These growth chart guidelines for preterm, LBW and VLBW infants were developed to ensure the consistency and accuracy of growth assessments of premature infants performed by WIC agencies. The use of weight, length, and head circumference measurements as a component of nutritional assessment is well established. Plotting measurements on growth charts allows comparisons with reference populations. Serial measurements enable determination of improvement or alteration in individual growth patterns. Ideal growth rates and patterns for preterm infants have yet to be established. Specialized reference curves commonly used (e.g., Babson/Benda, Lubchenco, etc.) are not based on current medical and nutritional advances in treatment of these infants (1). Updated reference curves are needed for assessing intrauterine and extrauterine growth for premature LBW and VLBW infants (2).

Growth and a composition of weight gain at a rate similar to that of intrauterine (fetal) growth is considered by some to be the gold standard for premature infants (2). However, controversy exists over the feasibility of replicating intrauterine growth on an extrauterine basis (2,3).

---

## **Guidelines for Growth Charts and Gestational Age Adjustment for Low Birth Weight and Very Low Birth Weight Infants (continued)**

---

LBW infants are a heterogeneous group that includes premature infants who have attained weight, length, and proportionality that are appropriate for their gestational age, as well as infants who are small for their gestational age (SGA). Infants who are born small for their gestational age may be preterm or full-term. Premature infants usually fall in the lower percentiles before adjusting for gestational age (4).

For convenience, the following classifications are provided.

### **Classification Definitions\* (1)**

#### Gestation

|          |                                 |
|----------|---------------------------------|
| Preterm  | less than 37 weeks gestation    |
| Postterm | greater than 42 weeks gestation |

#### Birth Weight

|                                   |                  |
|-----------------------------------|------------------|
| Extremely low birth weight (ELBW) | less than 1000 g |
| Very low birth weight (VLBW)      | less than 1500 g |
| Low birth weight (LBW)            | less than 2500 g |

#### Size for Gestational Age

|                   |   |
|-------------------|---|
| Small (SGA)       | weight less than 10%ile   |
| Appropriate (AGA) | weight greater than or equal to 10%ile and less than or equal to 90%ile |
| Large (LGA)       | weight greater than 90%ile  |

\* The definitions for WIC nutrition risk criteria: Prematurity; LBW; and VLBW are inclusive of the cut-off number (e.g. less than or equal to 37 weeks for Prematurity) for the purpose of WIC nutrition risk determination.

### **Gestational Age**

Gestational age is estimated during the prenatal period using maternal dates of expected delivery based on last menstrual period, and/or fetal characteristics (uterine fundal height, presence of quickening and fetal heart tones, and ultrasound evaluation). These estimates may be inaccurate, due to an irregular menstrual period, inability of mother to recall dates, early trimester bleeding, or lack of use of early ultrasound (1,5). Postnatally, the New Ballard Score or the Dubowitz score is used to assess gestational age by scoring the infant against physical and neurological signs (1,6,7). Ideally, more than one method is used to determine gestational age.

---

## **Guidelines for Growth Charts and Gestational Age Adjustment for Low Birth Weight and Very Low Birth Weight Infants (continued)**

---

The Workshop on Low Birth Weight recommends adjusting for gestational age for premature infants (8). Instructions for adjusting for gestational age are found in Attachment A of this document, or may be obtained from the CDC website (website address is cited in Attachment A). For practical reasons, CDC recommends adjusting for gestational age for at least 2 years. There is no other convenient juncture, and for healthy premature infants, there is minimal catch-up growth after 2 years. In addition, the majority of catch-up growth that will occur among healthy SGA infants takes place during the first 2 years of life (9,10). Although the majority of preterm and SGA infants will attain catch-up growth by two years of age, not all will (11). Premature infants with intrauterine growth retardation demonstrate limited catch-up growth, with growth deficits persisting into early childhood (10,11,12); and some VLBW infants may never catch-up completely in their growth (13).

Furthermore, once these children reach the age of 2 and their growth measurements are plotted on the 2 to 20 years (or 2 to 5 years) growth charts and gestational age is not accounted for, they may drop in percentile ranking. As long as the rate of growth (trajectory of the growth curve) continues upward, staff should be cautious when counseling the parent/caregiver to not raise undue concern over the child's percentile ranking. As with all children who demonstrate growth problems or who are at risk for potential growth problems, WIC staff should routinely complete anthropometric assessments and follow-up (to include coordination with, and referral to other health care providers and services) for children with a history of prematurity and/or SGA who have not yet demonstrated normal growth patterns. More information about the assessment and nutritional care of preterm infants can be found at the following two websites:

- 1) [www.eatrightoregon.org/PNPG.resource.htm](http://www.eatrightoregon.org/PNPG.resource.htm), and
- 2) [www.depts.washington.edu/growing/index.html](http://www.depts.washington.edu/growing/index.html).

### **Growth Reference Curves**

For premature infants, a variety of growth charts are available and in use by medical care providers. Several have been developed from extrauterine growth data. There are also intrauterine growth charts available, which are useful for determining expected growth (weight, length, and head circumference) at various gestational ages (3,14). It should be noted that, to date, there is no one LBW or VLBW growth reference curve recommended for use by the American Academy of Pediatrics or CDC as currently available references do not reflect current growth patterns resulting from advances in nutrition and medical care for preterm infants (15).

## **Guidelines for Growth Charts and Gestational Age Adjustment for Low Birth Weight and Very Low Birth Weight Infants (continued)**

---

In a recent study, CDC reviewed the scientific evidence and available growth reference curves for VLBW infants (16). The growth reference curves that were evaluated included:

- Infant Health and Development Program (IHDP), Casey, P, et al
- Brandt
- Gairdner and Pearson (Castlemead)
- Babson and Benda

To examine the references, the researchers developed *a priori* criteria for ideal and technically accurate references, compared each reference to the criteria, sought input from experts, and made recommendations for use. The *a priori* criteria included:

- Data that were collected in the 1990s or later;
- U.S. sample, well-nourished, racially/ethnically representative;
- Adequate sample size;
- Appropriate exclusions;
- Standardized, accurate measurements;
- Frequent measurements to capture patterns of growth;
- Age range from at least 24 weeks to three years;
- Available by gender, anthropometric indices, percentiles, z-scores; and
- Accurate gestational age correction.

It should be noted that the commonly used Lubchenco growth reference curves were excluded from the evaluation because the data were too old (data were collected between 1948-1961) and limited to infants born in a high altitude location.

Of the reference curves evaluated, the IHDP reference was considered to be the best available. The IHDP data were collected in 1985, whereas the others were collected from before 1954 to 1975. The IHDP reference had a relatively large sample size and was most representative of the population groups with VLBW infants, whereas the other available references were based on white infants. Although the researchers found the IHDP reference to be the best available reference for VLBW infants, the reference data did not meet all the criteria and had limitations. The IHDP reference is the most current of the available references, however, it was developed before recent advances in nutrition and medical care for premature infants, and does not reflect current growth patterns of preterm infants. In addition, gestational age was calculated based on a less accurate method (an assessment of physical and neurological characteristics) rather than ultrasound and date of last menstrual period (17).



## **Guidelines for Growth Charts and Gestational Age Adjustment for Low Birth Weight and Very Low Birth Weight Infants (continued)**

---

The other three growth references evaluated in the study were found to have serious limitations, making them inappropriate for assessing the growth status of VLBW infants. The limitations included: data collected before 1976, small sample size and reference data limited to primarily white children.

Once the determination was made that the IHDP reference curves were the best of those evaluated, the next step of the study was to compare them with those of the 2000 CDC Growth Charts. Population data for the 2000 CDC growth charts includes infants who are LBW but does not include VLBW infants (18).

A comparison of the IHDP and CDC/NCHS 2000 charts revealed the IHDP charts demonstrate catch-up growth *to* the CDC charts in length-for-age and head circumference-for-age, and initial falling off, then, stabilization *to* the CDC charts in weight-for-age. A comparison of external VLBW data to IHDP and CDC charts showed the relative position on the charts is closer to IHDP, the pattern of growth for length-for-age is more similar to IHDP, and weight-for-age early pattern is more similar to CDC.

The CDC recommendations are:

1. For LBW infants, use the 2000 CDC Growth Charts adjusted for gestational age.
2. For VLBW infants, adjust for gestational age and use either the IHDP or the 2000 CDC Growth Charts.

### **WIC Program Implications**

The Risk Identification and Selection Collaborative (RISC) considered the CDC study and met with CDC staff to develop the guideline that all premature infants who have attained a gestational age of at least 40 weeks, be assessed for growth using the 2000 CDC Birth to 36 Months Growth Charts, adjusted for gestational age. In addition to the evidence-based rationale for the use of the 2000 CDC Growth Charts, practical implications were also considered. Due to the fact that the 2000 CDC Growth Charts are used for term infants and older children, the use of these same charts for LBW and VLBW infants who are at least 40 weeks gestation, would not create an additional burden on clinic operations.

The WIC staff (depending on WIC resources and staffing) may also want to consider monitoring the growth of VLBW infants/children using the IHPD charts, in addition to the 2000 CDC Growth Charts, to obtain additional growth reference information to use in providing nutrition services to this population of participants.

## **Guidelines for Growth Charts and Gestational Age Adjustment for Low Birth Weight and Very Low Birth Weight Infants (continued)**

---

### **Clarification**

There is a cross reference to this document in nutrition risk criteria #121, #134, #141, #142, #151, and #152, as these guidelines may impact, or provide useful information in addressing these nutrition risk conditions.

---

### **References**

1. Anderson DM. Nutritional implications of premature birth, birth weight, and gestational age classification. In: Groh-Wargo S, Thompson M, Cox J, editors. Nutritional care for high-risk newborns. Rev. 3rd ed. Chicago: Precept Press, Inc.; 2000. p. 3-10.
  2. Ehrenkranz RA. Growth outcomes of very low-birthweight infants in the newborn intensive care unit. *Clin Perinatol.* 2000;27:325-345.
  3. Katrine KF. Anthropometric assessment. In: Groh-Wargo S, Thompson M, Cox J, editors. Nutritional care for high-risk newborns. Rev. 3rd ed. Chicago: Precept Press, Inc.; 2000. p. 1.
  4. Berhane R, Dietz, W. Clinical assessment of growth. In: Kessler DB, Dawson P, editors. Failure to thrive and pediatric undernutrition: A transdisciplinary approach. Baltimore: Paul H. Brooks Publishing Company, Inc.; 1999. p. 207-209.
  5. Alexander GR, Allen MC. Conceptualization, measurement, and the use of gestational age in clinical and public health practice. *J Perinatol.* 1996;16:53-59.
  6. Ballard JL, Khoury JC, Wedig K, et al. New Ballard Score expanded to include extremely premature infants. *J Pediatr.* 1991;119:417-23.
  7. Dubowitz LMS, Dubowitz V, Goldberg C. Clinical assessment of gestational age in the newborn infant. *J Pediatr.* 1970;77:1-10.
  8. United States Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics. Executive Summary of the Low Birthweight Workshop. Project #NM93.3, 1994:6.
  9. Yip R, Mei Z, Variation of infant and childhood growth: Observations from the U. S. nutrition surveillance systems. In Battaglia R, et al., editors. Maternal and extrauterine nutritional factors: Their influence on fetal and infant growth. Madrid (Spain): Ediciones Ergon, S. A.; 1996. p. 77-84.
-

## **Guidelines for Growth Charts and Gestational Age Adjustment for Low Birth Weight and Very Low Birth Weight Infants (continued)**

---

10. Hokken-Koelega ACS, et.al. Children born small for gestational age: Do they catch up? *Pediatr Res.*1995;38:267-271.
11. Guo SS, Roche AF, et. al. Adjustments to the observed growth of preterm low birth weight infants for application to infants who are small for gestational age at birth. *Acta Med Auxol.*1998;30:71-87.
12. Strauss RS, Dietz WH. Effects of intrauterine growth retardation in premature infants on early childhood growth. *J Pediatr.*1997;130:95-102.
13. Hack M, Flannery CJ, Schluchter M, et al. Outcomes in young adulthood for very-low-birth-weight infants. *N Engl J Med.* 2002;346:149-57.
14. Cunningham KF, McLaughlin M. Nutrition. In: Kessler DB, Dawson P, editors. *Failure to thrive and pediatric undernutrition: A transdisciplinary approach.* Baltimore: Paul H. Brooks Publishing Company, Inc.; 1999. p.111.
15. American Academy of Pediatrics, Committee on Nutrition. *Pediatric nutrition handbook.* 4<sup>th</sup> ed. Elk Grove Village (IL): American Academy of Pediatrics; 1998.
16. Sherry, B, Mei Z, Grummer-Strawn L, Dietz WH. Evaluation of and recommendations for growth references for very low birth weight (<1500 G) infants in the United States. *Pediatrics.* 2003;111:750-758.
17. Alexander GR, de Caunes F, Husley TC, Tompkins ME, Allen M. Validity of postnatal assessments of gestational age: A comparison of the method of the Ballard et al. and early ultrasonography. *Am J Obstet Gynecol.* 1992;166:891-895.
18. Kuczmarski RJ, Ogden CL, Guo SS, et al. 2000 CDC growth charts for the United States: Methods and development. National Center for Health Statistics. *Vital Health Stat Series No. 11 (246).* 2002.

## Calculating Gestation-Adjusted Age<sup>1</sup>

### INSTRUCTIONS\*:

- Document the infant's gestational age in weeks. (Mother/caregiver can self-report, or referral information from the medical provider may be used.)
- Subtract the child's gestational age in weeks from 40 weeks (gestational age of term infant) to determine the adjustment for prematurity in weeks.
- Subtract the adjustment for prematurity in weeks from the child's chronological postnatal age in weeks to determine the child's gestation-adjusted age.

\* For WIC nutrition risk determination, adjustment for gestational age should be calculated for all premature infants for the first 2 years of life.

### EXAMPLE:

Randy was born prematurely on March 19, 2001. His gestational age at birth was determined to be 30 weeks based on ultrasonographic examination. At the time of the June 11, 2001, clinic visit, his chronological postnatal age is 12 weeks. What is his gestation-adjusted age?

- 30 = gestational age in weeks
- 40 - 30 = 10 weeks adjustment for prematurity
- 12 - 10 = 2 weeks gestation-adjusted age

His measurements would be plotted on a growth chart as a 2-week-old infant.

---

<sup>1</sup> Adapted from the Centers for Disease Control and Disease Prevention (CDC) internet training module: "Overview of the CDC Growth Charts"; [www.cdc.gov/nccdphp/dnpa/growthcharts/trainingmodules/module2/text/page5itext](http://www.cdc.gov/nccdphp/dnpa/growthcharts/trainingmodules/module2/text/page5itext).

**SECTION: Certification****SUBJECT: Nutrition Questionnaire and Assessment Form**

---

**Federal Regulations:** § 246.7; WIC Policy Memorandum 2011-05: WIC Nutrition Risk Criteria

**[WIC Nutrition Services Standards:](#)**

|                     |   |
|---------------------|---|
| <b>Standard 6:</b>  | <b>Nutrition Assessment</b>                           |
| <b>Standard 7:</b>  | <b>Nutrition Education and Counseling</b>             |
| <b>Standard 8:</b>  | <b>Breastfeeding Education, Promotion and Support</b> |
| <b>Standard 11:</b> | <b>Participant Referrals</b>                          |
| <b>Standard 12:</b> | <b>WIC Food Selection and Authorization</b>           |
| <b>Standard 13:</b> | <b>Food Package Prescriptions</b>                     |
| <b>Standard 14:</b> | <b>Nutrition Services Documentation</b>               |
| <b>Standard 15:</b> | <b>Breastfeeding Data Collection</b>                  |

**VENA Guidance Document:**

[http://www.nal.usda.gov/wicworks/Learning\\_Center/VENA/VENA\\_Guidance.pdf](http://www.nal.usda.gov/wicworks/Learning_Center/VENA/VENA_Guidance.pdf)

**POLICY**

In CT-WIC, the Guided Script has several Screens that now replace the paper WIC Nutrition Questionnaire and Assessment form. Essentially, the questions contained on the Lab, Breastfeeding, Health (Pregnancy Information and Health Information Tabs) and Nutrition Screens are the same or similar to the paper nutrition assessment forms. These questions are to be used engage the participant in dialogue regarding health, medical, clinical, and nutritional issues.

Bolded questions are required for CT-WIC processing and data collection; and are also relevant to collect for CT-WIC to determine objective health/medical/clinical/dietary risks.

The Value Enhanced Nutrition Assessment (VENA) committee developed the non-bolded questions to facilitate a more conversational approach to assessment using the health outcome based model and consider these questions essential to providing a complete nutrition assessment. Staff should use the questions as a guide to begin a conversation about parental concerns, mealtime behaviors and common health/nutrition practices. Refer to the revised CT-WIC Nutrition Assessment Guidance (replaces the Nutrition Questionnaire and Assessment Form Guidance) for more details.

Per professional judgment, all of the non-bolded questions on the CT-WIC Assessment Screens (Lab, Breastfeeding, Health, Nutrition, and Referrals) do not have to be obtained for each participant. A Value Enhanced Nutrition Assessment allows the Competent Professional Authority (CPA) to use Guided Script and Assessment Screens to plan a personalized nutrition intervention guided by the individual needs of the client. See each of the category specific nutrition assessment form guidance for more information.

The preferred method for conducting a Value Enhanced Nutrition Assessment is through a primarily verbal interview or conversation with the participant to assist both staff and participants in transitioning to a more participant-centered approach to assessment.

The specific inappropriate nutrition practice(s) identified through the nutrition/dietary assessment process must be documented in CT-WIC. For participants with multiple risk factors, the CPA should document what risk factor(s) was/were discussed with the participant at the time of certification (indicate if it was a participant selected concern) and document (as needed) the plan to address other identified risk factors on subsequent clinic visits.

If a participant is certified for the presumptive or predisposing risk factors (CT-WIC FNA Nutrition Risk Criteria # 401 (Women, Children aged 2+) and #428 Infants and children >2 years) documentation in CT-WIC (Notes tab under Nutrition Screen) *must* include for continuity of care purposes what was discussed i.e. anticipatory guidance, counseling and or referrals provided.

The nutrition assessment and interview shall be conducted by a nutritionist or another local agency CPA trained and certified as competent in the six areas as outlined in the VENA guidance and supervised by the Program Nutritionist.

## **Guidance**

Refer to 200-22 Disposition of Certification Files for the electronic documents that are required in all CT-WIC participant files. Local agency may want to establish a daily file in order to maintain any papers received by participants or signed by participants while the State transitions to a paperless system. All applicable data, Nutrition Risk Criteria and CPA initials must be recorded on the appropriate CT-WIC Screens.

If ineligible, complete and issue a Notice of Participant Action form. Give a copy to the applicant and scan a copy of the form into the participant's file (existing participant).

Refer to Connecticut WIC Policy 200-08 Nutrition Assessment and Risk Determination; 200-13 Completion of Certification Form and 300-09 Nutrition Services Documentation for more details on the nutrition assessment, nutrition risk determination and documentation processes.

**State of Connecticut-Department of Public Health-WIC Program**  
**CERTIFICATION/MEDICAL REFERRAL FORM for WOMEN**

Participant ID #: \_\_\_\_\_ Family ID #: \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth (DOB) \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

|  |  |  |
|--|--|--|
| <input type="checkbox"/> Pregnant: _____ weeks | Pre-pregnancy weight:                                | *Trimesters 1 & 3: Hgb < 11.0 g/dl; Hct: <33%        |
| <b>EDD:</b>                                    | <b>DATE COLLECTED (Wt/Ht):</b>                       | <b>Trimester 2: Hgb &lt; 10.5 g/dl; Hct: &lt;32%</b> |
| <input type="checkbox"/> Postpartum            | Weight: _____ Height: _____                          | Non-preg <15 yrs: Hgb < 11.8 g/dl; Hct: <33.7%       |
| <input type="checkbox"/> Breastfeeding         | <b>DATE COLLECTED (Hgb/Hct):</b>                     | Non-preg 15-17 yrs: Hgb < 12.0 g/dl; Hct: <35.9%     |
| <b>Actual delivery date:</b>                   | <b>Hemoglobin: _____ &amp; /or Hematocrit: _____</b> | Non-preg >18 yrs: Hgb < 12.0 g/dl; Hct: <35.7%       |
| <b>Medications/Medical Problems/Concerns:</b>  |  |  |

**ANTHROPOMETRIC**

- Pre-pregnancy or postpartum underweight (Body Mass Index-BMI <18.5) \_\_\_\_\_ BMI
- Pre-pregnancy or postpartum overweight (BMI ≥ 25) \_\_\_\_\_ BMI
- Low maternal weight gain \_\_\_\_\_ or weight loss \_\_\_\_\_ during pregnancy
- High maternal weight gain

**Weight/height measurements must be within 60 days of WIC certification appointment.**

**BIOCHEMICAL (1998 CDC Standards)**

- Anemia\*
- Elevated blood lead level (≥ 5 ug/dl in last 12 months)

**CLINICAL/ HEALTH/ MEDICAL**

- Nutrient deficiency disease. Specify \_\_\_\_\_
- Gastrointestinal disorder. Specify \_\_\_\_\_
- Nutritionally significant genetic or congenital disorder. Specify \_\_\_\_\_
- Nutrition related infectious disease. Specify \_\_\_\_\_
- Nutrition related non-infectious chronic disease. Specify \_\_\_\_\_ / \_\_\_\_\_ mm Hg
- Other nutrition related medical conditions. Specify \_\_\_\_\_
- Smoking by a pregnant, breastfeeding or postpartum woman
- Alcohol use  or drug abuse
- Oral health conditions. Specify \_\_\_\_\_

**OBSTETRICAL:**

- Hyperemesis gravidarum
- Gestational diabetes: presence of ; history of
- History of diagnosed Preeclampsia (pregnancy-induced hypertension) \_\_\_\_\_ / \_\_\_\_\_ mm Hg (>140mm Hg systolic or > 90mm Hg diastolic)
- History of preterm (< 37 weeks gestation) delivery
- History of low birth weight (< 5.5 pounds or < 2500 grams) delivery
- History of spontaneous abortion (≥ 2), fetal or neonatal death
- Age at conception ≤ 15 years \_\_\_\_\_ or ≤ 17 years \_\_\_\_\_
- Conception at < 12 months  or <16 months postpartum
- High parity and young age
- Prenatal care beginning after the first trimester
- Multifetal gestation
- Fetal Growth Restriction (FGR) (fetal weight < 10<sup>th</sup> percentile for gestational age)
- History of birth of a large for gestational age infant (≥ 9 pounds or ≥ 4000 grams)
- History of birth with nutrition-related congenital or birth defect
- Pregnant woman currently breastfeeding
- Breastfeeding mother of infant at nutritional risk  non-dietary;  dietary
- Breastfeeding complications or potential complications. Specify \_\_\_\_\_

**DIETARY (Document in CT-WIC)**

- Specify code(s) \_\_\_\_\_

**OTHER NUTRITIONAL RISKS**

- Possible regression in nutritional status if removed from the program  non-dietary;  dietary
- Homelessness or migrancy
- Other risks. Specify \_\_\_\_\_

**Health Care Provider Signature and Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Signature/Initials of WIC CPA** \_\_\_\_\_ **WIC Certification Date:** \_\_\_\_\_

## Applicant/Participant Authorization/Autorización del solicitante/participante:

I, Yo, \_\_\_\_\_ give permission to/ doy mi permiso a:  
(Print Name/ Nombre en letra de imprenta)

Date/ Fecha \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Health Care Provider or Organization/ Proveedor de atención de la salud u organización)

Date/ Fecha \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Health Care Provider or Organization/ Proveedor de atención de la salud u organización)

to release my health information, listed on the other side of this WIC certification form to the WIC Program, my health care provider and/or the organization listed above for WIC staff to determine if I qualify for the WIC Program and to coordinate WIC nutrition services for my benefit. I also agree WIC staff may talk with my health care provider and/or the organization listed above about any medical/behavioral concerns that may affect my overall health in order to better coordinate my care.

para divulgar mi información de salud—la cual se encuentra en el reverso de este formulario de certificación del Programa WIC, para que el personal del Programa WIC determine si yo soy elegible para el WIC y para coordinar los servicios de nutrición que el WIC me brindará. También acepto que es posible que el personal del WIC se comunique con mi proveedor de atención de la salud o la organización indicada anteriormente sobre toda inquietud médica o del comportamiento que pueda afectar mi salud general para una mejor coordinación de mi cuidado de salud.

- I understand that I do not have to give my health care provider or organization permission to share information about me with the WIC Program. If I choose not to give this permission, in order to receive WIC nutrition services and benefits, I will need to give WIC permission directly to take my height and weight at the WIC office.
- Comprendo que no tengo que dar permiso a mi proveedor de atención de la salud o ninguna organización para compartir mi información con el Programa WIC. Si decido no dar autorización, para poder recibir servicios y beneficios, necesitaré dar permiso directamente al Programa WIC para que tome mi peso y estatura en la oficina WIC.
- I understand that I can change my mind and cancel this permission at any time. To do this, I need to write a letter to my provider or organization and send it or take it to where I am now giving permission.  Permission cancelled **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_
- Comprendo que puedo cambiar de idea y cancelar esta autorización en cualquier momento. Para hacerlo, debo escribir una carta a mi proveedor de atención de la salud o la organización indicada anteriormente y enviarla o llevarla al lugar donde ahora estoy dando mi permiso.  El permiso cancelado **Fecha:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Authorized Signature/ Firma del representante autorizado:** \_\_\_\_\_

**Relationship to Participant/Relación con el participante:** \_\_\_\_\_ **Date/Fecha:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**This permission is good for 1 year from the date of the authorized signature above.**

**Este permiso es válido durante un año a partir de la fecha de la firma del representante autorizado precedente.**

**If the information has already been given out, I understand it is too late for me to change my mind and cancel the permission.**  
**Si mi información ya ha sido proporcionada, comprendo que es demasiado tarde para que cambie de opinión y cancele el permiso.**

WIC staff follows Federal law to protect WIC participant privacy (confidentiality) and cannot re-disclose (share) WIC applicant or participant information except with written consent or as required by law.

El personal del WIC sigue las leyes federales para proteger la privacidad (confidencialidad) de los participantes del WIC y no puede revelar (compartir) la información del solicitante o participante del WIC, a menos que cuente con un consentimiento por escrito o según lo requiera la ley.

**Declined** **Date/Fecha** \_\_\_\_/\_\_\_\_/\_\_\_\_



**State of Connecticut-Department of Public Health-WIC Program**  
CERTIFICATION/MEDICAL REFERRAL FORM for WOMEN

**Guidelines for Use**

**Participant Information and Health Data and Nutrition Risk sections:**

Participant and/or Family ID #: To be completed by WIC Program staff.

All other **participant information** fields to be completed by WIC staff- most likely a Program Assistant or health care provider's (HCP) office staff- including Participant Name, Date of Birth, Address, Phone # and Health Plan.

**Participant Health Data fields** are to be completed by the Health Care Provider or the WIC Nutrition staff i.e. Competent Professional Authority (CPA). For Pregnant women: # weeks and EDD. For Breastfeeding or Postpartum women: check appropriate box and indicate actual delivery date. For all categories: weight, length/height, hematological data (with dates), pre-pregnancy weight and medications/medical conditions. Note: Weight/height measurements must be within 60 days of WIC certification appointment. Hemoglobin or hematocrit results must be within the following timeframes: once during pregnancy and once following the pregnancy (birth) for pregnant or postpartum or breastfeeding women as indicated by Federal WIC Regulations.

Health care provider or WIC CPA must check all applicable nutrition risk factors including anthropometric, biochemical, clinical/health/medical/, dietary or other based on medical examination or complete nutrition assessment. Specify condition where indicated. Note: If the WIC CPA has questions or concerns regarding data entered by the health care provider she should follow up as appropriate with health care provider for clarification.

Health Care Provider Signature and Title is required. The health care provider must complete the date and location of practice/clinic/office. By signing this form the HCP verifies he/she has seen and evaluated the patient.

**Shaded Gray area:** To be completed by WIC CPA. WIC CPA Signature and WIC Certification date is required to certify the information on the Medical Referral Form has been reviewed and verified. HCP checked Nutrition Risk Criteria should be entered into CT-WIC in the relevant Screens. If the form is being used for a mid-certification, check the appropriate box.

- If the participant doesn't present with a HCP Completed Medical Referral Form, the WIC CPA doesn't need to complete to process a certification. Simply, use the Guided Script in CT-WIC to complete the WIC certification process, assess and document risks. Although not required for certification, it may be good practice to provide a WIC Certification/Medical Referral Form to participants /caretakers to have their HCP complete, to either verify medical conditions or to ensure continuity of care.

**Applicant/Participant Authorization Section:**

This section must be completed by all applicants and participants. If applicant or participant declines to allow WIC to share information with health care provider or organization listed, check the box marked, declined. WIC staff must take anthropometric measurements in the WIC office. See WIC 200-13 for more details on this section.

**State of Connecticut WIC Program-DEPARTMENT OF PUBLIC HEALTH**  
**CERTIFICATION/MEDICAL REFERRAL FORM - INFANTS AND CHILDREN**

Participant ID #: \_\_\_\_\_ Family ID #: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth (DOB): \_\_\_/\_\_\_/\_\_\_ Sex: M / F

Parent/Guardian: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

|   |                               |   |
|---|-------------------------------|---|
| <b>DATE COLLECTED:</b>                        | <b>DATE COLLECTED:</b>        | <b>FOR INFANTS AND CHILDREN &lt; 2:</b> |
| <b>Weight:</b>                                | <b>Hemoglobin:</b>            | <b>Birth Weight:</b>                    |
| <b>Length or Height:</b>                      | <b>Hematocrit:</b>            | <b>Birth Length:</b>                    |
| <b>Body Mass Index (BMI):</b>                 | <b>Lead test done? Y or N</b> | <b>Birth Head Circ. (optional):</b>     |
| <b>Head Circ. (optional):</b>                 | <b>Date collected:</b>        | <b>Result:</b>                          |
| <b>Immunizations Up-to-date? Y N</b>          |                               |   |
| <b>Medications/Medical Problems/Concerns:</b> |                               |   |

**ANTHROPOMETRIC**

**0-23 months (Based on 2006 WHO Growth Standards)**

- 1a.  Underweight ( $\leq 2.3^{rd}$  percentile wt/length)
- 1b.  At Risk of Underweight ( $>2.3^{rd}$  percentile and  $\leq 5^{th}$  wt/length)
2.  High Weight for Length ( $\geq 97.7^{th}$  percentile wt/length)
- 2b.  At Risk of Overweight- Parent with BMI  $\geq 30$
- 3a.  Short Stature ( $\leq 2.3^{rd}$  percentile length/age)
- 3b.  At Risk for Short Stature ( $> 2.3^{rd}$  &  $\leq 5^{th}$  percentile length/age)
4.  Failure to thrive
5.  Inadequate growth
6.  LBW (birth weight  $< 5.5$  pounds or  $< 2500$  grams)
7.  Prematurity ( $< 37$  weeks gestation) # weeks gestation \_\_\_\_\_
- 8a.  Small for gestational age (based on medical diagnosis)
- 8b.  Large for gestational age ( $\geq 9$  lbs) (up to 12 months)
9.  Head circumference  $\leq 2.3^{rd}$  percentile (up to 24 months)

**2-5 years (Based on 2000 CDC age/gender specific growth charts)**

- 1a.  Underweight ( $\leq 5^{th}$  percentile BMI-for-age)
- 1b.  At Risk of Underweight ( $>5^{th}$  and  $\leq 10^{th}$  percentile BMI-for-age)
- 2a.  Obese ( $\geq 95^{th}$  percentile BMI-for-age)
- 2b.  Overweight ( $\geq 85^{th}$  or  $<95^{th}$  percentile BMI-for-age)
- 2b.  At Risk of Overweight- Parent with BMI  $\geq 30$
- 3a.  Short Stature ( $\leq 5^{th}$  percentile height/age)
- 3b.  At Risk for Short Stature ( $>5^{th}$  and  $\leq 10^{th}$  percentile ht/age)
4.  Failure to thrive
5.  Inadequate growth

**Weight, length/height measurements must be within 60 days of the WIC certification**

**BIOCHEMICAL (1998 CDC Standards)**

10.  Anemia **6-23 Mos:** Hgb  $< 11$  g/dl, Hct  $< 32.9\%$ ;  
**2-5 yrs:** Hgb  $< 11.1$  g/dl, Hct  $< 33\%$

11.  Elevated blood lead level ( $\geq 5$ ug/dl in last 12 months)

**CLINICAL/ HEALTH/ MEDICAL**

12.  Nutrient deficiency disease. Specify \_\_\_\_\_
13.  Gastrointestinal disorder. Specify \_\_\_\_\_
14.  Nutritionally significant genetic or congenital disorder.  
Specify \_\_\_\_\_
15.  Nutrition related infectious disease. Specify \_\_\_\_\_
16.  Nutrition related non-infectious chronic disease.  
Specify \_\_\_\_\_
17.  Food allergy. Specify \_\_\_\_\_
18.  Other nutrition related medical conditions.  
Specify \_\_\_\_\_

19.  Oral health conditions. Specify \_\_\_\_\_
20.  Fetal Alcohol Syndrome
21.  Infant born of a woman with mental retardation
22.  Infant born of a woman who abused alcohol or drugs during most recent pregnancy
23.  Breastfeeding complications or potential complications.  
Specify \_\_\_\_\_
24.  Breastfeeding infant of woman at nutritional risk  
 non-dietary;  dietary

**DIETARY (Document in CT-WIC)**

25.  Specify code(s) \_\_\_\_\_  
 Improper use of bottle/cup or (pacifier-Child only)  Potentially harmful microorganisms/toxins  Feeding sugar containing fluids

**OTHER NUTRITIONAL RISKS**

26.  Infant (0-6 months) of a mother enrolled in WIC or of a woman who would have been WIC eligible during pregnancy
27.  Possible regression in nutritional status if removed from the Program  non-dietary;  dietary
28.  Homelessness or migrancy
29.  Entering or moving within the foster care system during the previous 6 months
30.  Other risks. Specify \_\_\_\_\_

Health Care Provider Signature and Title: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature/Initials of WIC CPA \_\_\_\_\_ WIC Certification Date: \_\_\_\_\_  Mid-cert

**Applicant/Participant Authorization/Autorización del solicitante/participante:**

I, Yo, \_\_\_\_\_ give permission to/ doy mi permiso a:  
(Print Name/ Nombre en letra de imprenta)

Date/ Fecha \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_  
(Health Care Provider or Organization/ Proveedor de atención de la salud u organización)

Date/ Fecha \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_  
(Health Care Provider or Organization/ Proveedor de atención de la salud u organización)

Date/ Fecha \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_  
(Health Care Provider or Organization/ Proveedor de atención de la salud u organización)

to release my child's health information, listed on the other side of this WIC certification form to the WIC Program, for WIC staff to determine if my child qualifies for the WIC Program and to coordinate WIC nutrition services for my child. I also agree WIC staff may talk with my child's health care provider and/or the organization listed above about any medical/behavioral concerns that may affect my child's overall health in order to better coordinate my child's care.

para divulgar la información de mi hijo —la cual se encuentra en el reverso de este formulario de certificación del Programa WIC, para que el personal del Programa WIC determine si mi hijo es elegible para el WIC y para coordinar los servicios de nutrición que el WIC brindará a mi hijo. También acepto que es posible que el personal del WIC se comunique con el proveedor de atención de la salud de mi hijo o la organización indicada anteriormente sobre toda inquietud médica o del comportamiento que pueda afectar la salud general del mi hijo para coordinar mejor la atención de mi hijo.

- I understand that if my child's well exam is not timed with my WIC certification visit; WIC staff will make efforts to obtain the health information needed to complete the WIC certification visit (e.g. height/length or weight).
- Comprendo que si el examen del niño sano de mi hijo no está coordinado con la visita de certificación del Programa WIC, el personal del WIC se esforzará por obtener la información médica necesaria para completar dicha visita ( altura/largo y peso)
- I understand that I can change my mind and cancel this permission at any time. To do this, I need to write a letter to my health care provider or organization listed above and send it or take it to where I am now giving permission. Let WIC staff know if you cancel permission with your provider.  Permission cancelled **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_
- Comprendo que puedo cambiar de idea y cancelar esta autorización en cualquier momento. Para hacerlo, debo escribir una carta a mi proveedor de atención de la salud o la organización indicada anteriormente y enviarla o llevarla al lugar donde ahora estoy dando mi permiso.  El permiso cancelado **Fecha** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Authorized Signature/Firma del representante autorizado:** \_\_\_\_\_

**Relationship to Participant/Relación con el participante:** \_\_\_\_\_ **Date/ Fecha** \_\_\_\_/\_\_\_\_/\_\_\_\_

**This permission is good for one (1) year from the date of the authorized signature above.**

**Este permiso es válido durante un año a partir de la fecha de la firma del representante autorizado precedente.**

**If the information has already been given out, I understand it is too late for me to change my mind and cancel the permission.**

**Si mi información ya ha sido proporcionada, comprendo que es demasiado tarde para que cambie de opinión y cancele el permiso.**

WIC staff follows Federal law to protect WIC participant privacy (confidentiality) and cannot re-disclose (share) WIC applicant or participant information except with written consent or as required by law.

El personal del WIC sigue las leyes federales para proteger la privacidad (confidencialidad) de los participantes del WIC y no puede revelar (compartir) la información del solicitante o participante del WIC, a menos que cuente con un consentimiento por escrito o según lo requiera la ley.

**Declined/Rechazado** **Date/ Fecha** \_\_\_\_/\_\_\_\_/\_\_\_\_

## Guidelines for Use

### Participant Information and Health Data and Nutrition Risk sections:

- Participant and/or Family ID #: To be completed by WIC Program staff.
- All other **participant information** fields to be completed by WIC staff- most likely a Program Assistant or health care provider's (HCP) office staff- including Participant Name, Date of Birth, Sex, Parent's/Guardian's Name, Address, Phone # and Health Insurance Plan.

**Participant Health Data fields** to be completed by the HCP and/or the WIC Nutrition staff i.e. Competent Professional Authority (CPA). For infants and children: weight, length/height, BMI, hematological data, immunizations and medications/medical conditions. Note: Weight, length/height measurements must be within 60 days of WIC certification appointment.

Hemoglobin or hematocrit results must be within the following timeframes for infant and child participants. Timing of bloodwork is dependent on the initial infant blood test: 9-12 months, 15-18 months, 2 years, 3 years and 4 years. If results are abnormal, a repeat test is required within 6 months as indicated by Federal WIC Regulations, which follow the CDC's [\*Recommendations to Prevent and Control Iron Deficiency in the United States\*](#). MMWR 1998; 47 (No. RR-3) p. 5. HCP or WIC CPA to check all applicable nutrition risk factors including anthropometric, biochemical, clinical/health/medical/ dietary or other based on medical examination or complete nutrition assessment. Specify condition when indicated. Note: If the WIC CPA has questions or concerns regarding data entered by the HCP he/she should follow up as appropriate for clarification.

**Health Care Provider Signature and Title is required.** The HCP must complete the date and address (location) of practice, clinic or office. By signing this form the HCP verifies he/she has seen and evaluated the patient. In cases where this form is being completed at a time other than certification, e.g. for coordination of health care purposes, a signature is also required for that health care provider as verification.

**Shaded Gray area:** To be completed by WIC CPA. WIC CPA Signature and WIC Certification date is required to certify the information on the Medical Referral Form has been reviewed and verified. HCP checked Nutrition Risk Criteria should be entered into CT-WIC in the relevant Screens. If the form is being used for a mid-certification, check the appropriate box.

- If the participant doesn't present with a HCP Completed Medical Referral Form, the WIC CPA doesn't need to complete to process a certification. Simply, use the Guided Script in CT-WIC to complete the WIC certification process, assess and document risks. Although not required for certification, it may be good practice to provide a WIC Certification/Medical Referral Form to participants /caretakers to have their HCP complete, to either verify medical conditions or to ensure continuity of care.

### Applicant/Participant Authorization Section:

This section must be completed by all applicants and participants, even if the front of the form is filled out prior to the participant visiting the WIC local agency. If applicant or participant declines to allow share anthropometric information with WIC from the health care provider or organization listed, check the box marked, declined. WIC staff must take anthropometric measurements in the WIC office. See WIC 200-13 for more details on this section.

**Connecticut WIC Program  
Pregnancy Nutrition Questionnaire and Assessment Form**

Name \_\_\_\_\_ Age \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

**Tell Me About You and Your Pregnancy...**

- Do you have any questions or concerns about your pregnancy? Check all that apply.
 

|  |   |
|--|---|
| <input type="checkbox"/> Weight Gain   | <input type="checkbox"/> Appetite               |
| <input type="checkbox"/> Breastfeeding | <input type="checkbox"/> Infant feeding choices |
| <input type="checkbox"/> Depression    | <input type="checkbox"/> No concerns            |
| <input type="checkbox"/> Other _____   |   |
- Is this your first pregnancy?**  Yes  No  
**If no, how many times have you been pregnant?** \_\_\_\_\_
- Did you have any problems during any pregnancy or delivery? Please explain \_\_\_\_\_
- Have you had any miscarriages \_\_\_\_\_ or were any of your babies stillborn \_\_\_\_\_?**
- Were any of your babies born premature (<38 wks)?  
 Yes  No
- Did any of your babies weigh less than 5 1/2 pounds at birth?  
 Yes  No
- Did any of your babies weigh 9 or more pounds at birth?  
 Yes  No
- When did your last pregnancy end?**  
Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_
- For this pregnancy, how many months pregnant were you when you first visited the doctor?** \_\_\_\_\_  
What has your doctor told you about your pregnancy?
- Before you became pregnant what was your usual weight?** \_\_\_\_\_  
Gaining weight is a normal part of pregnancy. How do you feel about gaining weight/your weight gain?
- Do you have any medical conditions or health concerns I should know about?  Yes  No
- Do you go to the dentist?  Yes  No  
Who is your dentist? \_\_\_\_\_
- The following are common issues during pregnancy. Do you have any of the following? Please check.
 

|   |                                    |  |
|---|------------------------------------|--|
| <input type="checkbox"/> Constipation   | <input type="checkbox"/> Diarrhea  | <input type="checkbox"/> Nausea        |
| <input type="checkbox"/> Vomiting       | <input type="checkbox"/> Heartburn | <input type="checkbox"/> No issues now |
| <input type="checkbox"/> Other _____    |                                    |  |
| <input type="checkbox"/> Cravings _____ |                                    |  |

- Do you take? Check all that apply.
 

|   |
|---|
| <input type="checkbox"/> Prenatal Vitamin                   |
| <input type="checkbox"/> Minerals                           |
| <input type="checkbox"/> Herbs                              |
| <input type="checkbox"/> Herbal Supplements                 |
| <input type="checkbox"/> Prescription medications _____     |
| <input type="checkbox"/> Over-the-counter medications _____ |

**Lifestyle Questions:**

- In 3 months before this pregnancy did you:**

|                               |  |
|-------------------------------|--|
| Smoke cigarettes?             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, how many a day? _____ |  |
| Smoke marijuana?              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Use other drugs?              | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**Drink alcohol, beer, liquor, wine or wine coolers?**  
Days a week? \_\_\_\_\_ Drinks a day? \_\_\_\_\_

|                                       |  |
|---------------------------------------|--|
| <input type="checkbox"/> Occasionally | <input type="checkbox"/> Not at all                      |
| Use other drugs?                      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
- Do you currently:**

|                               |  |
|-------------------------------|--|
| Smoke cigarettes?             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, how many a day? _____ |  |

**Have you changed the amount you smoke?**

|  |  |
|--|--|
| <input type="checkbox"/> No                            |  |
| <input type="checkbox"/> Stopped completely            |  |
| <input type="checkbox"/> Smoke less                    |  |
| <input type="checkbox"/> Smoke more                    |  |
| <input type="checkbox"/> Tried to stop without success |  |
| Smoke marijuana?                                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**Drink alcohol, beer, liquor, wine or wine coolers?**

- Days a week? \_\_\_\_\_ Drinks a day? \_\_\_\_\_
- |                                       |                                     |
|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Occasionally | <input type="checkbox"/> Not at all |
|---------------------------------------|-------------------------------------|

- Does anyone living in your household smoke inside the home?**  Yes  No

**Infant Feeding Choice:**

- Have you ever breastfed?**  Yes  No  
What was that like for you?
- How long did you breastfeed?** \_\_\_\_\_  
Why did you stop? \_\_\_\_\_
- What are your plans for feeding this baby?**

|  |
|--|
| <input type="checkbox"/> Breastfeeding                     |
| <input type="checkbox"/> Pumped breast milk                |
| <input type="checkbox"/> Breastfeed and formula supplement |
| <input type="checkbox"/> Formula only                      |

Office Use: EDD: \_\_\_/\_\_\_/\_\_\_

Referrals:

**Foods, Drinks and Mealtimes**

21. What changes have you made in what you eat, now that you are pregnant?

22. Are there foods you avoid or can't eat? If yes what are they? Please tell me more.

23. Are you following a special diet? If yes, what type?

24. How is your appetite?

25. Do you feel you are eating enough of these types of foods on most days?

- |                                    |                              |                             |
|------------------------------------|------------------------------|-----------------------------|
| Milk/Yogurt/Cheese                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Meat/Fish/Eggs/Beans/Peanut Butter | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Fruits/Vegetables/Salads           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Bread/Cereal/Pasta/Rice            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

26. Do you drink any of these fluids?

Check all that apply then write the number of times a day that you drink each fluid.

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Whole milk _____   | <input type="checkbox"/> 2% Milk _____                   | <input type="checkbox"/> 1% Milk _____    |
| <input type="checkbox"/> Skim milk _____    | <input type="checkbox"/> Evaporated milk _____           | <input type="checkbox"/> Lactaid _____    |
| <input type="checkbox"/> Other milk _____   | <input type="checkbox"/> Soy beverage _____              | <input type="checkbox"/> 100% Juice _____ |
| <input type="checkbox"/> Fruit Drinks _____ | <input type="checkbox"/> Soda _____                      | <input type="checkbox"/> Water _____      |
| <input type="checkbox"/> Malta _____        | <input type="checkbox"/> Coffee/Tea (hot or iced)? _____ |   |

27. How often are you eating meals/snacks away from home?

28. Are you eating any of these items? Check all that apply.

- Uncooked hot dogs or deli meats
- Soft cheeses: feta, Brie, blue-veined or Mexican style- queso blanco
- Raw fish or shellfish (oysters, clams, mussels or scallops)

29. Does your family have enough food? Yes No

30. Would you like to know about? Check all that apply.

- Food Stamps
- Cash Assistance
- Food Pantry

31. Do you have access to refrigerator and stove/hot plate? Yes No

**Office Use:**

Client's Main Concern:

Staff's Main Concern:

Topic(s) Discussed:

Goal(s):

Referrals:

## Connecticut WIC Program Prenatal Women Nutrition Assessment Guidance

| Question   | Suggested Action   |
|--|--|
| <p><b>Lab and Anthropometrics Tab</b></p> <p><b>For this pregnancy, how many months pregnant were you when you first visited the doctor?</b><br/>When is your next doctor's appointment?</p> <p>What has your doctor told you about your pregnancy?</p> <p><b>Before you became pregnant what was your usual weight?</b></p> | <p>Affirm that she has visited the doctor and is receiving prenatal care (no matter what month she first sought medical care.)</p> <p>CT-WIC will auto-assign the appropriate risk (FNS Nutrition Risk Criterion #334 Prenatal care &gt; 1<sup>st</sup> trimester) if it applies. The nutritionist may want to combine these questions with the other medical related questions that follow in a manner that facilitates conversational flow.</p> <p>If no MD—refer to as appropriate</p> <p>Use this question to assess baseline knowledge. It also provides an opportunity to reinforce messages received from the physician</p> <p>If the pre-pregnancy weight is on the medical referral form or certification form the participant brings to her appointment, verify and document the appropriate anthropometric CT-WIC FNS Nutrition Risk Criteria:</p> <p>#101 (Underweight) Pre-pregnancy or current postpartum Body Mass Index (BMI) &lt;18.5</p> <p>#111 (Overweight/Obese) Pre-pregnancy or current post-partum Body Mass Index (BMI) of <math>\geq 25</math>.</p> <p>If pre-pregnancy weight is unknown, you can estimate pre-pregnancy weight:</p> <ul style="list-style-type: none"> <li>▪ <i>Visually assess woman's weight status category. Use professional judgment to decide if she was most likely underweight, normal weight, overweight or obese prior to conception.</i></li> <li>▪ <i>Determine exact number of weeks gestation. Using the prenatal weight grid, determine the expected weight gain (mid-point) for that number of weeks gestation for a woman in her weight category.</i></li> <li>▪ <i>Subtract the expected weight gain from the woman's current weight. This is an estimate of pre-pregnancy weight.</i></li> </ul> <p>Update prenatal weight at each prenatal clinic visit (at OB/GYN or WIC clinic), along with weeks' gestation and total of pounds gained during pregnancy</p> |

| Question                   | Suggested Action   |                   |                           |                   |       |                            |       |                         |       |            |       |
|----------------------------|--|-------------------|---------------------------|-------------------|-------|----------------------------|-------|-------------------------|-------|------------|-------|
|                            | <p>CT-WIC will auto-calculate weight gain or loss.<br/>           To calculate pounds/month gained, use the following formula:<br/> <i>Today's weight – prenatal weight / weeks gestation = pounds gained/week X 4.3 = lbs gained/mo.</i></p> <p>Assess if weight gain is within normal limits (WNL). Weight gain will be within normal limits if her weight gain plots between the lines on the prenatal weight gain grid, which correspond to her prenatal weight category (based on pre-pregnancy BMI).</p> <p>Weight gain will not be WNL for the following:</p> <p><b>Low maternal weight gain: CT-WIC will auto-assign FNS Nutrition Risk Criterion #131, if weight gain is:</b></p> <ol style="list-style-type: none"> <li>1. A low rate of gain such that in the 2nd and 3rd trimesters, for singleton pregnancies:               <ul style="list-style-type: none"> <li>-Underweight women gain less than 1 pound per week;</li> <li>-Normal weight women gain less than .8 pounds per week;</li> <li>-Overweight women gain less than .5 pounds per week and;</li> <li>-Obese women gain less than .4 pounds per week.</li> </ul> </li> <li>2. Low weight gain at any point in pregnancy, such that using an IOM 2009 based weight gain grid, a pregnant woman's weight status plots at any point beneath the bottom line of the appropriate weight range for her respective pre-pregnancy weight category:</li> </ol> <table border="0" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 60%;">Pre-pregnancy BMI</th> <th style="text-align: right; width: 40%;">Total Wt Gain Range (lbs)</th> </tr> </thead> <tbody> <tr> <td>Underweight &lt;18.5</td> <td style="text-align: right;">28-40</td> </tr> <tr> <td>Normal Weight 18.5 to 24.9</td> <td style="text-align: right;">25-35</td> </tr> <tr> <td>Overweight 25.0 to 29.9</td> <td style="text-align: right;">15-25</td> </tr> <tr> <td>Obese 30.0</td> <td style="text-align: right;">11-20</td> </tr> </tbody> </table> <p><i>Note: As appropriate, have the WIC participant sign an authorization of release to send a nutrition assessment to the Health Care Provider communicating concerns for abnormal weight gain during pregnancy and requesting feedback on the stated plan.</i></p> <p><b>High maternal weight gain: CT-WIC will auto-assign FNS Nutrition Risk Criterion #133, if weight gain is:</b></p> <ol style="list-style-type: none"> <li>1. A high rate of gain such that in the 2nd and 3rd trimesters, for singleton pregnancies:               <ul style="list-style-type: none"> <li>* Underweight women gain more than 1.3 pounds per week;</li> <li>* Normal weight women gain more than 1 pound per week;</li> <li>* Overweight women gain more than .7 pounds per week and;</li> <li>* Obese women gain more than .6 pounds per week.</li> </ul> </li> <li>2. High weight gain at any point in pregnancy, such that using an</li> </ol> | Pre-pregnancy BMI | Total Wt Gain Range (lbs) | Underweight <18.5 | 28-40 | Normal Weight 18.5 to 24.9 | 25-35 | Overweight 25.0 to 29.9 | 15-25 | Obese 30.0 | 11-20 |
| Pre-pregnancy BMI          | Total Wt Gain Range (lbs)  |                   |                           |                   |       |                            |       |                         |       |            |       |
| Underweight <18.5          | 28-40  |                   |                           |                   |       |                            |       |                         |       |            |       |
| Normal Weight 18.5 to 24.9 | 25-35  |                   |                           |                   |       |                            |       |                         |       |            |       |
| Overweight 25.0 to 29.9    | 15-25  |                   |                           |                   |       |                            |       |                         |       |            |       |
| Obese 30.0                 | 11-20  |                   |                           |                   |       |                            |       |                         |       |            |       |



| Question                   | Suggested Action   |                   |                     |                   |      |                            |      |                         |      |            |      |
|----------------------------|--|-------------------|---------------------|-------------------|------|----------------------------|------|-------------------------|------|------------|------|
|                            | <p>IOM 2009 based weight gain grid, a pregnant woman's weight plots at any point above the top line of the appropriate weight range for her respective pre-pregnancy weight category:</p> <table border="0" data-bbox="678 407 1523 596"> <thead> <tr> <th data-bbox="678 407 909 438">Pre-pregnancy BMI</th> <th data-bbox="1305 407 1523 438">Cut-off value (lbs)</th> </tr> </thead> <tbody> <tr> <td data-bbox="678 470 909 501">Underweight &lt;18.5</td> <td data-bbox="1435 470 1500 501">&gt; 40</td> </tr> <tr> <td data-bbox="678 504 1019 535">Normal Weight 18.5 to 24.9</td> <td data-bbox="1435 504 1500 535">&gt; 35</td> </tr> <tr> <td data-bbox="678 537 976 569">Overweight 25.0 to 29.9</td> <td data-bbox="1435 537 1500 569">&gt; 25</td> </tr> <tr> <td data-bbox="678 571 824 602">Obese 30.0</td> <td data-bbox="1435 571 1500 602">&gt; 20</td> </tr> </tbody> </table> <p data-bbox="678 632 1511 768"><i>Note: As appropriate, have the WIC participant sign an authorization of release to send a nutrition assessment to the Health Care Provider communicating concerns for abnormal weight gain during pregnancy and requesting feedback on the stated plan.</i></p> <p data-bbox="678 800 1484 926">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 Body Mass Index (BMI) for singleton pregnancies (see above).</p> <p data-bbox="678 957 1523 1094"><b>Maternal weight loss: CT-WIC will auto-assign FNS Nutrition Risk Criterion #131, if woman has any weight loss below prenatal weight during the first trimester OR if there is weight loss of <math>\geq 2</math> lbs. in the 2<sup>nd</sup> or 3<sup>rd</sup> trimesters.</b></p> <p data-bbox="678 1125 1500 1230">Use these questions to gauge the woman's knowledge about recommended weight gain specific to her pre-pregnancy weight and her feelings about gaining weight.</p> <p data-bbox="678 1262 1523 1335">If she was pregnant before, find out what her weight gain was for previous pregnancy(ies).</p> <p data-bbox="678 1367 1523 1503">If she desires to <i>limit weight gain</i>, reinforce the need for adequate weight gain during pregnancy for the health of the baby, and refer her to MD to talk about the need for adequate weight gain for baby's growth.</p> <p data-bbox="678 1535 1523 1671">If pre-pregnancy BMI is high and/or she has a high rate of weight gain for weeks gestation, or if she gained more than the recommended weight in a previous pregnancy, discuss the implications:</p> <ol data-bbox="824 1682 1511 1923" style="list-style-type: none"> <li>1. Weight gained during pregnancy may become weight she will have difficulty losing after her pregnancy, increasing the risk of later overweight/obesity.</li> <li>2. High rate of weight gain increases the risk for having a high birth weight infant. This can lead to delivery complications.</li> </ol> | Pre-pregnancy BMI | Cut-off value (lbs) | Underweight <18.5 | > 40 | Normal Weight 18.5 to 24.9 | > 35 | Overweight 25.0 to 29.9 | > 25 | Obese 30.0 | > 20 |
| Pre-pregnancy BMI          | Cut-off value (lbs)  |                   |                     |                   |      |                            |      |                         |      |            |      |
| Underweight <18.5          | > 40   |                   |                     |                   |      |                            |      |                         |      |            |      |
| Normal Weight 18.5 to 24.9 | > 35   |                   |                     |                   |      |                            |      |                         |      |            |      |
| Overweight 25.0 to 29.9    | > 25   |                   |                     |                   |      |                            |      |                         |      |            |      |
| Obese 30.0                 | > 20   |                   |                     |                   |      |                            |      |                         |      |            |      |

| Question  | Suggested Action   |
|---|--|
|   | <p>Discuss strategies for increasing nutrient-rich foods while limiting empty calorie foods in her diet.</p> <p><b>Examples include:</b></p> <ul style="list-style-type: none"> <li>• Substitute soda with 1% or skim milk;</li> <li>• Replace empty calorie snacks such as chips or candy bars with fresh fruit or vegetables;</li> <li>• Replace fried food items with baked or broiled foods;</li> <li>• Increase vegetable intake at meals with salads, stir fry, or cut up vegetables.</li> </ul>   |
| <p><b>Health Tab (Pregnancy Information Pg. 1)</b></p> <p><b>Tell Me About You and Your Pregnancy...</b></p> <p>Do you have any questions or concerns about your pregnancy?</p> <p>Weight Gain/Loss<br/>Appetite<br/>Breastfeeding<br/>Infant Feeding Choices<br/>Depression<br/>No Concerns<br/>Other</p>  | <p>Use this question to assess what concerns the participant has regarding her pregnancy. This allows you to focus in the counseling portion of the visit on her concerns. Briefly address the issues raised by the participant, and then explain gathering additional information helps you to better understand her situation and allows you to address her questions better and provide possible solutions/referrals.</p> <p>It is also a good practice to give the participant an idea of how long you expect the visit to take up front. It is one strategy to keep the visit on track. Often times, participant situations can be complicated requiring more time than originally planned. If this happens, you may want to check in to reassure her that the information gathered is important and determine how much longer she can stay at the office.</p>    |
| <p><b>Breastfeeding Tab (Breastfeeding Information)</b></p> <p><b>Have you ever breastfed/pumped?<br/>Are you currently breastfeeding?</b></p> <p><b>How long did you breastfeed?</b></p> <p><b>Why did you stop?</b></p> <p><b>What have you heard about breastfeeding?</b></p> <p><b>How are you thinking about feeding your baby?</b></p> <p>-I want to nurse my baby at from the breast<br/>-I want to pump and nurse from the breast<br/>-I want to pump (breastmilk) only</p> | <p><b>Bolded questions are required for CT-WIC, USDA and CDC data collection.</b> Questions on this screen will become enabled based on the response to the previous question. For example, if yes is selected, for Question 1, Question 2 will become enabled.</p> <p>Type in the text box the length of time the woman breastfed.</p> <p>Type in the reason why she ended breastfeeding.</p> <p>Frequently, knowledge and perception are very different. It is perceptions that are important and will guide a woman in the decision-making process.</p> <ul style="list-style-type: none"> <li>▪ Find out if she has family members or friend(s) with any positive BF experiences. Emphasize that anyone within her family circle or circle of friends can be a good support person if they have had a positive experience.</li> </ul> <p>Check as appropriate.</p> |

| Question  | Suggested Action  |
|---|---|
| <p>-I want to provide both breastmilk and formula<br/>-I don't want to breastfeed<br/>-Other</p> <p>Other questions to spark conversation:<br/>What was that like for you? (Previous breastfeeding)<br/>What do you know about breastfeeding?<br/>What is your personal breastfeeding experience?</p> <p><b>(Breastfeeding Support and Notes)</b></p>   | <p>The additional questions provide an opportunity to approach the topic of breastfeeding in a more neutral manner. Asking about the participant's knowledge level and personal experience with breastfeeding allows the nutritionists to assess where to begin the conversation about infant feeding.</p> <p>Ask if she wants to learn more about BF so that she may make an informed decision about infant feeding. This will help you to understand her readiness to change, especially if she is closed to the idea of breastfeeding her baby—<b>pre-contemplating</b> (doesn't want any information), <b>contemplating</b> (will think about it and will be willing to take information) or <b>preparation</b> (wants information, ready to read whatever you will give her). You can document any additional information provided about breastfeeding in the Breastfeeding Support and Notes tab.</p>   |
| <p><b>Is this your first pregnancy?</b></p> <p><b>If no, how many times have you been pregnant?</b><br/><i>Depending on age- FNS Nutrition Risk Criteria: #331 and/or #333</i></p> <p>Did you have any problems during any pregnancy or delivery?<br/><b>Have you had any miscarriages _____?</b><br/><i>FNS Nutrition Risk Criterion #321</i></p> <p><b>Were any of your babies' stillborn _____?</b><br/><i>FNS Nutrition Risk Criterion #321</i></p> <p>Were any of your babies born premature (less than 37 weeks)?<br/><i>FNS Nutrition Risk Criterion #311</i></p> <p>Did any of your babies weigh less than 5 ½ pounds at birth?<br/><i>FNS Nutrition Risk Criterion #312</i></p> <p>Did any of your babies weigh 9 or more pounds at birth?<br/><i>FNS Nutrition Risk Criterion #337</i></p> <p><b>When did your last pregnancy end?</b><br/>Month____ Day____ Year ____<br/><i>FNS Nutrition Risk Criteria: #332</i></p> | <p><b>The bold questions are required for CT-WIC</b> but also give valuable information to the nutritionist on several objective obstetrical risk factors including history of miscarriage, stillbirths, prematurity, low birth weight and high birth weight.</p> <p>Often times, this information is on the medical referral form or certification form the participant brings to her appointment, verify and document health/clinical/medical and obstetrical risk factors. See CT-WIC Nutritional Risk Codes listing for more details.</p> <p>Keep in mind, these questions can be sensitive to ask/answer and therefore you may want to preface these questions with the reason for why they are being asked.</p> <p>Other ways to approach these questions are to ask a general question: "Tell me about yourself, is this your first pregnancy?" or "I need some information on your previous medical history, do you mind if I ask you a few questions?"</p> <p>If the mom has a history of miscarriage and/or pregnancy complications, be sensitive to this. Take cues from the client on how much to probe.</p> <p><i>FNS Nutrition Risk Criterion #336 (Fetal Growth Restriction) and/or #339 (History of congenital/ birth defects) may be selected and documented based on conversation or information on certification form.</i></p> |

| Question  | Suggested Action   |
|---|--|
| <p><b>Health Screen, Pregnancy Information Tab Pg. 2</b></p> <p><b>Lifestyle Behaviors</b></p> <p><b>3 months prior to pregnancy, did you?</b></p> <p>Smoke cigarettes<br/>Smoke vapor pens and e-cigarettes<br/>Smoke marijuana<br/>Use other drugs</p> <p><b>Do you currently...</b><br/>Smoke cigarettes<br/>Smoke vapor pens and e-cigarettes</p> <p><b>If yes, have you changed the amount you smoke?</b></p> <p><b>Do you currently...</b><br/>Smoke marijuana<br/>Use other drugs</p> <p>CT-WIC will auto-assign FNS Nutrition Risk Criterion #371 (Maternal Smoking) and/or #372 (Alcohol and Illegal Drug Use) for any current behaviors.</p> <p><b>Does anyone smoke inside the home?</b><br/>CT-WIC auto-assigns FNS Nutrition Risk Criterion #904 (Environmental Tobacco Smoke) if checked.</p> | <p><b>These questions are required for CT-WIC, USDA and CDC data collection.</b> Federal regulations require WIC staff to provide pregnant women and parents of children information on the risks of tobacco, drugs and alcohol. These can be sensitive questions to ask/answer so be aware and use cues from the participant when using probing questions.</p> <p>Approach smoking issues using the 3 A's:</p> <p>--<b>Ask</b> about tobacco use. <i>If woman is smoking, ask if smoking has changed since she found out about being pregnant.</i></p> <p>--<b>Advise</b> all pregnant women who smoke to stop smoking. One way to begin the discussion is to say, <b>"The recommendation for you and your baby is for you to quit smoking."</b> Focus on her barriers to quitting—for example, increased food cravings, weight gain, or being around others who smoke. Emphasize the benefits for both her <u>and</u> her baby:</p> <ul style="list-style-type: none"> <li>• more energy;</li> <li>• able to breathe more easily;</li> <li>• more money to spend on other things;</li> <li>• clothes, hair, home will smell better; food will taste better;</li> <li>• less risk for low birth weight/preterm baby (specify dangers of babies being born too early and/or too small—undeveloped lungs, potentially lengthy hospitalization after delivery);</li> <li>• less risk for her baby of SIDS and asthma; she will feel good that she has done this for herself and her baby.</li> </ul> <p>--<b>Assist</b> her with a cessation plan—provide support, self-help materials and refer to the Connecticut <b>QUITLINE</b>- 1-866- END-HABIT (1-866-363-4224).</p> <p><b>Follow up at each visit.</b></p> <p>If exposed to second hand smoke, discuss need to have all smoke to stay outside the home. Also advise woman that all smokers must wash hands and change clothes prior to holding baby to avoid exposing infant to second hand smoke.</p> <p>Ask about use of street drugs. If any drugs are being used, ask about plans/thoughts to D/C. Remember Stage of Change concepts- <b>pre-contemplating</b> (doesn't want any information), <b>contemplating</b> (will think about it and will be willing to take information) or <b>preparation</b> (wants information, ready to read whatever you will give her). If appropriate, refer to behavioral health/ recovery program. <b>Follow up on referrals made.</b></p> <p>In keeping with providing information on behaviors that can impact a positive health outcome for the infant, inquire about</p> |

| Question   | Suggested Action   |
|--|--|
| <p><b>Did you drink alcohol 3 months before you became pregnant? If yes, how many drinks per week?</b></p> <p><b>What is your current alcohol intake? If yes, how many drinks per week?</b></p>  | <p>alcohol use and if woman is around others who drink, since being around others who drink can make it difficult for the woman to abstain.</p> <p>If there is any alcohol use, discuss risk of Fetal Alcohol Spectrum Disorders (FASD). Emphasize that no amount of alcohol is safe.</p> <ul style="list-style-type: none"> <li>FASD includes an entire spectrum of potential disorders, including: prenatal and postnatal growth retardation; characteristic facial features; central nervous system (CNS) dysfunction; learning disabilities; problems with memory, attention and judgment; hyperactivity and behavioral problems. Prenatal alcohol use does not always result in FASD, but there is no way of knowing which babies will be born with problems. Some babies will exhibit no symptoms; others may have mild symptoms, while others will have many problems. <b>A baby will never outgrow FASD—it will be with the child for a lifetime. This disorder is 100% preventable.</b></li> </ul> <p><b>Provide referrals as appropriate.</b> Record on Referrals Tab in CT-WIC and follow-up at next appointment.</p> |
| <p><b>Health Screen, Health Information Tab Pg. 1</b></p> <p><b>Do you have any health or medical issues (conditions)?</b></p> <p><b>Do you have any of these allergies?</b><br/>Milk, Egg, Peanut, Soy, Other</p> <p>Do you go to the dentist?<br/><b>Do you have any oral health conditions (dental problems)?</b></p> <p>CT-WIC auto-assigns FNS Nutrition Risk Criterion #381 if “Yes” is checked.</p> <p>Who is your dentist?</p> | <p>If <b>yes</b> /responded or selected—<br/>Find out more information and assign risk as appropriate. Ask for medical documentation when appropriate. See DETAILS list in CT-WIC for options/risk codes.</p> <p>This question will assist you in nutrition education and tailoring the food package.</p> <p>Poor oral health has been linked to preterm birth risk. This question allows the nutritionist to assess access to dental care and provide general information on appropriate oral hygiene. If currently has no dentist, provide appropriate referral.<br/>Ask about date of last dental visit, and if woman has problems with decay or bleeding gums.</p> <p>Review things she can do to improve the condition of her gums and overall oral health, including: brush at least twice a day with a fluoride toothpaste, being sure to reach all tooth surfaces as well as her tongue; floss at least once each day.</p> <p>It is normal for gums to become more sensitive during pregnancy.</p>   |

| Question  | Suggested Action  |
|---|---|
|   | <p>This is a result of the hormone changes and the resulting reaction to plaque in her mouth. If she has never flossed before or flossed infrequently, her gums may be sore and bleed—that's normal. If she has brushed infrequently in the past, her gums may be sore and bleed when she begins to brush more frequently—that's normal. Things will improve over time. Mouthwashes and rinses are <b>not</b> a substitute for brushing and/or flossing. Encourage her to change to a new toothbrush every 3-4 months or sooner if bristles begin to fray.</p>  |
| <p>The following are common issues during pregnancy. Are you experiencing?<br/>Check all that apply.</p> <p>Constipation, Diarrhea, Nausea, Vomiting/Upset Stomach, Difficulty Chewing or Swallowing, Heartburn, Cravings, No issues now or Other</p> | <p>Ask about these common issues but be aware of the woman's trimester as you provide guidance. For all issues a referral back to the physician may be required based on severity.</p> <ul style="list-style-type: none"> <li>▪ <b>Constipation:</b> recommend woman increase water intake (10-12 cups/day) as well as fresh fruit, vegetable and whole grain intake. Ask about physical activity and encourage that she increase after discussing with MD. Avoid laxative use unless recommended by MD.</li> <li>▪ <b>Diarrhea:</b> Less common than constipation, diarrhea during pregnancy generally doesn't last as long. Emphasize to client the importance of keeping hydrated by drinking plenty of water or hydrating fluids. Bland foods that can help bind and resolve mild cases of diarrhea include rice, toast or bananas. Other foods to try to include i.e. starchy foods like potatoes, unsweetened cereals, crackers, and toast; vegetables, such as cooked carrots, and non-milk-based soups with noodles, rice, and/or vegetables; lean meats and yogurt, especially with live, active cultures of lactobacillus acidophilus. Advise to avoid "simple" high-sugar drinks (apple and grape juice, gelatin, regular colas, and other soft drinks), which can draw water into the stomach, making diarrhea last even longer. Sports drinks (like the electrolyte-replacement favorite, Gatorade) and water are much better options. Avoid fatty and fried foods. If diarrhea is accompanied by pain or fever or stools contains mucous or blood refer to MD.</li> <li>▪ <b>Nausea/vomiting:</b> Reassure that this is very common during the first trimester. Assess severity and refer to physician if the woman is unable to eat sufficiently to gain weight or is losing weight, or vomiting more than 3-4 times/day. Offer specific strategies that may help: <ul style="list-style-type: none"> <li>-Get out of bed slowly in the morning;</li> <li>-Keep crackers or dry cereal at the bedside to eat before getting up;</li> <li>-Eat small amounts frequently, even every 2-3 hours;</li> <li>-Drink a lot of fluids, especially if solid food will not stay down;</li> <li>-Avoid cooking smells, foods with strong odors or highly spiced foods, or any other odors that lead to nausea;</li> <li>-Avoid brushing teeth immediately after eating, as this may lead</li> </ul> </li> </ul> |

| Question   | Suggested Action  |
|--|---|
|  | <p><i>to vomiting.</i></p> <ul style="list-style-type: none"> <li>▪ <b>Heartburn:</b> refer woman to discuss antacid use with physician. Suggest the following: <i>5-6 small frequent meals throughout the day; eat slowly; avoid eating close to bedtime or lying down shortly after eating, avoid spicy, rich or greasy foods; when sleeping, use pillows under the shoulders to keep the upper body propped up; wear loose clothing.</i></li> <li>▪ <b>Cravings:</b> Emphasize that cravings are <b>normal</b> and that they are <b>different</b> for every woman. Give reassurance that <b>some day's food intake will be better than others</b>, and that she should strive to eat to the best of her ability on most days.</li> </ul> <p><b>For other problems like headaches or dizziness:</b> Refer to physician.</p> <p><u>Headaches:</u> Emphasize the need for adequate rest, plenty of liquids as well as frequent well-balanced meals. Headaches in the third trimester may be indicative of high blood pressure, so emphasize need for woman to notify MD.</p> <p><u>Dizziness:</u> Emphasize need for adequate food and liquids, and to eat frequently, avoiding long periods of time between meals. Avoid hot baths or showers; do not stand in one place for long periods of time; if standing is required, make sure to keep feet moving to increase circulation; get up slowly when lying down; do not lie down on back after middle of 2<sup>nd</sup> trimester; wear loose comfortable clothing that will not constrict circulation.</p> |
| <p><b>Health Screen (Health Information Tab, Pg. 2)</b></p> <p><b>Do you take the following?</b></p> <p><b>Prenatal Vitamin, Vitamin/Mineral Supplement</b></p> <p><b>If yes, # per week? Excessive?</b></p> <p>CT-WIC FNS Nutrition Risk Criterion #427.1(Excessive Intake of Dietary Supplements) or 427.4 (Inadequate vitamin/Mineral Supplementation per Public Health Policy)</p> <p><b>Do you take the following? Check all that apply.</b><br/>Herbs, Herbal Supplements, Prescription medications (including birth control), Over-</p> | <p>This question provides an opportunity to learn about various supplements, vitamins and medications the participant is taking. Ask about prenatal vitamin intake. If taking prenatal vitamin, affirm the behavior. If yes is checked, CT-WIC will enable the other questions confirming daily intake or excessive intake.</p> <p>Folic acid:<br/>Discuss sources of adequate folic acid, which can come from supplements or foods. Point out the WIC cereals that contain 100% DV folic acid. Discuss folic acid's role in possibly preventing birth defects, and the need to consume adequate folic acid to protect future pregnancies.</p> <p>If not using a prenatal vitamin, ask about brand of vitamin used/prescribed. Discuss need for adequate vitamin/mineral intake during pregnancy and the need to use a prenatal supplement. If woman cannot tolerate prenatal because of nausea, suggest taking the supplement before bedtime, or ½ in the morning and ½ in the evening at bedtime. If she reports taking children's vitamins, it is necessary to find out the specific one she is using in order to assess adequacy (<i>specifically iron and folic acid levels</i>). <b>Refer woman to discuss prenatal vitamin usage with her physician.</b></p>   |





| Question   | Suggested Action  |
|--|---|
| <p><b>Do you drink any of these beverages?</b><br/>(Variety of drinks)</p> <p><b>Are you eating enough of these foods?</b><br/>(Food groups)</p> <p><b>What changes have you made in what you eat, now that you are pregnant?</b></p> <p>Are there any foods you avoid or can't eat?<br/>If yes, what are they?</p> <p>Are you on a special diet or meal plan?<br/>Are you on a kosher diet?</p> | <p>Pay attention to high calorie drinks and/or those that contain caffeine.</p> <p>If needed, offer strategies that may assist her in improving dietary quality. Some examples include:</p> <ul style="list-style-type: none"> <li>▪ If she has difficulty getting 3 glasses of milk per day, encourage dairy products intake in different forms, including flavored milk, low-fat cheese, smoothies, yogurt, with cereal, or as a bedtime snack with graham crackers.</li> <li>▪ If vegetables are not a favorite, talk about eating a variety of colors. Include salads with several colored veggies; shred vegetables into casseroles; try homemade vegetable soups or snack on cut up vegetables. <ul style="list-style-type: none"> <li>--include fresh fruits for snacks.</li> <li>--look for whole grain items, including cereals with whole grains, whole wheat bread and brown rice.</li> </ul> </li> </ul> <p>Based on the response, document in text box provided, assign appropriate risks and tailor food package accordingly.</p> |
| <p><b>Nutrition Tab, Pg. 2</b></p> <p>Are you eating any of these? Check all that apply.</p> <ul style="list-style-type: none"> <li>▪ Uncooked hot dogs or deli meats,</li> <li>▪ Soft cheeses: feta, Brie, blue-veined or Mexican style- queso blanco</li> <li>▪ Raw fish or shellfish (oysters, clams, mussels or scallops)</li> </ul>   | <p>If any of these items are checked assess frequency and CT_WIC will auto-assign, when checked, FNS Nutrition Risk Criterion #427.5. Provide current recommendations for consumption of these foods during pregnancy.</p>  |
| <p>How often are you eating meals/snacks away from home?</p>   | <p>Based on the information gathered, you may provide information/resources to address the participant's concerns, questions or identified barriers to positive health outcomes.</p>  |
| <p>Tell me about your daily physical activity.</p>   | <p>Record response in the text box provided. Provide recommendations based on pre-pregnancy weight gain, current activity level and refer back to MD if needed re: starting a new activity routine.</p>   |
| <p><b>Does your family have enough food?</b><br/><b>Do you have access to refrigerator and stove/hot plate?</b><br/>Do you have adequate food storage?</p>   | <p>These series of questions allows the nutritionist to gauge household food security, ability to prepare foods safely and provide appropriate referrals. If referrals are made, document as a Family or Individual Referral on the Referrals Tab that can be accessed by the Guided Script in CT-WIC (Left navigation bar)</p>   |
| <p><b>Have you or your significant other travelled to South/Central America or the Caribbean within 6 months prior to becoming pregnant?</b></p>   | <p>Educate the participant that the Zika virus can be contracted either by a mosquito bite or sexual contact with an infected partner. Strongly recommend an assessment by the HCP. Additional information may be found on WIC Works at</p>   |

| <b>Question</b>   | <b>Suggested Action</b>   |
|---|---|
| The Zika virus is reportedly wide spread in those countries and has been linked to birth defects in babies. | <a href="https://wicworks.fns.usda.gov/topics-z/zika-virus">https://wicworks.fns.usda.gov/topics-z/zika-virus</a> |

**Connecticut WIC Program  
Breastfeeding/ Postpartum Nutrition Questionnaire and Assessment Form**

Name \_\_\_\_\_ Age \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

**How are You and Your Baby Doing...?**

- How have you been feeling since your pregnancy ended?  
 Great                       Good  
 Overwhelmed               Sad/Depressed  
 Other \_\_\_\_\_
- When did this pregnancy end?**  
 Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_
- Did you have any problems during this pregnancy or delivery? / How did the birth or delivery go?** Please explain. \_\_\_\_\_  
 Stillbirth, miscarriage or abortion  
 Neonatal death
- Did you have:**  
 One Baby     Twins     Triplets or more
- How is (are) your baby(ies) doing?
- For new clients:** Do you have any medical conditions/health concerns?  Yes  No  
 Do you go to the dentist?  Yes  No  
 Who is your dentist? \_\_\_\_\_  
**For returning clients:** Have you changed your doctor or had any changes in your health or medical conditions?  Yes  No
- Do you take? Please check all that apply.  
 Prenatal Vitamins  
 Herbs/Minerals  
 Herbal Supplements/Teas  
 Prescription medications (including birth control)  
 Over-the-Counter medications
- How much did you weigh just before you delivered your baby?** \_\_\_\_\_  
 How do you feel about your weight now?

**Lifestyle Questions:**

- In the last three (3) months of your pregnancy did you:**  
 Smoke cigarettes?  Yes  No                      If yes, how many a day? \_\_\_\_  
 Smoke marijuana?  Yes  No                      Use other drugs?  Yes  No  
 Drink alcohol, beer, liquor, wine or wine coolers?  
 How many days a week? \_\_\_\_ Drinks a day? \_\_\_\_  
 Occasionally                       Not at all
- Do you currently:**  
 Smoke cigarettes?  Yes  No                      If yes, how many a day? \_\_\_\_  
 Smoke marijuana?  Yes  No                      Use other drugs?  Yes  No  
 Drink alcohol, beer, liquor, wine or wine coolers?  
 How many days a week? \_\_\_\_ Drinks a day? \_\_\_\_  
 Occasionally                       Not at all
- Does anyone living in your household smoke inside the home?**  Yes  No

**Office Use:**

Referrals:

EDD:

Referrals:

**Infant Feeding:**

12. **Did you ever breastfeed your baby?** Yes No

13. **How are you feeding your baby now?**

- Breastfeeding only
- Breastfeeding and formula supplement
- Other \_\_\_\_\_
- Expressed/pumped breast milk only
- Formula only

14. How is feeding your baby going?

15. If breastfeeding, do you have any questions about:

- Breast milk supply
- Baby's weight gain and growth
- Breast milk collection and storage/Breast pump
- Returning to work or school
- Number of feedings per day
- Breast care
- Your diet
- Other

16. If you are using formula,

**How old was your baby when you started to use formula?** \_\_\_\_\_ hours/days/months

**Why did you add formula?** \_\_\_\_\_

Do you have any questions about?

- Formula preparation and storage
- Returning to work or school
- Number of feedings per day

**Foods, Drinks and Mealtimes**

17. Have you made any changes to what you are eating since having your baby? Tell me more.

18. How is your appetite?

19. Are there foods you avoid or can't eat? Are you on a special diet or meal plan?

20. Do you feel you are eating enough of these types on most days?

- Milk/Yogurt/Cheese Yes No
- Meat/Fish/Eggs/Beans/Peanut Butter Yes No
- Fruits/Vegetables/Salads Yes No
- Bread/Cereal/Pasta/Rice Yes No

21. Do you drink any of these beverages? Check all that apply then write the number of times a day that you drink each fluid.

- Whole milk \_\_\_\_\_
- Evaporated milk \_\_\_\_\_
- 100% Juice \_\_\_\_\_
- Malta \_\_\_\_\_
- 2% Milk \_\_\_\_\_
- Lactaid \_\_\_\_\_
- Fruit Drinks \_\_\_\_\_
- Coffee/Tea (hot or iced) \_\_\_\_\_
- 1% Milk \_\_\_\_\_
- Other milk \_\_\_\_\_
- Soda \_\_\_\_\_
- Skim milk \_\_\_\_\_
- Soy beverage \_\_\_\_\_
- Water \_\_\_\_\_

22. How often are you eating meals/snacks away from home?

23. Have you made any changes to your activity level since having your baby? Tell me more.

24. Does your family have enough food? Yes No

25. Would you like to know about? Food Stamps Cash Assistance  Food Pantry

Lactation Support:  
Yes No

Breastpump:  
Yes No  
Type of pump:

Client's Main  
Concern:

Staff's Main  
Concern:

Referrals:

## Connecticut WIC Program Breastfeeding/Postpartum Nutrition Assessment Guidance

| Question  | Suggested Action  |
|---|---|
| <p><b>Cert Action Screen</b><br/><b>Actual Delivery Date (ADD)</b></p> <p>Health Screen, pregnancy Information Tab asks about the ADD.<br/><b>When did this pregnancy end?</b></p>  | <p>Enter or Verify the Actual Delivery (ADD). If the infant(s) was/were certified prior to the mom, the ADD should be auto-populated.</p>   |
| <p><b>Health Screen, Pregnancy Information Tab Pg. 1</b><br/><b>How are You and Your Baby Doing...?</b><br/>How have you been feeling since your pregnancy ended?</p> <p><b>When did this pregnancy end?</b><br/>Month___ Day___ Year _____</p> <p><b>Check all that apply for the pregnancy that just ended.</b><br/>#311 Premature delivery (&lt; 37 weeks)<br/>#312 Infant weighing 5 lbs. 8 oz. or less<br/>#337 Infant weighing 9 pounds or more<br/>#335 Multifetal gestation<br/>#339 Infant with congenital/other birth defect<br/>No code Cesarean Section<br/>#321 Stillborn/Miscarriage/Abortion<br/>#321 Infant born alive but died within 28 days<br/>Other (Specify)<br/>None</p> | <p>Use this question to inquire how woman feels now that she has delivered. <b>It is not within the scope of WIC or the WIC CPA to diagnose or treat/counsel on postpartum depression or mental health related issues, however this question allows you to identify a woman who should be referred back to her medical provider and applicable community resources if she indicates feeling of sadness, depression or being overwhelmed.</b> Only assign CT-WIC FNS Nutritional Risk Criterion #361 Depression, if a medical provider or psychologist has documented clinical depression.</p> <p>Acknowledge the participant’s concerns and, if warranted, discuss a possible referral before moving on to the rest of the questions. When you resume the interview, explain that gathering additional information helps you to better understand her situation and allows you to address her questions better and provide possible solutions/referrals.</p> <p>It is also a good practice to give the participant an idea of how long you expect the visit to take up front. It is one strategy to keep the visit on track. Often times, participants’ situations can be complicated, requiring more time than originally planned. If this happens, you may want to check in with the client to reassure her that the information gathered is important and determine how much longer she can stay at the office.</p> <p>Something must be checked off for this question, even if it is “None”. CT-WIC auto-assigns the FNS Nutritional Risk Criteria as appropriate. Cesarean Section is not a risk factor, but provides some insight into the mom’s labor experience. If woman had a C-section this delivery, ask if there are any problems with healing of the incision. Refer to MD as necessary.<br/>“Other” may require additional documentation or manually assigned risk codes.</p> <p>If this information is on the certification form or other medical referral form that the participant brings to her appointment, verify and document health/clinical/medical and obstetrical risk factors.</p> |

| Question  | Suggested Action   |
|---|--|
| <p>Did you have any problems during this pregnancy or delivery? How did your birth or delivery go?</p> <p><b>Did you have one baby, twins, triplets or more?</b><br/>#335 Multifetal gestation</p> <p>How is (are) your baby(ies) doing?</p> <p><b>Health Screen, Pregnancy Information Tab Pg. 2.</b></p> <p><b>Lifestyle Behaviors</b></p> <p><b>In your last 3 months of pregnancy</b><br/>Smoke cigarettes<br/>Smoke vapor pens and e-cigarettes<br/>Smoke marijuana<br/>Use other drugs</p> <p><b>Do you currently...</b><br/>Smoke cigarettes<br/>Smoke vapor pens and e-cigarettes<br/>Smoke marijuana<br/>Use other drugs</p> <p><b>Have you changed the amount you smoke?</b> CT-WIC auto-assigns FNS Nutrition Risk Criterion #371 (<i>Maternal Smoking</i>) and/or #372 (<i>Alcohol and Illegal Drug Use</i>) for any current behaviors.</p> <p><b>Does anyone smoke inside the home?</b> CT-WIC auto-assigns FNS Nutrition Risk Criterion #904 (<i>Environmental Tobacco Smoke</i>) if checked.</p> <p><b>Did you drink alcohol 3 months before you became pregnant? If yes, how many drinks per week?</b></p> <p><b>What is your current alcohol intake? If Yes, how many drinks per week?</b></p> | <p>If there were delivery complications, keep in mind that these questions can be sensitive to ask/answer and therefore you may want to preface these questions with the reason why they are being asked. Take cues from the participant on how much to probe.</p> <p>Other ways to approach these questions are to ask a general question, "I need some information on your previous medical history. Do you mind if I ask you a few questions?"</p> <p><b>These questions are required for CT-WIC and CDC data collection.</b> It is also in the Federal regulations to provide breastfeeding and postpartum women and parents of children information on the risks of tobacco, drugs and alcohol. These can be sensitive questions to ask/answer so be aware and use cues from the participant when using probing questions.</p> <ul style="list-style-type: none"> <li>▪ Ask about tobacco use and desire and/or plans to quit. Ask about methods to quit that have been used. Refer to available resources.</li> <li>▪ Ask about second hand smoke exposure. If woman is a smoker, emphasize that it will be more difficult to quit with other smokers around. Discuss need for smoke-free environment for baby. Stress that second hand smoke will stay on clothing and hands, and that all smokers should change clothes and wash hands prior to holding baby.</li> <li>▪ Ask about alcohol use. If BF, remind mom that alcohol passes into breast milk and will have an effect on baby. If woman is around others who drink, ask how being around others who drink makes her feel. If she has other questions, discuss risk of Fetal Alcohol Spectrum Disorder (FASD) for future pregnancies and the need to avoid alcohol use, and the fact that it may be difficult to stay sober if she is around others who drink.</li> </ul> <p>If any street drugs are being used, refer as appropriate.</p> |

| Question   | Suggested Action   |
|--|--|
| <p><b>Lab Screen, Anthropometric Data</b></p> <p><b>What was your weight at delivery?</b><br/>How much did you weigh just before you delivered your baby?</p> <p>More details about prenatal weight status and weight gain will be captured in the Health Screen, Health Information Tab Pg. 1</p>   | <p><b>The bold question is required for CT-WIC processing and CDC data collection.</b> It also provides information on weight and obstetrical related risk factors. CT-WIC will auto-populate the gained during pregnancy field based on answers to questions on screen.</p> <p>CT-WIC auto-assigns FNS Nutritional Risk Criteria based on weight entered.</p> <p>#101 Underweight<br/>Pre-pregnancy BMI &lt;18.5</p> <p>#111 Overweight/Obese<br/>Pre-pregnancy BMI ≥25</p> <p>Breastfeeding Women 6 Months Postpartum or more CT-WIC uses Current BMI ≥25</p> <p><b>#133 High maternal weight gain</b></p>   |
| <p><b>Health Screen, Health Information Tab Pg. 1</b></p> <p><b>What concerns, if any do you have about your weight?</b></p> <p><b>Do you have any of these allergies?</b><br/>Milk<br/>Egg<br/>Peanut<br/>Soy<br/>Other<br/><b>If checked,</b> CT-WIC auto-assigns FNS Nutrition Risk Criterion<br/>#353 Food Allergy</p> <p><b>Do you have any health or medical issues?</b></p> <p>Do you have any medical conditions/ health</p> | <p>To enrich your assessment of weight status, ask mom her thoughts about her current weight. One way to approach the topic is, <i>“After delivery, women are frequently concerned about their weight. How do you feel about your current weight?”</i> If she desires a change ask, <i>“What change with your weight would you like to see happen?”</i> Then, ask her how she hopes to achieve it. Ask if she needs ideas or suggestions to achieve her goal, and provide appropriate resources.</p> <p><b>If her current BMI is high and she does not desire a change, she is the pre-contemplation stage. Encourage her to contact you should she want to discuss this subject in the future.</b></p> <p>This question will assist you in tailoring nutrition education and the food package.</p> <p>If <b>yes</b> /responded or selected—<br/>Find out more information and assign risk(s) as appropriate. Ask for medical documentation when appropriate.</p> <p>This question provides an opportunity to update information</p> |

| Question   | Suggested Action  |
|--|---|
| <p>concerns?</p> <p><i>Returning participants:</i><br/>Have you changed your doctor or had any changes in your health or medical conditions?</p> <p>Do you go for regular dental check-ups?</p> <p><b>Do you have any dental/oral health problems? Please describe.</b></p> <p>Have you been experiencing?<br/>Constipation<br/>Diarrhea<br/>Nausea<br/>Vomiting/Upset Stomach<br/>Difficulty Chewing or Swallowing</p> <p><b>Do you take the following?<br/>Prenatal Vitamin,<br/>Vitamin/Mineral Supplement</b></p> <p><b>If yes, # per week? ____<br/>Excessive? Yes/No</b></p> <p>CT-WIC FNS Nutrition Risk Criterion</p> <p>#427.1<br/>Excessive Intake of Dietary Supplements</p> <p>#427.4<br/>Inadequate vitamin/Mineral<br/>Supplementation per Public Health Policy</p> <p><b>Do you take the following? Check all that apply.</b></p> | <p>received previously.</p> <p>If no MD—make referral as appropriate</p> <p>Ask about date of last dental visit, and if she has any problems with decay and/or bleeding gums when she brushes. Discuss need for good oral health of mother to help prevent transmission of decay-causing bacteria to baby. <b>Emphasize the need to avoid practices that will lead to transfer of bacteria to baby's mouth, including: cleaning pacifiers in the mouth; testing baby's food temperature before feeding; sharing spoons, cups and other utensils; kissing baby's hands and mouth.</b> Refer to dental provider as needed.</p> <p>Refer to the Prenatal Nutrition Assessment Guidance for more details and tips on mitigating these symptoms. A referral to the health care provider may be appropriate.</p> <p>This question provides an opportunity to learn about various supplements, vitamins and medications the participant is taking. Ask about prenatal vitamin intake. If taking prenatal vitamin, affirm the behavior. If yes is checked, CT-WIC will enable the other questions confirming daily intake or excessive intake.</p> <p>Folic acid:<br/>Discuss sources of adequate folic acid, which can come from supplements or foods. Point out the WIC cereals that contain 100% DV folic acid. Discuss folic acid's role in possibly preventing birth defects, and the need to consume adequate folic acid to protect future pregnancies.</p> <p>Contact MotherToBaby- Toll-free 866-626-6847.<br/>In CT only 800-325-5391 or Local 860-679-6199<br/>e-mail: <a href="mailto:MotherToBaby@uchc.edu">MotherToBaby@uchc.edu</a><br/><a href="http://www.MotherToBabyCT.org">www.MotherToBabyCT.org</a><br/>They are also on Facebook!<br/>Provides up to date information on exposures in pregnancy and breastfeeding.</p> <p>This question must have an answer, even if "None."<br/>For Vitamin or supplement intake, including herbal supplements</p> |



| Question  | Suggested Action  |
|---|---|
| <p>Herbs<br/>Herbal Supplements<br/>Prescription medications ((including birth control)<br/>Over-the-counter medications<br/>None</p>   | <p>you can also refer to the NIH website <a href="http://nccam.nih.gov/health/">http://nccam.nih.gov/health/</a>, <u>Medications and Mothers' Milk</u> or <u>University of Rochester</u> hotline (585-275-0088—leave message if necessary and someone will call you back) for information of specific supplements and their compatibility with breastfeeding.</p> <p>Prescribed medication: If BF, consult <u>Medications and Mothers' Milk</u> or medical professionals <u>University of Rochester</u> hotline (585-275-0088 business hours 10:00am- 3:30pm EST—leave message if necessary) to identify any meds that are contraindicated for BF women. See above re: MotherToBaby service.</p> <p><b>Ask about birth control method; advise breastfeeding women to talk to their doctor about progesterone-only birth control pills if that is the birth control method chosen.</b></p> <p><i>Women receiving methadone therapy <u>can</u> breastfeed. Assessment of the individual situation—maternal HIV status, her mental health status, her social situation, and whether or not she is stable in her recovery program, will need to be considered when recommending breastfeeding. Refer physicians to the AAP paper “The Transfer of Drugs and Other Chemicals Into Human Milk (PEDIATRICS Vol. 108 No. 3 September 2001, pp. 776-789) for more information.</i></p> |
| <p><b>Breastfeeding Screen, Breastfeeding Information Tab Pg. 1</b></p> <p><b>Have you ever breastfed? Yes/No</b><br/><b>If Yes, appropriate questions will be enabled. If No, you will be prompted to ask about formula on Infant's Nutrition Screen.</b></p> <p><b>Are you currently breastfeeding? Yes/No</b><br/><b>If Yes, complete the Frequency field-drop down menu.</b><br/><b>Exclusively</b><br/><b>Fully</b><br/><b>Mostly</b><br/><b>Limited</b></p> | <p><b>Bolded questions are required for CT-WIC processing and CDC data collection on initiation, duration and type of breastfeeding behaviors.</b></p> <p>Exclusive = The infant has never to the mother's knowledge, had any water, formula or other liquid or solid food. Only breast milk, from the breast or expressed, and prescribed medicines have been given from birth. This is more descriptive than “fully”. Exclusive could be used interchangeably with the revised definition of “fully” below based on age of infant and if <u>all milk feeds are breastmilk</u>. However, we would reserve this definition for <i>infants up to 6 months</i> because past that point, it is assumed that solid food has been introduced.</p> <p>Fully = All milk feeds are breastmilk. (From the breast or expressed). Infant can have received 1 can of supplemental formula from 0-1 month. From 6-12 months, all <b>milk feeds</b> are breastmilk. Solids are provided as appropriate. Nutritionists should also consider how solid foods are provided and what mom is using to mix first foods. For example, if an infant is getting cereal 2 times per day and that cereal is mixed with infant formula, this practice should be considered in the assessment of breastfeeding status/intensity. <u>This accounts for the fact that the</u></p>                          |

| Question   | Suggested Action  |
|--|---|
| <p><b>If No, the Date BF Ceased and Reason(s) BF Ceased Field will be enabled. Enter the date and reason(s) Bf ceased based on feedback from mom.</b></p> <p><b>Are you currently giving your baby any supplemental formula? Yes/No</b></p> <p><b>If Yes, the First formula at ___ weeks and Reason formula added fields will be enabled.</b><br/> <b>The date the information verified will be added to this screen.</b></p> <p><b>How is feeding your baby going? How many times is the baby breastfeeding or given breastmilk in 24 hours? Are there any concerns about breastfeeding?</b></p> <p>You could ask in a more open ended way: Tell me more about your concerns about breastfeeding or breastfeeding support system.</p> | <p><u>WIC food packages provide fully breastfed infants with fruits, veggies and meats at 6 months.</u> Additionally, due to the fact that there is some range of acceptable introduction of solid foods, we would want to inquire about complimentary food introduction as early as 4 months.</p> <p>Mostly = The infant has taken mostly breast milk and some infant formula or other solid food in the past 48 hours. Half or more of the <b>milk feeds</b> are breastmilk. Example, an infant is getting 8 milk feeds per day, 4 or more milk feeds should be breastmilk. An infant can receive up to half of the full formula package. Any supplemental formula provided is based on an individual assessment.</p> <p>Limited = Less than half of the <b>milk feeds</b> are breastmilk. The infant has had limited breast milk but has had alternative liquid such as infant formula, with or without solid food, in the past 48 hours. An infant can receive from half up to the full amount of formula. Any supplemental formula is based on an individual assessment. Mom must be breastfeeding at least one time per day to be issued a Limited food package.</p> <p>Provide guidance on proper preparation and storage of infant formula. Refer to Infant Nutrition Assessment Guidance for more details.</p> <p>Note that supplemental formula question pertains to mostly or limited breastfed infants only.</p> <p>The additional questions provide an opportunity to find out more information to assess a mother's perception of breastfeeding. These questions can be combined with infant assessment questions. Use the checked boxes to tailor counseling and support.</p> <ul style="list-style-type: none"> <li>▪ Ask mom what her breastfeeding duration plans are and who she has for support.</li> <li>▪ Ask mom about her perception of how breastfeeding is going. If she indicates that she needs help, probe more to determine the specific problems she is having. If necessary, refer her to a local agency CLC or IBCLC in the area.</li> <li>▪ Ask mom about her perceptions of milk supply (subjective). Ask specific questions about breastfeeding (objective) that will help validate milk supply. <ol style="list-style-type: none"> <li>1. How often is baby breastfeeding in 24 hours?</li> <li>2. How long does baby stay at breast for each feeding?</li> <li>3. Is there active suck/swallowing (milk transfer) at</li> </ol> </li> </ul> |

| Question  | Suggested Action  |
|---|---|
|   | <p>feedings if baby stays at the breast for extended periods of time?</p> <ol style="list-style-type: none"> <li>4. Ask about the number of wet/dirty diapers per day and assess for adequacy.</li> <li>5. If mom pumps, ask about what type of pump she is using, how often she is pumping and what her results are. If she is exclusively pumping, ask about plans to get baby to breast. Refer to CLC or IBCLC as needed.</li> <li>6. Ask if baby has been weighed since hospital discharge. Find out what the weight was and MD/health professional's assessment of weight.</li> </ol> <ul style="list-style-type: none"> <li>▪ Ask her about any plans to return to work or school. Ask how she plans to feed her baby when she returns to work/school. Discuss pumping if needed, including the type of pump to meet her needs.</li> <li>▪ If there are specific breastfeeding concerns assessed/detected, assign appropriate FNS Nutrition Risk Criterion #602 (Breastfeeding Complications or Potential Complications). If referred for lactation assistance, follow-up.</li> </ul> <p>Refer to the <b>Connecticut WIC Program Guidelines for Breastfeeding Promotion and Support</b> for more information on breastfeeding policies and appropriate clinic environments.</p> <p>Use these questions together with infant assessment questions to determine parent's ability/confidence of formula preparation, infant feeding and formula storage.</p> |
| <p>Nutrition Screen,<br/>Foods, Drinks and Mealtimes</p> <p><b>How do you feel about your appetite?</b></p> <p><b>Do you drink any of these beverages?</b><br/>(Variety of drinks)</p> <p><b>Are you eating enough of these foods on most days? Check all that apply.</b><br/>(Food groups)</p> <p>Have you made any changes to what you are eating since having your baby? Tell me more.</p> <p>Are there any foods you avoid or can't eat? If yes, what are they?</p> <p>Are you on a special diet or meal plan?<br/>Yes/No<br/>If Yes, what kind?</p> <p>Are you on a Kosher diet?</p> | <p>The goal is to use these questions to engage the client in conversation about her eating habits and mealtimes and find out how eating has changed or not changed since the woman has delivered. Questions do not need to be asked in order on form.</p> <ul style="list-style-type: none"> <li>▪ Ask what changes have been made in her eating habits since delivery. Many common things that happen to moms after delivery including grazing, skipping meals, preparing unbalanced meals due to lack of time to cook and "forgetting" to eat. <i>Provide her with appropriate tips for improved nutrition, including smoothies; cereal with milk and fruit; cheese and crackers; raw vegetables; toast with peanut butter; hummus with crackers. Remind her that her body needs a balanced diet to recover and heal from pregnancy/delivery.</i></li> <li>▪ Query about special diet Rx or foods that are being avoided. If appropriate tailor food package.</li> <li>▪ Ask about <u>habits that will lead to healthy feeding relationships with child/children</u></li> <li>▪ Query about <u>variety of foods</u>—Ask a question such as "What are the vegetables you usually eat during a typical week?" Discuss need for including a variety of colors with fruits and vegetables.</li> <li>▪ Ask about <u>family meals</u>. Discuss importance they play in good eating habits for children.</li> </ul>   |

| Question   | Suggested Action   |
|--|--|
| <p>(Kosher Flag is RED in Food Prescription Screen)<br/>How often are you eating meals/snacks away from home?</p> <p>Tell me about your daily physical activity.</p> <p>Have you made any changes to your activity level since having your baby? Tell me more.</p> <p><b>Does your family have enough food?</b></p> <p><b>Do you have access to refrigerator and stove/hot plate?</b></p> <p>Do you have adequate food storage?</p> <p>If No, Inadequate storage is in RED on Food Prescription Screen</p> | <ul style="list-style-type: none"> <li>▪ Ask how she <u>plans for meals and snacks</u>. Discuss how important planning is in ensuring healthy habits and food budgeting.</li> </ul> <p>Provide current recommendations for consumption of these foods during breastfeeding and postpartum.</p> <p>Ask about physical activity—type and frequency. Remind her to discuss any physical activity plans with her MD if she is &lt;6 weeks PP.</p> <p>Based on the information gathered, you may provide information/resources to address the participant's concerns, questions or identified barriers to positive health outcomes.</p> <p>These questions allow the nutritionist to gauge household food security and provide appropriate referrals. If referrals are made, document in Referral Screen in CT-WIC.</p> |

**Connecticut WIC Program  
Infant Nutrition Questionnaire and Assessment Form**

Name \_\_\_\_\_ Age \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

**Tell Me About Your Baby...**

1. Do you have any questions or concerns about your baby's:
- |   |  |
|---|--|
| <input type="checkbox"/> Weight Gain/Growth | <input type="checkbox"/> Breastfeeding |
| <input type="checkbox"/> Formula Intake     | <input type="checkbox"/> Appetite      |
| <input type="checkbox"/> Health             | <input type="checkbox"/> No Concerns   |
| <input type="checkbox"/> Other _____        |  |

**Baby's Health:**

2. Does your baby have any medical conditions?
- |   |                                     |
|---|-------------------------------------|
| <input type="checkbox"/> Constipation   | <input type="checkbox"/> Diarrhea   |
| <input type="checkbox"/> Eczema         | <input type="checkbox"/> Reflux     |
| <input type="checkbox"/> Food Allergies | <input type="checkbox"/> Infections |
| <input type="checkbox"/> Other _____    |                                     |

3. Does your baby take? Check all that apply.

- |  |
|--|
| <input type="checkbox"/> Vitamins/Minerals       |
| <input type="checkbox"/> Herbs                   |
| <input type="checkbox"/> Herbal Supplements/Teas |
| <input type="checkbox"/> Medications             |
- Why?

4. **Did you ever breastfeed your new baby?**

Yes  No

5. **How are you feeding your baby now?**

- |  |  |
|--|--|
| <input type="checkbox"/> Breastfeeding only        | <input type="checkbox"/> Pumped breast milk only |
| <input type="checkbox"/> Breastfeeding and formula | <input type="checkbox"/> Formula only            |

6. **If you stopped breastfeeding:**

**How old was your baby when you stopped?** \_\_\_\_\_  
**Why did you stop?**

**If you added formula:**

**How old was your baby when you started to use formula?** \_\_\_\_\_  
**Why did you add formula?**

7. **Do you currently smoke cigarettes?**

- |                                     |
|-------------------------------------|
| <input type="checkbox"/> Daily      |
| <input type="checkbox"/> Some days  |
| <input type="checkbox"/> Not at all |

8. **Does anyone living in your household smoke inside the home?**

Yes  No

9. Does your baby eat any foods that contain honey?

Yes  No

10. How do you clean your baby's teeth or gums? \_\_\_\_\_  
How often?

**Office Use:**

Parent's Main  
Concern:

Staff's Main  
Concern:

**Infant Feeding:**

- 11. How do you know when your baby is hungry?
- 12. How many times in 24 hours are you feeding your baby?  
Breastfeeding \_\_\_times/24 hours  
Formula \_\_\_ times/24 hours, \_\_\_\_\_ounces/bottle
- 13. How do you know if your baby is full/satisfied?
- 14. If breastfeeding, how do you feel it is going? (If not breastfeeding, skip to question 15.)
  - How many wet diapers does your baby have in 24 hours?
  - How many bowel movements in 24 hours?
- 15. If your baby is formula-fed, how do you feel it is going?  
What formula are you feeding to your baby? \_\_\_\_\_
  - Powder
  - Concentrate
  - Ready-to-Feed
  - Other \_\_\_\_\_
- 16. How are you mixing/preparing the formula? Please describe.

17. Do you hold your baby while he/she drinks from a bottle? Yes No

18. What do you do with formula left in a bottle after a feeding?

19. Do you put any other foods or fluids in your baby's bottle? Yes No  
If yes, what? \_\_\_\_\_

**New Foods, Drinks and Healthy Habits:**

- 20. Is your baby drinking?
  - Water
  - 100% Juice
  - Other \_\_\_\_\_
- 21. Have you offered your baby a cup? Yes No  
If yes, what do you put in the cup? \_\_\_\_\_
- 22. Does your baby take a bottle at naptime or bedtime? Yes No  
If yes, what do you put in the bottle? \_\_\_\_\_
- 23. Has you baby started? Check all that apply.
  - Baby cereal
  - Baby vegetables
  - Baby fruits
  - Strained/baby meats
  - Eggs
  - Yogurt
  - Mashed beans
  - Table/Finger foods
  - Other \_\_\_\_\_
- 24. Does your baby eat with the rest of the family? Yes No  
What do you do, if your baby doesn't try/eat a new food you've offered?
- 25. Does your family have enough food? Yes No
- 26. Would you like to know about? Check all that apply.
  - Food Stamps
  - Cash Assistance
  - Food Pantry

Topics  
Discussed/Goal(s):

Referrals:

## Connecticut WIC Program Infant Nutrition Assessment Guidance

| Question  | Suggested Action  |
|---|---|
| <p><b>Lab Screen</b></p> <p>Refer to specific risks related to infant/child growth are:<br/>FNS Nutritional Risk Criteria:</p> <p>#103 <i>Underweight/At Risk of Underweight</i><br/>#114 <i>At Risk of Overweight</i><br/>#115 <i>High Weight for Length</i><br/>#121 <i>Short Stature</i></p> | <p>The Nutritionist can choose how to begin CT-WIC Guided Script to facilitate the flow of the appointment, it may be necessary to toggle between the Lab and Health Screens as you discuss growth.</p> <p>For infants/children Birth-24 months, growth is assessed based on the 2006 World Health Organization (WHO) international growth standards. In 2010, CDC recommended use of Birth to 24-month age/gender specific charts based on WHO international growth standards.<br/><a href="http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5909a1.htm?s_cid=r5909a1_w">http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5909a1.htm?s_cid=r5909a1_w</a></p> <ul style="list-style-type: none"> <li>▪ With the transition to use of optimal growth (growth standard) vs. a reference population, the Nutritionist may need to explain the difference to participants especially if the infant/child's provider isn't using the same growth curves. (<b><i>Refer to <u>Breastfeeding Content Sheet: Supporting Breastfeeding Using the WHO Growth Standards 0-24 months</u></i></b> for more information about how to interact with pediatricians about infants' growth assessment.)</li> <li>▪ When the child transitions from the Birth-24 month curves to the 2000 CDC age/gender specific growth charts keep in mind these points apply:</li> <li>▪ Child is moving from recumbent length to standing height measurements. Note that the difference between recumbent length and stature in national survey data is approximately a 0.8 cm (1/4 inch) difference. Standing height measures less than recumbent length.</li> <li>▪ Breastfed reference population to a primarily formula-fed reference population.</li> <li>▪ Weight-for-length chart to BMI-for-age chart.</li> <li>▪ One set of cutoff values to another.</li> </ul> <p><b><i>Sharing growth information with parents: Note, all Anthropometric and Biological data are found on the Lab Screen(s)</i></b></p> <ul style="list-style-type: none"> <li>▪ Show or print out plotted measurements</li> <li>▪ Reassure parent that growth is normal if it consistently follows the curve of the chart</li> <li>▪ Point out that growth patterns are best evaluated over a period of time vs. one single plot</li> </ul> <p><b><i>Infant (Birth-24 months) with #115 High Weight for Length or #114 At Risk for Overweight</i></b><br/>Review <i>Implications for WIC Nutrition Services</i> sections of #115 <i>High Weight for Length</i> or #114 <i>At Risk for Overweight</i> for counseling tips and how to discuss with families what these risks may imply. Parents or</p> |

| Question | Suggested Action  |
|----------|---|
|          | <p>caregivers of infants identified with these risks can be provided information on actionable prevention strategies for overweight and obesity including discussions on recognition of satiety cues and age appropriate physical activity or play.</p> <p><b><i>If measurements obtained are different than what parent reports MD obtained:</i></b></p> <ul style="list-style-type: none"> <li>▪ Point out measuring technique used by WIC staff (baby on measuring board with flat surfaces for head and feet; infant undressed to dry diaper for weight)</li> <li>▪ Scales are routinely calibrated</li> </ul> <p><b>Training tip:</b> This on-line module discusses the importance of accuracy and reliability in taking anthropometric measurements <a href="http://depts.washington.edu/growth/">http://depts.washington.edu/growth/</a> (MCHB Growth Chart Training) and reviews appropriate anthropometric equipment selection, calibration and measurement techniques.</p> <p><b><i>Infant with inconsistent growth</i></b> (increase or decrease of &gt;2 channels on growth chart):</p> <ul style="list-style-type: none"> <li>▪ As appropriate, have the WIC participant/guardian sign an authorization of release to send a nutrition assessment to the Health Care Provider communicating concerns for growth and requesting feedback on the stated plan.</li> <li>▪</li> </ul> <p><b>Head Circumference:</b> Connecticut WIC staff doesn't routinely measure head circumference in clinic. However, if head circumference measurements are available from the provider or FNS Nutrition Risk Criterion #152 <i>Low Head Circumference</i> (#9) is selected on the certification form the Nutritionist should follow up with the provider.</p> <p>To determine if the assessment is based on the 2006 World Health Organization (WHO) international growth standards, Birth to 24-month age/gender specific charts and not the 2000 CDC age/gender specific growth charts. WIC staff can use the HC information and re-plot on the Birth-24 month charts. This risk factor applies to infants and children up to 24 months of age.</p> |



| Question  | Suggested Action   |
|---|--|
| <p><b>Health Screen, Pg. 1</b></p> <p><b>Do you have any questions or concerns about your baby's? Please check all that apply.</b></p> <p>Weight Gain/Growth<br/>Breastfeeding<br/>Formula Intake<br/>Appetite<br/>Health<br/>No Concerns<br/>Other</p> <p><b>Does your baby have any health or medical issues/conditions? Yes/No</b></p> <p>For subsequent visits you may want to phrase as- Do you or your child have any changes to your health since the last visit? Please describe.</p> <p>For new clients: Who is your baby's doctor?<br/>When was his/her last appointment?</p> <p><b>Does your baby have any of these allergies?</b></p> <p>Milk<br/>Egg<br/>Soy<br/>Peanut<br/>None</p> | <p>It is good practice to give the participant an idea of how long you expect the visit to take up front. It is one strategy to keep the visit on track. Often times, participants' situations can be complicated requiring more time than originally planned. If an appointment is running long, you may want to check in with the participant to ensure that crucial information gathered and to verify, with the participant, if necessary, additional time can be accommodated. If not, make appropriate follow-up plans.</p> <p>Use this question to assess what concerns the parent has regarding her infant. This allows you to focus in the counseling portion of the visit on those concerns. Briefly address issues raised by the parent then explain gathering additional information helps you to better understand the situation and allows you to ask more focused questions and provide possible solutions/referrals.</p> <p>If <b>yes</b> /responded or selected—<br/>Find out more information, document in free text box and assign risk as appropriate. Ask for medical documentation when appropriate.</p> <p>If information about child's pediatrician and/or medical conditions is on the medical referral form or certification form the parent brings to the appointment, verify and document health/clinical and medical risk factors.</p> <p>CT-WIC auto-assigns FNS Nutrition Risk Criterion #353 <i>Food Allergy</i> based on checked boxes. Use this information to provide appropriate counseling and food package tailoring. <b>Allergy FLAG will be RED on Food Prescription Screen.</b></p> |

| Question   | Suggested Action   |
|--|--|
| <p><b>Has your baby been experiencing?</b><br/> Constipation<br/> Diarrhea<br/> Eczema<br/> Reflux<br/> Infections<br/> Wheat/Gluten Intolerance<br/> Other</p> <p>Does your bay take? Check all that apply.<br/> Vitamins/Minerals<br/> Herbs<br/> Herbal Supplements<br/> Medications<br/> Other</p> <p>Why?</p> <p><b>Does your baby eat any foods that contain honey?</b><br/> Yes/No?<br/> If Yes, is selected CT-WIC auto-assigns FNS Nutrition Risk Criterion #411.5<br/> <i>Feeding foods to an infant that could be contaminated with harmful microorganisms or toxins</i></p> <p>How do you clean your baby's teeth or gums? How often?</p> <p><b>Does anyone smoke inside the home? Yes/No</b><br/> CT-WIC auto-assigns FNS Nutrition Risk Criterion #904<br/> <i>Environmental Tobacco Smoke</i> if checked.</p> | <p>This question provides an opportunity to learn about various supplements, vitamins and medications the participant is giving to her baby. Vitamin D is a necessary dietary supplement per <i>AAP Clinical Report: Prevention of Rickets and Vitamin D deficiency in infants, children and adolescents (2008.)</i> Recommendation is 400 IU of vitamin D children who are ingesting less than 1 liter per day of vitamin D-fortified formula.</p> <p>Based on assessment and if applies, Nutritionist may assign #411.10 <i>Feeding dietary supplements with potentially harmful consequences (Excessive Supplementation)</i> or #411.11 <i>Routinely not providing dietary supplements recognized by public health policy (Not providing fluoride or Vitamin D in required amounts)</i></p> |

| Question | Suggested Action   |
|----------|--|
|          | <p><b>These questions are required for CT-WIC and CDC data collection.</b> It is also in the Federal regulations and CT's State Plan to provide pregnant women and parents of children information on the risks of tobacco, drugs and alcohol. These can be sensitive questions to ask/answer so be aware and use cues from the participant when using probing questions.</p> <ul style="list-style-type: none"> <li>▪ Ask about second hand smoke exposure. If parent or guardian is a smoker, emphasize that it will be more difficult to quit with other smokers around. Discuss need for smoke-free environment for baby/children. Stress that second hand smoke will stay on clothing and hand, and that all smokers should change clothes and wash hands prior to holding baby.</li> <li>▪ Ask about parent's tobacco use and desire and/or plans to quit. Ask about methods to quit that have been used. Refer to the Connecticut <b>QUITLINE</b> 1-866 END-HABIT (1-866-363-4224)</li> </ul> |

| Question  | Suggested Action   |
|---|--|
| <p><b>Breastfeeding Information Screen</b></p> <p><b>Has the baby ever breastfed (given breastmilk)?</b><br/>Yes/No</p> <p><b>Is the baby currently breastfeeding?</b><br/>Yes/No</p> <p><b>Frequency?</b><br/>Exclusively<br/>Fully<br/>Mostly<br/>Limited</p> <p><b>Date Breastfeeding Ceased</b></p> <p><b>Reason Breastfeeding Ceased</b></p> <p><b>Is the baby currently receiving any supplemental formula?</b><br/>Yes/No</p> <p><b>First formula at ____ weeks</b></p> <p><b>Reason Formula Added</b></p> | <p><b>These questions are required for CT-WIC data collection. The Breastfeeding Information Screen allows you to set or change/update the infant feeding category of all infants.</b></p> <p>Based on the answers provided, fields on this screen will either be enabled, or disabled.</p> <p>Frequency is only enabled and answered for infants currently breastfeeding or given expressed breastmilk.</p> <p>Select based on the following definitions: <b>Exclusively</b> = (only breastfeeding or expressed breastmilk given since birth- 6 months); <b>Fully</b>= (only breastmilk or expressed breastmilk given at the current time); <b>Mostly</b> = (more than half of milk feeds are breastmilk or expressed breastmilk); <b>Limited</b> (less than half of milk feeds are breastmilk or expressed breastmilk). The answer to this question sets the participant category and food package parameters for this participant. See Breastfeeding/Postpartum Women Nutrition Assessment Guidance for more details on breastfeeding intensity definitions.</p> <p>This will be enabled only when the Is the baby currently breastfeeding question is answered as “<b>No</b>”. Enter the date breastfeeding ended.</p> <p>Once the Date Breastfeeding Ceased has been entered, you will need to select from a drop-down menu, the reason the baby stopped breastfeeding or stopped being given expressed breastmilk. If the reason is selected is “Other” document in the Breastfeeding Notes Screen.</p> <p>If the answer to this question is “<b>No</b>”, the First formula at ____ weeks and Reason Formula Added fields will be disabled. If the answer is “<b>Yes</b>”, Date and Reason Formula Added fields will be enabled.</p> <p>Fill in the number of weeks when formula added. Note, if formula was added anytime from 0-7 days, enter 1 week.</p> <p>Select from a drop-down menu the Reason Formula Added. If the reason is selected is “Other” document in the Breastfeeding Notes Screen.</p> |

| Question   | Suggested Action  |
|--|---|
| <p><b>Verified?</b></p> <p>New Category</p> <p>How is breastfeeding going?</p> <p>How many times is a baby breastfeeding or given breastmilk in a day (24 hour period)</p> <p>Are there any concerns about breastfeeding?</p>  | <p>This should be reflected as the date the New Category for the participant was “verified” based on the answer to the preceding breastfeeding questions.</p> <p>This field should auto-populate based on the answered to the preceding questions.</p> <p>The following are not mandatory system questions, but to ensure appropriate breastfeeding assessment it is expected that all breastfed infants have at least the number of times breastfeeding or given breastmilk in a day entered.</p>  |
| <p><b>Nutrition Screen(s), Pg. 1</b></p> <p><b>How do you know if your baby is hungry?</b></p> <p><b>How many times in 24 hours are you feeding your baby?</b></p> <p><b>Breastfeeding ___?___ times in 24 hours</b><br/> FNS Nutrition Risk Criterion #411.7 <i>Routinely limiting the frequency of breastfeeding of the exclusively breastfeeding infant when breast milk is the sole source of nutrients</i>, may be manually selected for IBE infants (&lt; 6 months of age) who are being offered the breast less than 8 times in a 24 hour period.</p> <p><b>Formula ___?___ times in 24 hours.</b><br/> ___?___ ounces/bottle</p> | <p>Based on the infant category, questions on this screen will be enabled or disabled. Based on type of feeding method: breastfeeding, combination or formula, provide education and counseling as indicated.</p> <ul style="list-style-type: none"> <li>▪ <b>It is important to assess the mother’s knowledge of hunger cues-</b> Ask parent “How does your baby let you know he is hungry?” If needed, provide parent information on infant hunger cues; review that crying is a late hunger cue. Responding to hunger cues will help baby learn to trust that the parent will provide for her needs. Based on response to question, the Nutritionist may manually assign, FNS Nutrition Risk Criterion #411.7 <i>Routinely limiting the frequency of breastfeeding of the exclusively breastfeeding infant when breast milk is the sole source of nutrients</i>, for IBE infants (&lt; 6 months of age) who are being offered the breast less than 8 times in a 24 hour period.</li> <li>▪ <b>Satiety cues</b>—ask parent, “How does your baby let you know he is full?” If indicated, inform parent what baby may do to indicate satiety. Responding to infant satiety will avoid overfeeding and help baby learn to quit eating when full, which may have implications to avoid overeating later in life. If formula feeding, <i>explain baby does not always have to finish drinking everything in the bottle.</i></li> <li>▪ Counsel on need to have <b>all caregivers</b> sensitive to baby’s hunger/satiety cues.</li> <li>▪ Discuss <b>importance of holding baby</b> for every feeding.</li> </ul> |

| Question   | Suggested Action  |
|--|---|
| <p>How do you know if your baby is full or satisfied?</p> <p>If baby is breastfed, ask about output.</p> <p>How many wet diapers does your baby have in 24 hours?</p> <p>How many bowel movements in 24 hours?</p> <p><b>If your baby is formula-fed, how do you feel it is going?</b></p> <p><b>Current formula?</b><br/> Power<br/> Concentrate<br/> Ready-to-Feed<br/> Other</p> <p><b>How are you mixing/preparing the</b></p> | <p>Used in combination, with the other infant feeding questions these questions give you valuable information on baby's intake. This series of questions assess for adequacy of intake, <i>especially in newborns</i>. It can help determine mother's perception of how infant feeding is going regardless of method. Questions related to infant output can help assess adequate intake, <i>especially in exclusively breastfed newborns</i>. Specifically, probing on wet diapers and bowel movements can help reassure the mother that the breastfed infant's intake is adequate. Conversely, if output is inadequate, it can also provide information on when a referral for lactation support is indicated.</p> <p><b>Assess for special needs:</b><br/> Assess pumping needs (if necessary—includes sick babies, mother returning to work, other separation situations);<br/> <b>Refer mom to IBCLC or CLC in local agency as needed.</b><br/> Assess for other lactation issues (including <i>pain, perceived insufficient milk supply, poor positioning, engorgement, sleepy baby</i>); <b>refer mom to outside IBCLC or CLC in local agency as needed.</b></p> <ul style="list-style-type: none"> <li>▪ If baby is nursing for long time periods (45-60 min/feeding), <b>refer mom to outside IBCLC or CLC in local agency as needed.</b></li> </ul> <p><b>Reassurance for BF mom:</b></p> <ul style="list-style-type: none"> <li>▪ Feeding frequency normally decreases as baby gets older</li> <li>▪ It is normal to feed as often as every 2 hours throughout the day and night.</li> </ul> <p><b>Points to discuss for mom giving formula—</b></p> <ul style="list-style-type: none"> <li>▪ Inquire about type and <u>how</u> formula is being mixed.</li> <li>▪ Assess for correct mixing technique and review proper formula dilution if needed.</li> <li>▪ Review importance of checking formula can appearance and product expiration date before purchasing</li> <li>▪ Adequate formula intake varies. Refer to <b>age-appropriate Infant Feeding Guide</b> for typical intakes.</li> <li>▪ Discuss <b>importance of holding baby</b> for every feeding.</li> </ul> <p>Based on assessment, FNS Nutrition Risk Criterion #411.6 Routinely feeding inappropriately diluted formula may be manually assigned if</p> |

| Question  | Suggested Action  |
|---|---|
| <p><b>formula?</b></p> <p><b>Do you ever feed your baby from a bottle?</b></p> <p><b>Do you hold your baby while he/she drinks from the bottle?</b><br/>Yes/No?</p> <p><b>What do you do with formula/breastmilk left in the bottle after a feeding?</b><br/>Nutrition Risk Criterion #411.9<br/><i>Routinely using inappropriate sanitation in preparation, handling and storage of expressed breastmilk or formula</i></p> <p>Do you put any other foods or fluids in your baby's bottle?<br/>Yes/No</p> <p>CT-WIC auto-assigns FNS Nutrition Risk Criterion #411.2<br/><i>Routinely using nursing bottles or cups improperly if "Yes", is checked.</i></p> | <p>parent or caretaker is not following manufacturer's instructions for preparation.</p> <p>This question is required for all infants, even breastfeeding to assess for safe handling of expressed breastmilk and/or formula. If "Yes" is checked, it will enable questions 7-9. If "No" 7-9 remain disabled.</p> <p>Based on the response, either affirm the preferred behavior or provide counseling or education on the risks of propping the bottle, which include but are not limited to, choking, disregard of infant feeding cues and/or satiety, limited interaction during mealtimes. CT-WIC auto-assigns FNS Nutrition Risk Criterion #411.2 <i>Routinely using nursing bottles or cups improperly</i>, if "No" is checked</p> <p>Address food safety issues with human milk collection or handling and formula preparation and storage.<br/>Published guidelines on the handling and storage of infant formula indicate that it is unsafe to feed an infant prepared formula which, for example: has been held at room temperature longer than 1 hour or longer than recommended by the manufacturer; has been held in the refrigerator longer than recommended by the manufacturer; remains in a bottle one hour after the start of feeding; and/or remains in a bottle from an earlier feeding, is fed using improperly cleaned bottles. (1, 9, 20). See WIC Works Resource system for detailed explanation of how to discuss appropriate human milk storage guidelines with participants.<br/><b>For purposes of WIC Eligibility Determination, there is not a clear cut-off value to determine unsafe refrigeration limits for human milk due to lack of consensus among leading organizations.</b></p> <p>Based on response, counsel appropriately.<br/>Discuss importance of breast milk or formula as main part of baby's food intake and the need to delay introduction of <b>all</b> other foods until 6 months.</p> <p><i>If baby is developmentally ready for cereal, counsel parent to begin with <b>spoon-feeding</b> of smooth, thin cereal (1 tsp dry infant cereal mixed with 1 Tb breast milk or iron-fortified formula).</i></p> <p>Explain how holding off on solids until baby demonstrates developmental readiness promotes positive feelings associated with feeding for the baby and increases baby's success with feeding.</p> |
| <p><b>Nutrition Screen(s), Pg. 2<br/>New foods, Drinks and<br/>Healthy Habits</b></p>   | <p>This series of questions now replaces the traditional 24-food frequency or dietary recall. The goal is to use these basic questions to engage the participant in a conversation about the baby's developmental progression and mealtime behaviors.</p>   |

| Question  | Suggested Action  |
|---|---|
| <p><b>Is your baby drinking anything other than breastmilk or formula?</b><br/> Water<br/> 100% Juice<br/> Other</p> <p>CT-WIC auto-assigns FNS Nutrition Risk Criterion #411.3 <i>Routinely offering complementary foods* or other substances that are inappropriate in type or timing</i> if Juice is checked and infant is &lt;6 months.</p> | <p>Refer to the age appropriate <i>ReNEW Feeding Guides and Guidelines for Use</i> for specific information.</p> <p>Discuss importance of breast milk or formula as main part of baby's food intake and the need to delay introduction of <b>all</b> other foods until 6 months.</p> <p><b>Juice—</b></p> <ul style="list-style-type: none"> <li>▪ Advise delay of juice until at least 6 months</li> <li>▪ Discuss avoidance of substituting juice for formula or breast milk feedings</li> <li>▪ After 6 months, when juice is initiated, limit to no more than 4 ounces/day in a cup</li> <li>▪ Offer juice in small open-mouth cups</li> </ul> <p><b>Other—</b></p> <ul style="list-style-type: none"> <li>▪ Counsel parent to provide breast milk or formula only in bottles.</li> <li>▪ Sodas, fruit beverages, or teas are not appropriate for infants</li> </ul> <p>If parent reports giving baby water, discuss importance of not substituting water for formula or breast milk feeds. Water should only be provided if physician has recommended it. Too much water may over-hydrate infant and may cause "water intoxication".</p> |
| <p>Have you offered your baby a cup?<br/> Yes/No</p> <p>If yes, what do you put in the cup?</p>   | <p>Based on assessment, FNS Nutrition Risk Criteria #411.2 <i>Routinely using nursing bottles or cups improperly</i> may be manually assigned by Nutritionist on Nutrition Risk drop down menu.</p>   |
| <p><b>Does your baby take a bottle at naptime or bedtime? If yes, what do you put in the bottle?</b><br/> CT-WIC auto-assigns FNS Nutrition Risk Criterion #411.2 <i>Routinely using nursing bottles or cups improperly</i> if "Yes", is checked.</p>   | <p>Based on response, risk code FNS Nutrition Risk Criterion #411.2 <i>Routinely using nursing bottles or cups improperly</i> is auto-assigned. Affirm mom for positive behavior; provide information on risks of bottle use at nap and bedtime.</p>  |



| Question   | Suggested Action  |
|--|---|
| <p>Has your baby started?<br/>Check all that apply.</p> <p>Baby cereal<br/>Baby vegetables<br/>Baby fruits<br/>Strained/baby meats<br/>Eggs<br/>Yogurt<br/>Mashed beans<br/>Table/Finger foods<br/>Other</p> <p>Does your baby eat with the rest of the family?<br/>Yes/No</p> <p>What do you do if your baby doesn't try/eat a new food you've offered?</p> | <p><b>6-8 months—</b><br/><i>Discuss developmental readiness for progressing solid food textures.</i><br/><b>Baby is ready for <u>more texture</u>, when:</b></p> <ul style="list-style-type: none"> <li>▪ Able to sit alone easily</li> <li>▪ Can bite off food</li> <li>▪ Can chew with rotary motion</li> <li>▪ Can move food side-to-side in mouth</li> </ul> <p><b>Baby is ready for <u>finger foods</u>, when:</b></p> <ul style="list-style-type: none"> <li>▪ Palmar (whole hand) grasp changes to pincer grasp (thumb and forefinger)</li> </ul> <p><b>Discuss progression of feeding solid foods:</b></p> <ul style="list-style-type: none"> <li>▪ Offer one new food each week</li> <li>▪ Offer plain foods rather than mixtures</li> <li>▪ Offer new foods along with familiar foods</li> <li>▪ As solid food intake increases, breastfeeds or formula intake <u>may</u> decrease</li> </ul> <p><b>9-12 months—</b><br/><i>Discuss skills baby can be expected to develop:</i></p> <ul style="list-style-type: none"> <li>▪ Picking up small pieces of table foods</li> <li>▪ Drinking from open-mouth cup</li> <li>▪ Controlling food in mouth</li> <li>▪ Improved chewing</li> </ul> <p><b>Talk about meal schedule:</b></p> <ul style="list-style-type: none"> <li>▪ Offer 3 meals and 2-3 small snacks/day</li> <li>▪ Offer meals in family-style setting</li> </ul> <p><b>Discuss what to offer at meals and snacks:</b></p> <ul style="list-style-type: none"> <li>▪ Offer variety of table foods—soft meats and vegetables; cheese; eggs; mashed cooked legumes; small slices of bread, tortilla or cracker; dry cereals.</li> <li>▪ Offer expressed breast milk, iron-fortified formula or water in a cup at each meal and snack.</li> <li>▪ Limit juice to 4 ounces/day in an open-mouth cup</li> <li>▪ Avoid using spill-proof cups.</li> </ul> <p><b>Discuss parent's job and infant's job in feeding:</b></p> <ul style="list-style-type: none"> <li>▪ Parent <b>offers</b> healthy choices in a family-style meal setting</li> <li>▪ Baby decides whether to eat food that's offered, and if so, decides how much to eat.</li> </ul> <p>Based on the information gathered, you may provide information/resources to address the parent's concerns, questions or identified barriers to positive health outcomes. Nutritionist may need to manually assign, FNS Nutrition Risk Criteria #411.4 <i>Routinely using feeding practices that disregard the developmental needs or stage of the infant</i> or #411.8 <i>Routinely feeding a diet very low in calories or essential</i></p> |

| Question   | Suggested Action  |
|--|---|
|  | <i>nutrients.</i>   |
| <p><b>Does your family have enough food?</b><br/>Yes/No</p> <p><b>Do you have access to stove, refrigerator or hot plate?</b><br/>Yes/No</p> <p>Do you have adequate (food) storage?<br/>Yes/No?</p> | <p>These questions allow the nutritionist to gauge household food security and provide appropriate referrals. Document referrals made in Referral Screen.</p> <p>If No, then <b>Inadequate Storage FLAG is highlighted RED on Food Prescription Screen.</b></p> |

For Infant Mid-Certification update the Lab and Breastfeeding Screens as needed and complete the Mid-Certification Screen. Note that questions are enabled or disabled based on infant category. **Nutritionist must access the Breastfeeding Screen to change the participant category based on current feeding method.**

Mid-Certification - Windows Internet Explorer

http://ctwic.dph.ct.gov/CTWIC/Clinic/WebForms/Template.aspx?fiFAIyRDbGluaWNJZD0xMDEmVXNlclRva2VuPTlwMDk1OTgmVXNlck5hbWU9TE9OQ1pBS01+IUajJA==

File Scheduler Certification Benefits Miscellaneous Reports Help Messages Fri 1/8/2016

CT-WIC Connecticut

Selected Record

JANUARY, NEW  
 Cat: IBE (male)  
 ID: 300 871 262  
 DOB: 1/1/2016  
 Age: 1 wks, 0 days  
 Cert: 01/05/16 - 12/31/16  
 BVT: 4/6/2016  
 Status: Active

Scheduling Tasks  
 Guided Script

Family Info.\*  
 Participant Info.\*  
 Cert Action\*  
 Lab\*  
 Breastfeeding\*  
 Health\*  
 Nutrition\*  
 Mid-Certification  
 Nutrition Risk\*  
 Nutrition Education\*  
 Referrals  
 Food Prescription\*  
 Issue Benefits\*  
 Schedule Appt  
 Print Documents

Notes and Alerts

Version: 0.2.0.5

Mid-Certification Assessment Screen (IBE) Date:

1. Has your baby's health changed in the last few months?

2. How do you feel your baby is growing?

3. How do you feel your baby is eating?

4. Current Formula:   
 How many times in a 24 hour period are you feeding your baby?  
 times/24 hours  ounces/bottle

5. Is your baby drinking anything other than breastmilk or formula?  
 Yes  No If yes, what?

6. How does your baby feed himself/herself?

7. Has your baby started? Check all that apply.  
 Baby cereal  Strained baby meats  Mashed beans  
 Baby vegetables  Eggs  Table/finger foods  
 Baby fruits  Yogurt  Other

8. Does your baby eat with the rest of the family?  Yes  No

9. What do you do if your baby doesn't try/eat a new food you've offered?

10. Does your family have enough food?  Yes  No

Save Cancel Next

LONCZAKM 010301 Family Strides: Main office CTWIC

http://ctwic.dph.ct.gov/CTWIC/Clinic/WebForms/Intake/MidCert.aspx 100%

## Connecticut WIC Program Child Nutrition Questionnaire and Assessment Form

Name \_\_\_\_\_ Age \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Only ask/answer the following six (6) breastfeeding questions if this is the **first** WIC visit for this child.

1. **Did you ever breastfeed your child?**  Yes  No
2. Are you currently breastfeeding your child?  Yes  No
3. Is your child taking expressed breast milk?  Yes  No  
If yes, what amount? \_\_\_\_\_

**If you stopped breastfeeding:**

4. **How old was your child when you stopped?** \_\_\_\_\_
5. **Why did you stop?** \_\_\_\_\_

**If you added formula:**

6. **How old was your baby when you started to use formula?** \_\_\_\_\_  
**Why?** \_\_\_\_\_

**Household Smoking:**

7. **Do you currently smoke cigarettes?**  
 Daily  
 Some days  
 Not at all
8. **Does anyone living in your household smoke inside the home?**  Yes  No

**What Are Your Concerns Today? Tell Me About Your Child...**

9. Do you have any questions or concerns about your child's? Please check one or more.  
 Weight/ Growth       Eating habits  
 Appetite               Health  
 No concerns           Other \_\_\_\_\_
10. Does your child have any medical conditions or changes to health since his/her last visit?  
Please describe.  
**For new clients:** Who is your child's doctor? \_\_\_\_\_  
**When was his/her last appointment?** \_\_\_\_\_
11. How often are your child's teeth brushed?
12. Has your child been to the dentist?  Yes  No  
When? \_\_\_\_\_  
**For new clients:** Who is your child's dentist? \_\_\_\_\_
13. Does your child have any dental problems?  Yes  No  
If yes, please describe \_\_\_\_\_
14. What medicines or supplements do you give your child? Check all that apply.  
 Vitamins/Minerals       Herbs  
 Herbal Supplements       Medications  
 Other                      Why? \_\_\_\_\_

15. Does your child regularly eat things that are not food? If yes, check all that apply.  
 Paper                       Dirt                       Paint Chips  
 Crayons                   Pet Food               Other \_\_\_\_\_

**Office Use:**

Other siblings:

| Name  | Age   |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Referrals:

**Mealtimes**

- 16. Tell me about your child's meals and snacks?
- 17. How would you describe feeding time with your child?
  
- 18. How often do you have family meals?  
How often does your child eat the same foods as the rest of the family?  
What do you do, if your child won't eat what you offer?
  
- 19. How many times a week does your child eat:  
Fast foods/restaurant foods? \_\_\_\_\_  
At daycare/school? \_\_\_\_\_  
At family/friends' house \_\_\_\_\_

**Foods, Drinks and Healthy Habits**

- 20. Do you feel your child is eating enough of these foods or are you offering these types of foods on most days?  
Milk/Yogurt/Cheese Yes No  
Meat/Fish/Eggs/Beans/Peanut Butter Yes No  
Fruits/Vegetables/Salads Yes No  
Bread/Cereal/Pasta/Rice Yes No
  
- 21. What are some of the foods you think your child eats too much of?
- 22. Are there any foods you avoid feeding to your child or she/he cannot eat?  
If yes, what foods?
  
- 23. What do you like/dislike about your child's eating?
  
- 24. Does your child feed him/herself? How? Please, check all that apply.  
 Fingers  Spoon  
 Fork  Other \_\_\_\_\_
  
- 25. Does your child drink any of these fluids? Check all that apply, and then write the number of times a day that your child drinks each.  
 Whole milk \_\_\_\_\_  2% Milk \_\_\_\_\_  1% Milk \_\_\_\_\_  
 Skim milk \_\_\_\_\_  Evaporated milk \_\_\_\_\_  Lactaid \_\_\_\_\_  
 Other milk \_\_\_\_\_  Soy beverage \_\_\_\_\_  100% Juice \_\_\_\_\_  
 Fruit Drinks \_\_\_\_\_  Soda \_\_\_\_\_  Water \_\_\_\_\_  
 Malta \_\_\_\_\_
  
- 26. Does your child eat?  
 Uncooked hot dogs or deli meats  
 Soft cheeses including, feta or Mexican style cheeses- queso blanco
  
- 27. Does your child drink from the following? Check all that apply:  
 Baby bottle  Sippy cup  
 Regular cup  Cup with straw  
If your child drinks from bottle or Sippy cup, when does he/she use it?  
At bed at night or naptime? If yes, what is in it? \_\_\_\_\_
  
- 28. How many hours a day does your child spend watching TV, playing video games or on the computer? \_\_\_\_\_ hours/day
  
- 29. Does your family have enough food? Yes No
  
- 30. Would you like to know about? Check all that apply.  
 Food Stamps  Cash Assistance  Food Pantry

**Office Use:**

Parent's Main Concern:

Staff's Main Concern:

Topic(s) Discussed:

Family/ Individual Goal(s):

Referrals:

## Connecticut WIC Program Child Nutrition Assessment Guidance

| Question  | Suggested Action   |
|---|--|
| <p><b>Breastfeeding Screen</b></p> <p><b>Has the child ever breastfed?</b></p> <p><b>Is the child currently breastfeeding?</b></p> <p><b>Date BF Ceased</b><br/><b>Reason BF Ceased</b><br/>(You may also want to ask; Is your child taking expressed breast milk?)</p> <p><b>Is the child currently receiving any supplemental formula?</b></p> <p><b>First formula at ___ weeks</b></p> <p><b>Reason formula added</b></p> <p><b>Verified date?</b></p> <p>How is breastfeeding going?</p> <p>How many times is the child breastfeeding or given breastmilk in a day (24 hour period)?</p> <p>Are there any concerns about breastfeeding?</p> | <p><b>These questions are required for CT-WIC and CDC data collection.</b></p> <p>These questions should be asked until breastfeeding ceases for child participants.</p> <p>Until breastfeeding has stopped, this screen must be updated and verified in order to issue benefits.</p> <p>While these questions are not MANDATORY, they are needed to provide a complete assessment of breastfeeding status and or progress. At a minimum, we'd expect the # of times breastfed/day to be answered in order to establish adequacy and provide counseling about extended breastfeeding.</p>  |
| <p><b>Health Screen, Pg. 1</b></p> <p><b>1. Do you have any questions or concerns about your child's?</b></p> <p>Please check one or more:</p> <p>Weight/Growth<br/>Eating habits<br/>Appetite<br/>Health<br/>No concerns<br/>Other</p>   | <p>The Nutritionist can choose how to begin CT-WIC Guided Script to facilitate the flow of the appointment, it may be necessary to toggle between the Lab and Health Screens as you discuss growth.</p> <p>Use this question to assess what concerns the parent has regarding her/his child. This allows focus in the counseling portion of the visit on her/his concerns. Briefly address the issue raised by the parent then explain gathering additional information helps you to better understand the situation and allows you to ask more focused questions and provide possible solutions/referrals.</p> <p>It is also a good practice to give the participant an idea of how long you expect the visit to run up front. It is one strategy to keep the visit on track. Often times, families situations can be complicated requiring more time than originally planned. If this happens, you may want to discuss in with the participant to reassure the information gathered is important and to determine if additional time can be accommodated. If not, make appropriate follow-up plans.</p> <p><b>Sharing growth information with parents: Note, all Anthropometric and Biological data are found on the Lab Screen(s)</b></p> |

Refer to specific risks related to infant/child growth are:

FNS Nutrition Risk Criteria

#103 *Underweight/At Risk of Underweight*

#113 *Overweight/Obese*

#114 *At Risk of Overweight*

#115 *High Weight for Length*

#121 *Short Stature*

- Show plotted measurements.
- Reassure parent that growth is normal if it consistently follows the curve of the chart.
- Point out that growth patterns are best evaluated over a period of time vs. one single measurement.
- For infants/children Birth-24 months, growth is assessed based on the 2006 World Health Organization (WHO) international growth standards. In 2010, CDC recommended Birth to 24-month age/gender specific charts based on WHO international growth standards. [http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5909a1.htm?s\\_cid=rr5909a1\\_w](http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5909a1.htm?s_cid=rr5909a1_w)

With the transition to use of optimal growth (growth standard) vs. a reference population, Nutritionist may need to explain the difference to participants especially if the infant/child provider isn't using the same growth curves.

Refer to Breastfeeding Content Sheet: [Supporting Breastfeeding Using the WHO Growth Standards 0-24](#) for consistent messages to communicate to parents.

- When the child transitions from the Birth-24 month curves to the 2000 CDC age/gender specific growth charts keep in mind these points apply:
- Child is moving from recumbent length to standing height measurements. Note that the difference between recumbent length and stature in national survey data is approximately a 0.8 cm (1/4 inch) difference. Standing height measures less than recumbent length.
- Breastfed reference population to a primarily formula-fed reference population.
- Weight-for-length chart to BMI-for-age chart.
- One set of cutoff values to another.
- Adjust for gestational age for infants born < 37 weeks until child turns 24 months chronological age.

**If measurements obtained are different than what parent reports MD obtained:**

- Point out measuring technique used by WIC staff (child measured using board with surface for head and feet; child undressed to dry diaper; child weighed without hair, clothing, shoes)
- Scales routinely calibrated
- Growth corrected for gestational age until 24 months

Refer to Consistent Nutrition Education Messages **Childhood Overweight and Obesity Guidance: BMI Assessment and Effective Communication with Families.**

This on-line module discusses the importance of accuracy and reliability in taking anthropometric measurements. <http://depts.washington.edu/growth/> (MCHB Growth Chart Training) and review of appropriate anthropometric equipment selection, calibration and measurement techniques. See also, <https://connect.wisconsin.gov/dhswicweighmeasure/> for more information on anthropometric measurements in WIC.

**Infant/Child (Birth-24 months) with FNS Nutrition Risk Criteria #114 or #115 At Risk for Overweight or High Weight for Length** Review *Implications for WIC Nutrition Services* sections of 114 At Risk of Overweight or 115 High Weight for Length for counseling tips and how to discuss with families what these risks may imply. Parents or caregivers of infants and children identified with these risks can be provided information on actionable prevention strategies for overweight and obesity including discussions on recognition of satiety cues and age appropriate physical activity opportunities.

**Child (2-5 years) with FNS Nutrition Risk Criteria #113 or #114 (Obese, Overweight or At Risk of Overweight)**

|  |  |
|--|--|
|  | <p><b>Overweight)</b> Review <i>Implications for WIC Nutrition Services</i> sections of #113 Obese, #114 Overweight or At Risk for Overweight for counseling tips and how to discuss with families what these risks may imply. Parents or caregivers of children identified with these risks can be provided information on actionable prevention strategies for overweight and obesity including discussion of recognition of satiety cues, promotion of healthy eating and age appropriate physical activity and play.</p> <p><b>Child with inconsistent growth</b> (increase or decrease of &gt;2 channels in wt/length <u>or</u> BMI/age in mo.):</p> <ul style="list-style-type: none"> <li>As appropriate, have the WIC participant/guardian sign an authorization of release for a nutrition assessment to the Health Care Provider communicating concerns for growth and requesting feedback on the stated plan.</li> <li><b>NOTE:</b> Inconsistent growth is <u>not</u>: &lt;5<sup>th</sup>%ile weight/height, &gt;95<sup>th</sup>%ile weight/height, growth plots at &gt;95<sup>th</sup>%ile or &lt;5<sup>th</sup>%ile.</li> </ul> <p><b>Child with inadequate growth</b> (average weight gain &lt; 2.7 oz./month <u>or</u> &lt; 1# over 6 month period):</p> <ul style="list-style-type: none"> <li>CT-WIC auto assigns, #135 Inadequate Growth</li> <li>Refer nutrition assessment to physician with concerns and areas addressed with parent.</li> </ul> <p><b>Head Circumference:</b> WIC staff doesn't routinely measure head circumference in clinic. If head circumference measurements are available from the provider or if the risk factor, "Head Circumference" (FNS Nutrition Risk Criterion #152) is selected on the certification for Nutritionist should follow up with the provider. This is to determine if they have based their assessment on the 2006 World Health Organization (WHO) international growth standards or to 24-month age/gender specific charts or the 2000 CDC age/gender specific growth charts. WIC staff can use the HC information to re-plot on the Birth-24 month charts. This risk factor applies to infants and children up to 24 months of age.</p> |
| <p><b>2. Does your child have any health or medical issues/conditions?</b><br/>Yes/No</p> <p>For subsequent visits you may want to phrase as- Do you or your child have any changes to your health since the last visit? Please describe.</p> <p>For new clients: Who is your child's doctor?<br/>When was his/her last appointment?</p> <p><b>3. Does your child have any of these allergies?</b><br/>Milk<br/>Egg<br/>Soy<br/>Peanut</p> | <p>If <b>yes</b>/responded or selected—<br/>Find out more information, document in free text box and assign risk as appropriate. Ask for medical documentation when appropriate.</p> <p>If information about child's pediatrician and/or medical conditions is on the medical referral or certification form the parent brings to the appointment, verify and document health/clinical medical risk factors.</p> <p>If no MD, refer as appropriate. <b>Participant Information Screen</b> has a field that records medical provider information.</p> <p>CT-WIC auto-assigns FNS Nutrition Risk Criterion #353 <i>Food Allergy</i> based on checked boxes. Use this information to provide appropriate counseling and food package tailoring. <b>Allergies will be RED on Food Prescription Screen.</b></p>   |



|  |  |
|--|--|
| <p>None</p> <p>4. Does the child go for regular dental check-ups? Last visit?</p> <p>Additional questions regarding dental care that you may ask.</p> <p>How often are your child's teeth brushed? Has your child been to the dentist?<br/><i>For new clients: Who is your child's dentist?</i></p> <p><b>5. Does your child have any dental problems?</b><br/>If yes, please describe.</p>  | <p>If child has seen a dentist, affirm parent for taking care of child's oral health. Include date of hygiene visit. If no dentist, make appropriate referrals.</p> <p>General oral health guidelines:</p> <ul style="list-style-type: none"> <li>▪ Encourage <b>parent</b> to brush the child's teeth a minimum of twice/day. Children are not of doing an adequate job of brushing on their own until they are about 7 or 8 years of mealtimes, if a toothbrush is not available, have child drink water to rinse the mouth.</li> </ul> <p>The following questions/guidance can be asked/provided in conjunction with beverage/flu questions in the diet-related section.</p> <ul style="list-style-type: none"> <li>▪ Ask parent what, if anything, the child drinks to fall asleep. If a beverage is provided when he is falling asleep: <ol style="list-style-type: none"> <li>1. Ask what it is provided in (bottle, sippy cup)</li> <li>2. Remind parent that, after brushing the teeth at night before bedtime, the only beverage that should be offered is plain water.</li> </ol> </li> </ul>  |
| <p>6. What medicines or supplements do you give your child?</p> <p>Check all that apply:<br/>Vitamins/Minerals<br/>Herbs<br/>Herbal Supplements<br/>Medications<br/>Other</p> <p>Why?<br/>Based on assessment and if applies, Nutritionist may assign #425.7 Feeding dietary supplements with potentially harmful consequences (<i>Excessive Supplementation</i>) or #425.8 Routinely not providing dietary supplements recognized by public health policy</p> | <p>This question provides an opportunity to learn about various supplements, vitamins and medicines the client is giving to her child. Vitamin D is a necessary dietary supplement per <i>AAP Clinical Report: Prevention of Rickets and Vitamin D deficiency in infants, children and adolescents (2011)</i>. Recommendation is 400 IU of vitamin D children who are ingesting less than 1 liter per day of vitamin D-fortified milk or formula.</p> <p>If the child is taking a multivitamin containing 400 IU of vitamin D, they are meeting their vitamin D requirement. Since 1 quart of milk is in excess of the recommended <b>2 cups of milk per day for school children, most children will require a supplement</b>. Children consuming more than the recommended 2 cups of milk per day on a consistent basis should be assessed for overall diet intake, eating pattern and weight. Parental education should focus on meeting the dietary guidelines for all food groups and eating a variety of foods rather than trying to meet vitamin D requirements through excess milk consumption.</p> <p>Ask about use of any supplements, including herbal preparations and teas. If necessary, review the nutrition implications of specific medications as well as vitamins or supplements. Refer to health care provider as needed.</p> |
| <p><b>7. Does your child regularly eat things that are not food?</b></p> <p><b>Check all that apply:</b><br/>Paper<br/>Dirt<br/>Pet Food<br/>Paint Chips<br/>Crayons<br/>Other</p>   | <p>If <b>yes</b> selected, CT-WIC assigns FNS Nutrition Risk Criterion #425.9 <i>Compulsively ingesting non-food items (pica)</i>. Provide information/referrals as appropriate.</p>   |

|   |  |
|---|--|
| <p><b>Household Smoking</b></p> <p><b>8. Does anyone (living in your household) smoke inside the home?</b></p> <p>CT-WIC auto-assigns FNS Nutrition Risk Criterion #904 <i>Environmental Tobacco Smoke</i> if “Yes” checked.</p>  | <p><b>These questions are required for CT-WIC and CDC data collection.</b> It is also in the Federal regulations and CT’s State Plan to provide pregnant women and parents of children information about the risks of tobacco, drugs and alcohol. These can be sensitive questions to ask/answer so be sensitive and use cues from the participant when using probing questions.</p> <ul style="list-style-type: none"> <li>▪ Ask about second hand smoke exposure. If parent or guardian is a smoker, emphasize that it will be more difficult to quit with other smokers around. Discuss need for smoke-free environment for baby/children. Stress that second hand smoke will stay on clothing and furniture and that all smokers should change clothes and wash hands prior to holding baby.</li> <li>▪ Ask about parent’s tobacco use and desire and/or plans to quit. Ask about methods that have been used. Refer to the Connecticut <b>QUITLINE</b> 1-866 END-HABIT (1-866-364-4224)</li> </ul>  |
| <p><b>Nutrition Screen(s)</b></p> <p><b>Mealtimes and Places</b></p> <p><b>1. Tell me about your child’s meals and snacks.</b></p> <p><b>2. How would you describe feeding time with your child?</b></p> <p>3. How often do you have family meals?</p> <p>4. What do you do, if your child won’t eat what you’ve offered?</p> <p>5. How many times a week does your child eat:<br/>Fast foods/restaurant foods<br/>At daycare/school<br/>At family/friends’ house</p> <p>Other questions:<br/>How often does your child eat the same foods as the rest of the family?</p> | <p>This series of questions/screens now replace the traditional food frequency/24 recall. The purpose is to use these questions to engage the parent in conversation about her child’s eating habits and mealtime behaviors. These questions do not all have to be discreetly answered by each participant, every visit. However, questions that relate to each of the broad topic areas: Mealtimes, Foods, Drinks and Healthy Habits should be asked at each certification/re-certification appointment to ensure a complete WIC nutrition assessment is performed. At a minimum, all questions on these screens are required for initial certification and re-certification appointments.</p> <p>Some general guidelines for mealtimes:</p> <ul style="list-style-type: none"> <li>▪ Children thrive with structure in all areas of their lives. Regular feeding routines are an example of this.</li> <li>▪ Since stomachs are still small, they need to eat every 2-3 hours. A daily schedule of 3 meals and 2-3 snacks is important.</li> <li>▪ When provided with a structured feeding schedule, children will learn to trust that, if they do not eat much at a meal, there will be another feeding in a reasonable time period.</li> <li>▪ Parents can role model for their child by eating a variety of foods and practicing desirable mealtime behaviors. <i>If necessary, ask about the parent’s food preferences and eating habits.</i></li> <li>▪ If the child is aware of the parent’s specific food likes/dislikes, the child has too much information.</li> <li>▪ Because mealtime is also a social time, children eat better when they eat with others.</li> <li>▪ Impose limits on unacceptable mealtime behavior without controlling amount of food child wants to eat.</li> <li>▪ Use non-food items to reward or discipline child, such as stickers, trips to the playground, game, etc.</li> <li>▪ It is normal for children to be wary of trying new foods—they may need to touch, smell and <i>then</i> taste before eating. Be prepared to offer new/challenging foods many times until they agree to eat it. Offer new food even if child has rejected it in the past.</li> <li>▪ Reassure parent that it’s ok for toddler to get familiar with new food by putting it into their mouth and taking it back out of the mouth—this is the process of becoming familiar with a food.</li> <li>▪ Introduce new food in a neutral way. Talk about the color, shape, aroma and texture, how it tastes.</li> <li>▪ Trying new foods takes time, so mealtimes should be relaxed but never prolonged.</li> <li>▪ Well-balanced meals and snacks + Positive eating environment = Well-nourished child. Children need a pleasant, structured mealtime environment.</li> <li>▪ Avoid letting child eat/drink in the car</li> <li>▪ Pull high chair up to the table to include young toddler in family meal.</li> </ul> |

|   |   |
|---|---|
|   | <p>Based on the information gathered, you may provide information/resources to address the concerns, questions or identified barriers to positive health outcomes.</p>  |
| <p><b>Nutrition Screen(s)<br/>Foods, Drinks and Healthy Habits</b></p> <p><b>6. Do you feel your child is eating enough of these foods or are you offering these foods on most days?</b><br/>Yes/No</p> <p>Milk/Yogurt/Cheese<br/>Meat/Fish/Eggs/Beans/Peanut Butter/<br/>Fruits/Vegetables/Salads<br/>Bread/Cereal/Pasta/Rice</p> <p>7. Are there any foods you avoid feeding to your child or he/she cannot eat? If yes, what foods?</p> <p>8. Is your child on a kosher diet? Yes/No<br/>If Yes, Kosher flag is highlighted on Food Prescription Screen.</p> <p><b>9. What do you like/dislike about your child's eating?</b><br/>Excessive? Yes/No</p> <p>Optional additional questions not in CT-WIC-<br/>What are some foods you think your child eats too much of?</p> <p>10. Does your child feed him/herself with the following? Check all that apply.</p> <p>Fingers<br/>Spoon<br/>Fork</p> | <p>This series of questions now replace the traditional food frequency or 24 recall. The goal of these questions to engage the parent in conversation about her what foods/beverages she is offering to her child. These questions do not all have to be discreetly answered by each participant, every visit. However, questions that relate to each of the broad topic areas: Mealtimes, Foods, Drinks and Healthy Habits should be asked at each certification/re-certification appointment to ensure a complete WIC nutrition assessment is performed.</p> <p>Refer to the age appropriate <b>Project ReNEW Feeding Guide and accompanying Guidelines</b> for specific nutrition information.</p> <p>Some additional counseling tips/information to share with parents as appropriate based on feedback from asking these questions.</p> <ul style="list-style-type: none"> <li>▪ Toddler appetites can be erratic and vary from day to day. In order to support a healthy appetite, encourage parent to avoid ad lib beverages or snacks close to meal times. 4 oz of milk at each meal and snack, and 4 oz of juice all day is plenty.</li> <li>▪ Because toddler growth is slowing down, appetites will naturally decrease. Preschoolers have an increased appetite and interest in foods.</li> <li>▪ It's normal for amounts eaten to vary from meal to meal and day to day. Offer small portions of food and allow the child to determine how much he/she wants to eat. If child has food allergy or family history of food allergy-Counsel parent on delayed introduction of common allergenic foods (peanuts, tree nuts, shellfish, eggs, citrus and possibly wheat, corn or dairy those especially sensitive) for toddlers.</li> <li>▪ Toddlers' bowel movements have no "normal" number or schedule, individual patterns depend on what he/she eats and drinks, activity level, speed of digestion and removal of waste. Common reasons for constipation include:<br/> <b>Eating too many low-fiber foods</b> such as milk, cheese, yogurt, or peanut butter and not enough fruits, vegetables, and whole grains.<br/> <b>Toilet anxiety</b> or feeling pressured about toilet training, a child might start deliberately withholding stools. If he/she shows all the signs of straining to have a bowel movement (stiffening her body, arching her back, and getting red in the face — but nothing comes out) she may actually be trying to hold it in. Even if a child is potty-trained, not taking enough time on the toilet to completely empty her bowel can lead to a buildup of feces that causes the child to stretch and cramp. An enlarged colon can lead to larger-than-normal, difficult-to-pass stools, making your child even more reluctant to use the potty.<br/> <b>Dehydration.</b> If your toddler isn't getting enough liquids, her system will respond by absorbing more fluid from whatever she eats or drinks — and from the waste in her bowels, as well. This can result in hard, dry bowel movements that are difficult to pass.<br/> <b>Lack of activity.</b> Movement helps blood flow to your toddler's digestive system.</li> <li>▪ Refer parent who is concerned re: chronic constipation to the pediatrician.</li> <li>▪ An occasional loose stool is generally not a problem but if a toddler's bowel movements suddenly change- i.e. has increased stools and passes looser, more watery stools — the child probably has diarrhea. Preventing dehydration is key. If the child is otherwise healthy and</li> </ul> |

Other  
Not self-feeding

**11. Does your child drink any of these beverages daily or on most days? Check all that apply.**  
(Variety of selections)

**12. Does your child eat:**  
Uncooked hot dogs or deli meats  
Soft cheeses including, feta or Mexican style cheeses- queso blanco  
Undercooked, raw eggs  
None

**13. Does your child drink from the following? Check all that apply.**

getting plenty of fluids, the diarrhea will probably clear up in a couple of days. The list of possible causes for diarrhea is long. It could be caused by a viral or bacterial infection, or it might also be the result of a parasite, a course of antibiotics, or something the child ate.

- **Too much juice** (especially fruit juice containing sorbitol and high levels of fructose) or many sweetened drinks can upset a child's tummy and cause him to have loose stools. Cutting back the amount should solve the problem in a week or so. The American Academy of Pediatrics (AAP) recommends that you give your toddler no more than one small glass (4 to 6 ounces) of juice a day.
- Refer the parent to the pediatrician if the child has diarrhea and doesn't seem to be improving after 24 hours.
- Also, advise the parent to call the pediatrician if the child has diarrhea and any of the following:
  - vomiting multiple times
  - signs of dehydration: such as dry mouth and infrequent urination (less than every six hours)
  - blood in his stool or black stool
  - a high fever-103 degrees Fahrenheit (39.4 degrees Celsius) or higher
- *Dessert*—Children do not understand why dessert items come after the rest of a meal. When dessert is offered separately, dessert is viewed as something special or a “treat”. When this becomes an issue, try serving one age-appropriate dessert portion alongside the meal, so it does not become the “reward”. The child will soon learn that dessert alone will not fill them up and *parents will not give in to “hunger cries” soon after the meal.* Parents must remain consistent with regular meal and snack times. Dessert does not always mean “sweet things”. Fruit can be considered a dessert item.
- Make sure foods offered are healthy choices; avoid high sugar empty calorie foods.
- Remind parent not to struggle with child over food.
- Reassure parent that if the child does not eat everything on the plate at a meal, it's okay. Just that he/she is full.

If any of these items are checked CT-WIC auto assigns, FNS Nutrition Risk Criterion #425.3 *Feeding food that may be contaminated with harmful microorganisms.* However, assess for frequency and provide appropriate counseling. Provide current recommendations for consumption of these foods during childhood.

Reminder to review choking hazard foods:

- Whole grapes, Raisins, Nuts & Seeds, Pretzels, Spoonfuls of peanut butter, Raw carrots, other Dried fruit and Popcorn
- Hard candy, Chips, Marshmallows, hot dog (coin cut)

Encourage use of open-mouth cup rather than a spill proof or sip cup. Use this question to reinforce age appropriate anticipatory guidance, proper oral health behaviors and weaning strategies. Affirm parent for any progress made.

If Baby bottle is selected, and child is >14 months, CT-WIC will auto-assign, FNS Nutrition Risk Criterion #425.3 *Routinely Using Nursing Bottles, Cups or Pacifiers Inappropriately.* If bottle is used, but sippy cups or cups are being used inappropriately, Nutritionist must manually select #425.3 from drop down menu on Nutrition Risk Screen.

|  |  |
|--|--|
| <p>Baby bottle<br/>Sippy cup<br/>Regular cup<br/>Cup with Straw</p> <p>If your child drinks from bottle or Sippy cup, when does he/she use it?</p> <p>At bed at night or naptime? If yes, what is in it?</p> <p><b>14. How many hours a day does your child have screen time (TV, video games, computer, tablet, cell phone)?</b></p> <p>&gt;0 and &lt;1,<br/>1, 2, 3, 4, 5+ hours<br/>None or Unknown</p> | <p>This question allows you the opportunity to ask the parent about various sedentary activities and encourage age appropriate play. For additional child activity resources developed for WIC check out WIC Works Resource System Fit WIC materials at:<br/><a href="https://wicworks.fns.usda.gov/wicworks//Sharing_Center/gallery/families.html">https://wicworks.fns.usda.gov/wicworks//Sharing_Center/gallery/families.html</a></p> |
| <p><b>Food Security</b></p> <p><b>15. Does your family have enough food?</b></p> <p><b>16. Do you have access to a refrigerator and stove/hot plate?</b></p> <p>17. Do you have adequate storage (for food)?</p>   | <p>This question allows the nutritionist to gauge household food security and provide appropriate referrals. If referrals are made, document in CT-WIC, Referrals Screen.</p> <p>If No, then <b>Inadequate Storage FLAG is highlighted RED on Food Prescription Screen.</b></p>  |

WIC 200-12 Supplement to Infant and Children Certification Form- September 2015

| Cert Form # | USDA # | Certification Form Risk Criterion* | USDA Definition and Cutoff Value  | Category/ Priority Infants | Category/ Priority Children |
|-------------|--------|------------------------------------|---|----------------------------|-----------------------------|
| 1a          | 103    | <b>Underweight</b>                 | <b>Underweight (Infants and Children Birth- &lt; 24 months)</b> $\leq$ 2.3rd percentile weight-for-length based on Centers for Disease Control and Prevention (CDC) Birth to 24 months gender specific growth charts. These charts are based on 2006 World Health Organization (WHO) international growth standards. <b>(Children 2-5 years of age)</b> $\leq$ 5th percentile Body Mass Index (BMI)-for-age or based on National Center for Health Statistics (NCHS)/CDC 2000 age/gender specific growth charts.  | I                          | III                         |
| 1b          | 103    | <b>At Risk of Underweight</b>      | <b>At Risk of Underweight (Infants and Children Birth- &lt; 24 months)</b> $\geq$ 2.3rd percentile and $\leq$ 5th percentile weight-for-length based on CDC Birth to 24 months gender specific growth charts. These charts are based on 2006 World Health Organization (WHO) international growth standards. <b>(Children 2-5 years of age)</b> $>$ 5th percentile and $\leq$ 10th percentile BMI-for-age based on National Center for Health Statistics (NCHS)/CDC 2000 age/gender specific growth charts.   | I                          | III                         |
| 2           | 115    | <b>High Weight for Length</b>      | <b>High Weight- for-Length (Infants and Children Birth- &lt; 24 months)</b> $\geq$ 97.7th percentile weight-for-length based on the CDC Birth to 24 months gender specific growth charts. These charts are based on 2006 World Health Organization (WHO) international growth standards.<br><a href="http://www.cdc.gov/growthcharts/">http://www.cdc.gov/growthcharts/</a>   | I                          | III (12m-24m)               |
| 2a          | 113    | <b>Obese</b>                       | <b>Overweight (Children 2-5 years of age) Body Mass Index (BMI) <math>\geq</math> 95th percentile</b> based on NCHS/CDC, 2000 age/gender specific growth charts. <i>If recumbant length in a 2-3 year old, use weight/length <math>\geq</math> 95th percentile. Cannot be used for risk assignment, for assessment and counseling only.</i>   |                            | III                         |
| 2b          | 114    | <b>Overweight</b>                  | <b>Overweight (Children 2-5 years of age) BMI <math>\geq</math> 85th percentile and <math>&lt;</math> 95th BMI for age</b> based on NCHS/CDC, 2000 age/gender specific growth charts.   |                            | III                         |
| 2b          | 114    | <b>At Risk Of Overweight</b>       | <p>Infant <math>&lt;</math> 12 months of a biological mother (BMI <math>\geq</math> 30) at the time of conception or at any point in the first trimester. at the time of certification.<br/>                     + BMI of biological mother is based on self-reported, prepregnancy weight and height or on a measured weight and height documented by staff or other health care provider.</p> <p>Child <math>\geq</math> 12 months of a biological mother with a (BMI <math>\geq</math> 30) at the time of certification.<br/>                     + If the mother is pregnant or has had a baby within the past 6 months, use her prepregnancy weight to assess for obesity.</p> <p>Infant or a child of a biological father with a (BMI <math>&gt;</math> 30) at the time of certification. This risk assignment is based on self-reported, <b>by the father</b>, weight and height or on weight and height measurements taken by staff at the time of certification.</p> | I                          | III                         |

WIC 200-12 Supplement to Infant and Children Certification Form- September 2015

| Cert Form # | USDA # | Certification Form Risk Criterion*              | USDA Definition and Cutoff Value  | Category/ Priority Infants | Category/ Priority Children |
|-------------|--------|---|---|----------------------------|-----------------------------|
| 3a/<br>3b   | 121    | <b>Short Stature/ At Risk for Short Stature</b> | <p><b>Short stature (Infants Birth- 24 months)</b> <math>\leq</math> 2.3rd percentile length-for-age based on CDC Birth to 24 months gender specific growth charts. These charts are based on 2006 World Health Organization (WHO) international growth standards. <b>(Children 2-5 years)</b> <math>\leq</math> 5th percentile stature-for-age based on the 2000 NCHS/CDC age/gender specific growth charts.</p> <p><b>At Risk for Short Stature. (Infants Birth- 24 months)</b> <math>\geq</math> 2.3 rd percentile and <math>\leq</math> 5th percentile length for age based on CDC Birth to 24 months gender specific growth charts. These charts are based on 2006 World Health Organization (WHO) international growth standards. <b>(Children 2-5 years)</b> <math>\geq</math> 5th percentile and <math>\leq</math> 10<sup>th</sup> percentile stature- for-age based on the 2000 NCHS/CDC age/gender specific growth charts. For premature infants, adjust for gestational age until the second birthday.</p> | I                          | III                         |
| 4           | 134    | <b>Failure to thrive</b>                        | <b>** Presence of Failure to thrive diagnosed by a physician</b>  | I                          | III                         |

WIC 200-12 Supplement to Infant and Children Certification Form- September 2015

| Cert Form #                           | USDA #                                 | Certification Form Risk Criterion*                         | USDA Definition and Cutoff Value   | Category/ Priority Infants | Category/ Priority Children |  |  |  |           |           |           |          |             |         |           |           |          |             |         |           |           |          |             |         |           |         |          |            |         |           |           |          |  |         |           |          |          |  |     |                     |  |  |  |          |         |          |           |                   |           |           |           |           |           |                                       |  |   |     |   |     |    |     |       |     |   |     |
|---------------------------------------|--|--|--|----------------------------|-----------------------------|--|--|--|-----------|-----------|-----------|----------|-------------|---------|-----------|-----------|----------|-------------|---------|-----------|-----------|----------|-------------|---------|-----------|---------|----------|------------|---------|-----------|-----------|----------|--|---------|-----------|----------|----------|--|-----|---------------------|--|--|--|----------|---------|----------|-----------|-------------------|-----------|-----------|-----------|-----------|-----------|---------------------------------------|--|---|-----|---|-----|----|-----|-------|-----|---|-----|
| 5                                     | 135                                    | <b>Inadequate growth</b>                                   | <p>Inadequate growth: A low rate of weight gain as defined below and as described in Attachments 135 A and B.</p> <p>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<br/>                     B. Infants from birth to 6 months of age: Based on 2 weights taken at least 1 month apart, the infant's actual weight is less than the calculated expected monthly minimal weight gain based on the table below:</p> <table border="0"> <thead> <tr> <th>Age</th> <th colspan="4">Average weight gain</th> </tr> </thead> <tbody> <tr> <td>birth-1mo</td> <td>18 gm/day</td> <td>4 ½ oz/wk</td> <td>19 oz/mo</td> <td>1lb 3 oz/mo</td> </tr> <tr> <td>1-2 mos</td> <td>25 gm/day</td> <td>6 ¼ oz/wk</td> <td>27 oz/mo</td> <td>1lb 11oz/mo</td> </tr> <tr> <td>2-3 mos</td> <td>18 gm/day</td> <td>4 ½ oz/wk</td> <td>19 oz/mo</td> <td>1lb 3 oz/mo</td> </tr> <tr> <td>3-4 mos</td> <td>16 gm/day</td> <td>4 oz/wk</td> <td>17 oz/mo</td> <td>1lb 1oz/mo</td> </tr> <tr> <td>4-5 mos</td> <td>14 gm/day</td> <td>3 ½ oz/wk</td> <td>15 oz/mo</td> <td></td> </tr> <tr> <td>5-6 mos</td> <td>12 gm/day</td> <td>3 oz /wk</td> <td>13 oz/mo</td> <td></td> </tr> </tbody> </table> <p>C. Infants and children from 6 months to 59 months of age:</p> <p>Option I: Based on 2 weights taken at least 3 months apart, the infant or child's actual weight is less than the calculated expected weight gain based on the table below:</p> <table border="0"> <thead> <tr> <th>Age</th> <th colspan="4">Average weight gain</th> </tr> </thead> <tbody> <tr> <td>6-12 mos</td> <td>9 g/day</td> <td>2¼ oz/wk</td> <td>9 ½ oz/mo</td> <td>3 lbs 10 oz/6 mos</td> </tr> <tr> <td>12-59 mos</td> <td>2 ½ g/day</td> <td>0.6 oz/wk</td> <td>2.7 oz/mo</td> <td>1 lb/6mos</td> </tr> </tbody> </table> <p>Option II: A low rate of weight gain over a 6 month period (+ or - 2 weeks) as defined by the following chart:</p> <table border="0"> <thead> <tr> <th>Age in months at end of 6 mo interval</th> <th>Weight gain per 6mo interval in pounds</th> </tr> </thead> <tbody> <tr> <td>6</td> <td>&lt; 7</td> </tr> <tr> <td>9</td> <td>&lt; 5</td> </tr> <tr> <td>12</td> <td>&lt; 3</td> </tr> <tr> <td>18-60</td> <td>&lt; 1</td> </tr> </tbody> </table> | Age                        | Average weight gain         |  |  |  | birth-1mo | 18 gm/day | 4 ½ oz/wk | 19 oz/mo | 1lb 3 oz/mo | 1-2 mos | 25 gm/day | 6 ¼ oz/wk | 27 oz/mo | 1lb 11oz/mo | 2-3 mos | 18 gm/day | 4 ½ oz/wk | 19 oz/mo | 1lb 3 oz/mo | 3-4 mos | 16 gm/day | 4 oz/wk | 17 oz/mo | 1lb 1oz/mo | 4-5 mos | 14 gm/day | 3 ½ oz/wk | 15 oz/mo |  | 5-6 mos | 12 gm/day | 3 oz /wk | 13 oz/mo |  | Age | Average weight gain |  |  |  | 6-12 mos | 9 g/day | 2¼ oz/wk | 9 ½ oz/mo | 3 lbs 10 oz/6 mos | 12-59 mos | 2 ½ g/day | 0.6 oz/wk | 2.7 oz/mo | 1 lb/6mos | Age in months at end of 6 mo interval | Weight gain per 6mo interval in pounds | 6 | < 7 | 9 | < 5 | 12 | < 3 | 18-60 | < 1 | I | III |
| Age                                   | Average weight gain                    |  |  |                            |                             |  |  |  |           |           |           |          |             |         |           |           |          |             |         |           |           |          |             |         |           |         |          |            |         |           |           |          |  |         |           |          |          |  |     |                     |  |  |  |          |         |          |           |                   |           |           |           |           |           |                                       |  |   |     |   |     |    |     |       |     |   |     |
| birth-1mo                             | 18 gm/day                              | 4 ½ oz/wk  | 19 oz/mo   | 1lb 3 oz/mo                |                             |  |  |  |           |           |           |          |             |         |           |           |          |             |         |           |           |          |             |         |           |         |          |            |         |           |           |          |  |         |           |          |          |  |     |                     |  |  |  |          |         |          |           |                   |           |           |           |           |           |                                       |  |   |     |   |     |    |     |       |     |   |     |
| 1-2 mos                               | 25 gm/day                              | 6 ¼ oz/wk  | 27 oz/mo   | 1lb 11oz/mo                |                             |  |  |  |           |           |           |          |             |         |           |           |          |             |         |           |           |          |             |         |           |         |          |            |         |           |           |          |  |         |           |          |          |  |     |                     |  |  |  |          |         |          |           |                   |           |           |           |           |           |                                       |  |   |     |   |     |    |     |       |     |   |     |
| 2-3 mos                               | 18 gm/day                              | 4 ½ oz/wk  | 19 oz/mo   | 1lb 3 oz/mo                |                             |  |  |  |           |           |           |          |             |         |           |           |          |             |         |           |           |          |             |         |           |         |          |            |         |           |           |          |  |         |           |          |          |  |     |                     |  |  |  |          |         |          |           |                   |           |           |           |           |           |                                       |  |   |     |   |     |    |     |       |     |   |     |
| 3-4 mos                               | 16 gm/day                              | 4 oz/wk  | 17 oz/mo   | 1lb 1oz/mo                 |                             |  |  |  |           |           |           |          |             |         |           |           |          |             |         |           |           |          |             |         |           |         |          |            |         |           |           |          |  |         |           |          |          |  |     |                     |  |  |  |          |         |          |           |                   |           |           |           |           |           |                                       |  |   |     |   |     |    |     |       |     |   |     |
| 4-5 mos                               | 14 gm/day                              | 3 ½ oz/wk  | 15 oz/mo   |                            |                             |  |  |  |           |           |           |          |             |         |           |           |          |             |         |           |           |          |             |         |           |         |          |            |         |           |           |          |  |         |           |          |          |  |     |                     |  |  |  |          |         |          |           |                   |           |           |           |           |           |                                       |  |   |     |   |     |    |     |       |     |   |     |
| 5-6 mos                               | 12 gm/day                              | 3 oz /wk   | 13 oz/mo   |                            |                             |  |  |  |           |           |           |          |             |         |           |           |          |             |         |           |           |          |             |         |           |         |          |            |         |           |           |          |  |         |           |          |          |  |     |                     |  |  |  |          |         |          |           |                   |           |           |           |           |           |                                       |  |   |     |   |     |    |     |       |     |   |     |
| Age                                   | Average weight gain                    |  |  |                            |                             |  |  |  |           |           |           |          |             |         |           |           |          |             |         |           |           |          |             |         |           |         |          |            |         |           |           |          |  |         |           |          |          |  |     |                     |  |  |  |          |         |          |           |                   |           |           |           |           |           |                                       |  |   |     |   |     |    |     |       |     |   |     |
| 6-12 mos                              | 9 g/day                                | 2¼ oz/wk   | 9 ½ oz/mo  | 3 lbs 10 oz/6 mos          |                             |  |  |  |           |           |           |          |             |         |           |           |          |             |         |           |           |          |             |         |           |         |          |            |         |           |           |          |  |         |           |          |          |  |     |                     |  |  |  |          |         |          |           |                   |           |           |           |           |           |                                       |  |   |     |   |     |    |     |       |     |   |     |
| 12-59 mos                             | 2 ½ g/day                              | 0.6 oz/wk  | 2.7 oz/mo  | 1 lb/6mos                  |                             |  |  |  |           |           |           |          |             |         |           |           |          |             |         |           |           |          |             |         |           |         |          |            |         |           |           |          |  |         |           |          |          |  |     |                     |  |  |  |          |         |          |           |                   |           |           |           |           |           |                                       |  |   |     |   |     |    |     |       |     |   |     |
| Age in months at end of 6 mo interval | Weight gain per 6mo interval in pounds |  |  |                            |                             |  |  |  |           |           |           |          |             |         |           |           |          |             |         |           |           |          |             |         |           |         |          |            |         |           |           |          |  |         |           |          |          |  |     |                     |  |  |  |          |         |          |           |                   |           |           |           |           |           |                                       |  |   |     |   |     |    |     |       |     |   |     |
| 6                                     | < 7                                    |  |  |                            |                             |  |  |  |           |           |           |          |             |         |           |           |          |             |         |           |           |          |             |         |           |         |          |            |         |           |           |          |  |         |           |          |          |  |     |                     |  |  |  |          |         |          |           |                   |           |           |           |           |           |                                       |  |   |     |   |     |    |     |       |     |   |     |
| 9                                     | < 5                                    |  |  |                            |                             |  |  |  |           |           |           |          |             |         |           |           |          |             |         |           |           |          |             |         |           |         |          |            |         |           |           |          |  |         |           |          |          |  |     |                     |  |  |  |          |         |          |           |                   |           |           |           |           |           |                                       |  |   |     |   |     |    |     |       |     |   |     |
| 12                                    | < 3                                    |  |  |                            |                             |  |  |  |           |           |           |          |             |         |           |           |          |             |         |           |           |          |             |         |           |         |          |            |         |           |           |          |  |         |           |          |          |  |     |                     |  |  |  |          |         |          |           |                   |           |           |           |           |           |                                       |  |   |     |   |     |    |     |       |     |   |     |
| 18-60                                 | < 1                                    |  |  |                            |                             |  |  |  |           |           |           |          |             |         |           |           |          |             |         |           |           |          |             |         |           |         |          |            |         |           |           |          |  |         |           |          |          |  |     |                     |  |  |  |          |         |          |           |                   |           |           |           |           |           |                                       |  |   |     |   |     |    |     |       |     |   |     |
| 6                                     | 141                                    | <b>Low birth weight (&lt;5.5 pounds or &lt;2500 grams)</b> | <b>Low birth weight:</b> (<5.5 pounds or <2500 grams): For infants and children <2 years of age.   | I                          | III                         |  |  |  |           |           |           |          |             |         |           |           |          |             |         |           |           |          |             |         |           |         |          |            |         |           |           |          |  |         |           |          |          |  |     |                     |  |  |  |          |         |          |           |                   |           |           |           |           |           |                                       |  |   |     |   |     |    |     |       |     |   |     |
| 7                                     | 142                                    | <b>Prematurity: infant born at &lt;37 weeks gestation</b>  | <b>Prematurity:</b> infants and children <2 years of age born at <37 weeks gestation   | I                          | III                         |  |  |  |           |           |           |          |             |         |           |           |          |             |         |           |           |          |             |         |           |         |          |            |         |           |           |          |  |         |           |          |          |  |     |                     |  |  |  |          |         |          |           |                   |           |           |           |           |           |                                       |  |   |     |   |     |    |     |       |     |   |     |
| 8a                                    | 151                                    | <b>Small for gestational age</b>                           | <b>** Small for gestational age:</b> for infants and children <2 years of age (based on medical diagnosis)   | I                          | III                         |  |  |  |           |           |           |          |             |         |           |           |          |             |         |           |           |          |             |         |           |         |          |            |         |           |           |          |  |         |           |          |          |  |     |                     |  |  |  |          |         |          |           |                   |           |           |           |           |           |                                       |  |   |     |   |     |    |     |       |     |   |     |



WIC 200-12 Supplement to Infant and Children Certification Form- September 2015

| Cert Form # | USDA # | Certification Form Risk Criterion*                              | USDA Definition and Cutoff Value  | Category/ Priority Infants | Category/ Priority Children |
|-------------|--------|---|---|----------------------------|-----------------------------|
| 8b          | 153    | <b>Large for gestational age</b>                                | ** Large for gestational age: birth weight >9 pounds (> 4000g)  | I                          |                             |
| 9           | 152    | <b>Low Head Circumference</b>                                   | <b>Low head circumference. (Infant and Children Birth-24 months)</b> ≤2.3rd percentile head circumference-for-age. based on Centers for Disease Control and Prevention (CDC) Birth to 24 months gender specific growth charts. These charts are based on 2006 World Health Organization (WHO) international growth standards. For premature infants, adjust for gestational age until the second birthday.  | I                          | III (12m-24 m)              |
| 10          | 201    | <b>Anemia</b>   | As stated on the certification form. Hemoglobin or hematocrit concentration below the 95% confidence interval (i.e. below .025 percentile) for healthy, well nourished individuals of the same age and sex. Cut off value is the current published guidance from Centers for Disease Control and Prevention (CDC).  | I                          | III                         |
| 11          | 211    | <b>Elevated blood lead level</b>                                | Elevated blood lead level: >5ug/dl within the past 12 months. Cut off value is the current published guidance from Centers for Disease Control and Prevention (CDC).  | I                          | III                         |
| 12          | 341    | <b>Nutrient deficiency disease</b>                              | Diagnosis of nutritional deficiencies or a disease caused by insufficient dietary intake of macro and micronutrients. Diseases including but not limited to: Protein Energy Malnutrition (PEM), Scurvy, Rickets, Beri-Beri, Hypocalcemia, Ostomalacia, Vit K Deficiency, Pellagra, Cheilosis, Menkes disease and Xerophthalmia.   | I                          | III                         |
| 13          | 342    | <b>Gastrointestinal disorder(s)</b>                             | Disease(s) or condition(s) that interfere with the intake or absorption of nutrients. The conditions include but are not limited to: stomach or intestinal disorders, small bowel enterocolitis and syndrome, malabsorption syndromes, inflammatory bowel disease, including ulcerative colitis or Crohn's disease, liver disease, pancreatitis, gallbladder disease and gastroesophageal reflux (GERD).  | I                          | III                         |
| 14          | 349    | <b>Nutritionally significant genetic or congenital disorder</b> | <b>Genetic or congenital disorder.</b> 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) and muscular dystrophy.  | I                          | III                         |
| 14          | 351    | <b>Inborn errors of metabolism.</b>                             | <b>Inborn errors of metabolism.</b> Generally refers to gene mutations or gene deletions that alter metabolism in the body, including but not limited to: phenylketonuria, (PKU), maple syrup urine disease, galactosemia, hyperlipoproteinemia, homocystinuria, tyrosinemia, histidinemia, urea cycle disorders, glutaric aciduria, methylmalonic acidemia, glycogen storage disease, galactokinase deficiency, fructoaldolase deficiency, propionic acidemia, hypermethionemia, and medium-chain acyl-CoA dehydrogenase (MCAD). | I                          | III                         |

## WIC 200-12 Supplement to Infant and Children Certification Form- September 2015

| Cert Form # | USDA # | Certification Form Risk Criterion*          | USDA Definition and Cutoff Value   | Category/ Priority Infants | Category/ Priority Children |
|-------------|--------|---|--|----------------------------|-----------------------------|
| 15          | 352    | <b>Nutrition related infectious disease</b> | <b>Infectious Disease.</b> A disease caused by growth of pathogenic microorganisms that affect nutritional status. Includes but not limited to: tuberculosis, pneumonia, meningitis, parasitic infections, hepatitis, bronchiolitis (3 episodes in 6 mos), HIV (Human Immunodeficiency Virus) infection, AIDS (Acquired Immunodeficiency Syndrome). The infectious disease must be present within the past 6 months.   | I                          | III                         |
| 16          | 343    | <b>Diabetes mellitus</b>                    | Diagnosis of <b>Diabetes mellitus</b>  | I                          | III                         |
| 16          | 344    | <b>Thyroid disorders</b>                    | <b>Thyroid disorders. Hypothyroidism (insufficient levels of thyroid hormone produced or defect in receptor) or hyperthyroidism (high levels of thyroid hormone secreted). Congenital Hyperthyroidism, Congenital Hypothyroidism, Postpartum Thyroiditis.</b>  | I                          | III                         |
| 16          | 345    | <b>Hypertension and Prehypertension</b>     | <b>Hypertension (chronic) and Prehypertension.</b>   | I                          | III                         |
| 16          | 346    | <b>Renal disease</b>                        | Any <b>renal disease</b> including pyelonephritis, persistent proteinuria but excluding urinary tract infections (UTI) involving the bladder.  | I                          | III                         |
| 16          | 347    | <b>Cancer</b>                               | <b>Cancer.</b> 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.   | I                          | III                         |
| 16          | 356    | <b>Hypoglycemia</b>                         | Diagnosis of <b>Hypoglycemia.</b>  | I                          | III                         |
| 16          | 354    | <b>Celiac disease</b>                       | <b>Celiac disease.</b> 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 food. (1). CD is also known as Celiac Sprue, Gluten Enteropathy, Non tropical Sprue. <i>See revised RISC write-up for updated justification, addition of Implications for WIC Nutrition Services section and updated references.</i>   | I                          | III                         |
| 16          | 355    | <b>Lactose Intolerance</b>                  | <b>Lactose intolerance</b> is the syndrome of one or more of the following: diarrhea, abdominal pain, flatulence, and/or bloating, that occurs after lactose ingestion when there is insufficient production of the enzyme lactase to digest lactose. If not diagnosed by a physician, the symptoms must be well documented by the competent professional authority. Documentation should indicate the cause to be dairy products and the avoidance of dairy products eliminates symptoms. <i>See revised RISC write-up for updated justification, addition of Implications for WIC Nutrition Services section and updated references.</i> | I                          | III                         |
| 17          | 353    | <b>Food Allergies</b>                       | <b>Food allergies.</b> An adverse immune response to a food or a hypersensitivity that causes adverse immunologic reaction. <i>See revised RISC write-up for updated justification, addition of Implications for WIC Nutrition Services section and updated references.</i>  | I                          | III                         |

WIC 200-12 Supplement to Infant and Children Certification Form- September 2015

| Cert Form # | USDA # | Certification Form Risk Criterion*  | USDA Definition and Cutoff Value  | Category/ Priority Infants | Category/ Priority Children |
|-------------|--------|---|---|----------------------------|-----------------------------|
| 18          | 348    | <b>CNS disorders</b>  | <b>Central nervous system disorders.</b> Conditions that affect energy requirements and may affect the individual's ability to feed self; that alter nutritional status metabolically, mechanically, or both. Includes but is not limited to: epilepsy, cerebral palsy (CP), neural tube defects (NTD) such as: spina bifida or myelomeningocele, Parkinson's disease, and multiple sclerosis (MS).   | I                          | III                         |
| 18          | 357    | <b>Drug Nutrient Interactions</b>   | <b>Drug nutrient interaction.</b> 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.  | I                          | III                         |
| 18          | 358    | <b>Eating disorders</b>   | <b>Eating disorders.</b> Anorexia nervosa, 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, alternate patterns of starvation; use of drugs such as appetite suppressants, thyroid preparations or diuretics; self-induced marked weight loss.  | I                          | III                         |
| 18          | 359    | <b>Recent Major Surgery, Trauma, Burns</b>  | <b>Recent major surgery, trauma, burns</b> (including C-sections) severe enough to compromise nutritional status. Any occurrence: Within past ( $\leq 2$ ) months may be self reported. More than two ( $>2$ ) months must have the continued need for nutritional support diagnosed by a physician or a health care provider working under the orders of a physician.  | I                          | III                         |
| 18          | 360    | <b>Other nutrition related medical conditions</b>   | <b>Other medical conditions.</b> Diseases or conditions with nutritional implications 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. Including: juvenile rheumatoid arthritis (JRA), lupus erythematosus, cardiorespiratory diseases, heart disease, cystic fibrosis, persistent asthma (moderate or severe) requiring daily medication.   | I                          | III                         |
| 18          | 361    | <b>Depression</b>   | Presence of clinical <b>depression.</b> May also be diagnosed by a psychologist.  | I                          | III                         |
| 18          | 362    | <b>Developmental delays, sensory or motor delays interfering with the ability to eat.</b> | <b>Developmental delays, sensory or motor delays interfering with the ability to eat.</b> 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 developmental delays; birth injury; head trauma; brain damage; other disabilities.  | I                          | III                         |
| 19          | 381    | <b>Oral Health Conditions</b>   | <b>Oral Health Conditions.</b> Must be diagnosed by a physician or health care provider working under the orders of a physician or by adequate documentation by the CPA.<br><br>Dental caries, often referred to as "cavities" or "tooth decay". Periodontal diseases, which are infections that affect the tissues and bone that support the teeth. Classified by severity- major stages are gingivitis and periodontitis. For more information can be found at: <a href="https://www.perio.org/consumer/types-gum-disease.html">https://www.perio.org/consumer/types-gum-disease.html</a> . Tooth loss, and/or ineffectively replaced teeth or oral infections which impair the ability to ingest food in adequate quantity or quality. | I                          | III                         |

WIC 200-12 Supplement to Infant and Children Certification Form- September 2015

| Cert Form # | USDA # | Certification Form Risk Criterion*  | USDA Definition and Cutoff Value  | Category/ Priority Infants | Category/ Priority Children |
|-------------|--------|---|---|----------------------------|-----------------------------|
| 20          | 382    | <b>Fetal Alcohol Syndrome</b>   | Fetal Alcohol Syndrome (FAS) is based on the presence of retardard growth, a pattern of facial abnormalities, abnormalities of the central nervous system, including mental retardation.  | I                          | III                         |
| 21          | 703    | <b>Infant born to a woman with mental retardation</b>   | Infant born to a woman with mental retardation diagnosed by a physician or licensed psychologist.   | I                          |                             |
| 22          | 703    | <b>Infant born to a woman who abused drugs or alcohol during most recent pregnancy</b>  | Infant born to a woman with documentation or self report of any use of alcohol or illegal drug during most recent pregnancy.  | I                          |                             |
| 23          | 603    | <b>Breastfeeding complications or potential complications</b>   | <b>Breastfeeding complications or potential complications.</b> A breastfed infant with any of the following complications of breastfeeding:<br>a. jaundice; b. waek or ineffective suck; c. difficulty latching to mother's breast;<br>d. inadequate stooling for age (as determined by a physican or other health care provider.) and/or < 6 wet diapers per day.  | I,II, IV                   |                             |
| 24          | 702    | <b>Breastfeeding infant of a mother at nutritional risk</b>   | <b>Breastfeeding infant of a mother at nutritional risk. Infant and mother must be at the same priortiy level.</b>  |                            |                             |
|             | 411    | <b>Dietary risks- Inappropriate nutrition practices for infants.</b>  | <b>The conditions or behaviors below fall under dietary risk factors and should be specifed on the certification form.</b>  | IV                         |                             |
| 25          | 411.1  | <b>Routinely using a substitute(s) for breastmilk or for FDA approved iron-fortified infant formula as the primary nutritient source during the first year of life.</b> | <b>Examples of substitutes:</b> Cow's, goat's or sheep's milk (whole, reduced-fat, low-fat or skim), canned or sweetened condensed milk; and imitation substitute milk (such as rice- or soy-based beverages, non-dairy creamer), or other "homemade concoctions"   | IV                         |                             |
| 25          | 411.2  | <b>Routinely using nursing bottles or cups improperly.</b>  | Examples include: Using a bottle to feed fruit juice; Feeding any sugar-containing fluids, such as soda/soft drinks, gelatin water, corn syrup solutions, 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. | IV                         |                             |

WIC 200-12 Supplement to Infant and Children Certification Form- September 2015

| Cert Form # | USDA # | Certification Form Risk Criterion*  | USDA Definition and Cutoff Value  | Category/ Priority Infants | Category/ Priority Children |
|-------------|--------|---|---|----------------------------|-----------------------------|
| 25          | 411.3  | <b>Routinely offering complementary foods* or other substances that are inappropriate in type or timing.</b><br><i>*Complementary foods are any foods or beverages other than breast milk or infant formula</i> | 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; and Any food other than breast milk or iron-fortified infant formula before 4 months of age.  | IV                         |                             |
| 25          | 411.4  | <b>Routinely using feeding practices that disregard the developmental needs or stage of the infant</b>  | Examples include: 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 primarily pureed or liquid foods when the infant is ready and capable of eating mashed, chopped or appropriate finger foods). | IV                         |                             |
| 25          | 411.5  | <b>Feeding foods to an infant that could be contaminated with harmful microorganisms or toxins.</b>   | 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); and Deli meats, hot dogs, and processed meats (avoid unless heated until steaming hot).  | IV                         |                             |
| 25          | 411.6  | <b>Routinely feeding inappropriately diluted formula</b>  | Examples include: Failure to follow manufacturer's dilution instructions (to include stretching formula for household economic reasons) Failure to follow specific instructions accompanying a prescription.  | IV                         |                             |
| 25          | 411.7  | <b>Routinely limiting the frequency of nursing of the exclusively breastfed infant when breast milk is the sole source of nutrients.</b>  | 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; and Less than 6 feedings in 24 hours if between 2 and 6 months of age.  | IV                         |                             |
| 25          | 411.8  | <b>Routinely feeding a diet very low in calories and/or essential nutrients.</b>  | Examples: Vegan diet; Macrobiotic diet; and Other diets very low in calories and/or essential nutrients   | IV                         |                             |

| Cert Form # | USDA # | Certification Form Risk Criterion*   | USDA Definition and Cutoff Value  | Category/ Priority Infants | Category/ Priority Children |
|-------------|--------|--|---|----------------------------|-----------------------------|
| 25          | 411.9  | <b>Routinely using inappropriate sanitation in preparation, handling, and storage of expressed human milk or formula</b>   | <p>Examples of inappropriate sanitation: Limited or no access to: Safe water supply (documented by appropriate officials), Heat source for sterilization, and/or Refrigerator or freezer for storage. Failures to properly prepare, handle, and store bottles, storage containers or breast pumps properly; expressed breast milk or formula. <b>Human Milk-</b> Thawing in a microwave, Refreezing, Adding freshly expressed unrefrigerated human milk to frozen human milk, Adding refrigerated human milk to frozen milk in an amount that is greater than the amount of frozen milk. Feeding thawed human milk more than 24 hours after it was thawed, Saving human milk from a bottle used for another feeding, Failure to clean breast pump per manufacturer's instruction.</p> <p><b>Formula-</b> Storing at room temperature for more than 1 hour. Failure to store prepared formula per manufacturer's instruction, 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 bottles properly.</p> <p><b>Published guidelines on the handling and storage of infant formula indicate that it is unsafe to feed an infant prepared formula which, for example: has been held at room temperature longer than 1 hour or longer than recommended by the manufacturer; has been held in the refrigerator longer than recommended by the manufacturer; remains in a bottle one hour after the start of feeding; and/or remains in a bottle from an earlier feeding, is fed using improperly cleaned bottles. (1, 9, 20). See WIC Works Resource system for detailed explanation of how to discuss appropriate human milk storage guidelines with participants.</b></p> <p><b>For purposes of WIC Eligibility Determination, there is not a clear cut-off value to determine unsafe refrigeration limits due to lack of consensus among leading organizations.</b></p> | IV                         |                             |
| 25 B4       | 411.10 | <b>Feeding dietary supplements with potentially harmful consequences</b>   | <p>Example of dietary supplements, which when fed in excess of recommended dosage, may be toxic or have harmful consequences: Single or multi-vitamins; Mineral supplements; and Herbal or Botanical supplements/remedies/teas.</p>   | IV                         |                             |
| 25          | 411.11 | <b>Routinely not providing dietary supplements recognized as essential by national public health policy when an infant's diet alone cannot meet nutrient requirements.</b> | <p>Examples include: 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;</p> <p>Further, to prevent rickets and vitamin D deficiency in healthy infants and children, the AAP recommends a supplement of 400 IU per day for the following</p> <ol style="list-style-type: none"> <li>1. All breastfed and partially breastfed infants unless they are weaned to at least 1 liter (or 1 quart) per day of vitamin D-fortified formula.</li> <li>2. All nonbreastfed infants who are ingesting less than 1 liter (or 1 quart) per day of vitamin D-fortified formula.</li> </ol>  | IV                         |                             |
| 25          | 428    | <b>Dietary risks associated with complementary feeding</b>   | <p>Use this as the only NRC if no other NRC can be identified. Complete NA must be done first and the participant must be screened for NRC #411 before assigning this risk. The reason regarding specific issues for risk must be noted in the chart and addressed in education provided to the parent/guardian. An infant is at risk of inappropriate complementary feeding practices if they have begun or are about to:</p> <ul style="list-style-type: none"> <li>-Consume complementary foods and beverages</li> <li>-Eat independently</li> <li>-Wean from breast milk or infant formula</li> </ul>   | IV<br>4-12m                |                             |

WIC 200-12 Supplement to Infant and Children Certification Form- September 2015

| Cert Form # | USDA # | Certification Form Risk Criterion*   | USDA Definition and Cutoff Value  | Category/ Priority Infants | Category/ Priority Children |
|-------------|--------|--|---|----------------------------|-----------------------------|
| 25          | 401    | <b>Failure to meet USDA/DHHS Dietary Guidelines (DG) For Americans.</b>                                | <b>Applies to children <math>\geq</math> 2 years of age.</b> This is an assumption of not meeting DG when no other NRC has been identified. Complete NA must be done first and must screen out dietary NRC # 425 before assigning this risk. The Food Guide Pyramid was the Dietary Guidelines (DG) icon at the time the 2002 IOM Committee on Dietary Risk Assessment in the WIC Program report. The DG icon changed to MyPlate in 2011. Although the icon has changed, the Findings and the Supporting Research are still applicable to this criterion. <i>See revised RISC write-up for updated justification, addition of Implications for WIC Nutrition Services section, updated references and Clarification section for more information.</i>   |                            | V<br>$\geq$ 2 yrs           |
|             | 425    | <b>Dietary risks- Inappropriate nutrition practices for children.</b>                                  | The conditions or behaviors below fall under dietary risk factors and should be specified on the certification form.  |                            |                             |
| 25          | 425.1  | <b>Routinely feeding inappropriate beverages as the primary milk source.</b>                           | 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; and Imitation or substitute milks (such as inadequately or unfortified rice- or soy-based beverages, non-dairy creamer), or other "homemade concoctions."  |                            | V                           |
| 25          | 425.2  | <b>Routinely feeding a child any sugar-containing fluids.</b>  | Examples of sugar-containing fluids: Soda/soft drinks; Gelatin water, Corn syrup solutions and Sweetened tea.   |                            | V                           |
| 25          | 425.3  | <b>Routinely using nursing bottles, cups, or pacifiers improperly.</b>                                 | Using a bottle to feed:<br>-Fruit juice, or<br>-Diluted cereal or other solid foods.<br><br>Allowing the child to fall asleep or be put to bed with a bottle at naps or bedtime.<br>Allowing the child to use the bottle without restriction (e.g., walking around with a bottle) or as a pacifier.<br>Using a bottle for feeding or drinking beyond 14 months of age.<br>Using a pacifier dipped in sweet agents such as sugar, honey, or syrups.<br>Allowing a child to carry around and drink throughout the day from a covered or training cup.   |                            | V                           |
| 25          | 425.4  | <b>Routinely using feeding practices that disregard the developmental needs or stages of the child</b> | Examples include: 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);<br>Feeding foods of inappropriate consistency, size, or shape that put children at risk of choking;<br>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);<br>Feeding a child food with an 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). |                            | V                           |
| 25          | 425.5  | <b>Feeding foods to a child that could be contaminated with harmful microorganisms</b>                 | Unpasteurized fruit or vegetable juice; Unpasteurized dairy products or soft cheeses such as feta, Brie, Camembert, blue-veined and Mexican-style cheese (queso blanco); Raw or undercooked meat, fish or poultry or eggs; Raw vegetable sprouts (alfalfa, clover, bean and radish); Hot dogs, luncheon meats (deli meats/cold cuts) or unless reheated until steaming hot.   |                            | V                           |

WIC 200-12 Supplement to Infant and Children Certification Form- September 2015

| Cert Form # | USDA # | Certification Form Risk Criterion*  | USDA Definition and Cutoff Value  | Category/ Priority Infants | Category/ Priority Children |
|-------------|--------|---|---|----------------------------|-----------------------------|
| 25          | 425.6  | <b>Routinely feeding a diet very low in calories and/or essential nutrients</b>   | Examples: Vegan diet; Macrobiotic diet; and Other diets very low in calories and/or essential nutrients.  |                            | V                           |
| 25          | 425.7  | <b>Feeding dietary supplements with potentially harmful consequences.</b>   | Example of dietary supplements, which when fed in excess of recommended dosage, may be toxic or have harmful consequences: Single or multi-vitamins; Mineral supplements; and Herbal or Botanical supplements/remedies/teas.  |                            | V                           |
| 25          | 425.8  | <b>Routinely not providing dietary supplements recognized as essential by national public health policy when a child's diet alone cannot meet nutrient requirements</b> | Examples include: 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.   |                            | V                           |
| 25          | 425.9  | <b>Compulsively ingesting non-food items (pica)</b>   | Examples of inappropriate nonfood items: Ashes; Carpet fibers; Cigarettes or cigarette butts; Clay; Dust; Foam rubber; Paint chips; Soil; and Starch (laundry and cornstarch).  |                            | V                           |
| 25          | 428    | <b>Dietary risks associated with complementary feeding</b>  | Use this as the only NRC if no other NRC can be identified. Complete NA must be done first and the participant must be screened for NRC #411 before assigning this risk. The reason regarding specific issues for risk must be noted in the chart and addressed in education provided to the parent/guardian. An infant is at risk of inappropriate complementary feeding practices if they have begun or are about to:<br>-Consume complementary foods and beverages<br>-Eat independently<br>-Wean from breast milk or infant formula<br>-Transition from a diet based on infant/toddler foods to one based on the DGAs |                            | V<br>12m-23m                |
| 26          | 701    | <b>Infant (0-6 months) of a WIC mother or of a woman who would have been eligible during pregnancy</b>  | <b>Infant up to 6 months old of a WIC mother or of a woman who would have been WIC eligible during pregnancy.</b><br>An infant <6 months of age whose mother was a WIC participant during pregnancy; or whose mother's medical records document that she was at nutritional risk during pregnancy, because of abnormal or detrimental nutritional conditions detectable by biochemical or anthropometric measurements; or other nutritionally related medical conditions.   | II                         |                             |
| 27          | 501    | <b>Possible regression in the nutritional status if removed from the program</b>  | <b>Possibility of Regression.</b> 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. Possible regression may not be used twice consecutively and may not be used to recertify a Priority II infant. Assign to previous priority or its equivalent in a new category.   | I or IV                    | III or V                    |



WIC 200-12 Supplement to Infant and Children Certification Form- September 2015

| Cert Form # | USDA # | Certification Form Risk Criterion*  | USDA Definition and Cutoff Value  | Category/ Priority Infants | Category/ Priority Children |
|-------------|--------|---|---|----------------------------|-----------------------------|
| 28          | 801    | <b>Homelessness or Migrancy</b>   | <b>Homelessness.</b> An infant or child who lacks a fixed and regular nighttime residence; or whose residence is: a shelter providing temporary living; 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 as a sleeping place for human beings.  | IV                         | V                           |
| 28          | 802    | <b>Homelessness or Migrancy</b>   | <b>Migrancy.</b> 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.  | IV                         | V                           |
| 30          | 901    | <b>Other nutritional risks</b>  | <b>Recipient of abuse.</b> Child abuse or neglect within the last 6 months as self reported or as documented by a social worker or on other appropriate documents, or as reported through consultation with a social worker, health care provider or other appropriate personnel. Child abuse or 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 caregiver.   | IV                         | V                           |
| 30          | 902    | <b>Other nutritional risks</b>  | <b>Infant or child of primary caregiver with limited ability to make feeding decisions and/or prepare food.</b> Infant or 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 or have a mental illness such as depression (diagnosed by a physician or a psychologist); physically disabled to a degree which restricts or limits food preparation; or currently using or having a history of abusing alcohol or other drugs.             | IV                         | V                           |
| 29          | 903    | <b>Entering or moving within the foster care system during the previous six months.</b> | <b>Foster care.</b> Entering or moving within the foster care system during the previous 6 months; or moving from multiple foster care homes within the previous 6 months.  | IV                         | V                           |
| 30          | 904    | <b>Environmental Tobacco Smoke Exposure (ETS).</b>                                      | <b>Environmental Tobacco Smoke Exposure (ETS).</b> ETS exposure is defined for WIC eligibility purposes as exposure to smoke from tobacco products inside the home. In a comprehensive scientific report, the Surgeon General concluded that there is no risk-free level of exposure to secondhand smoke. However, for the purposes of risk identification in WIC, the definition used is based on the CDC Pediatric Nutrition Surveillance System (PedNSS) and the Pregnancy Nutrition Surveillance System (PNSS) questions to determine ETS exposure. Also known as passive, second or involuntary smoke. | I                          | III                         |

WIC 200-12 Supplement to Women Certification Form Revised December 2015

| Cert Form#   | USDA #                               | Certification form Risk Criterion                             | USDA Definition and Cutoff Value   | Category/<br>Priority<br>Pregnant                  | Category/<br>Priority<br>Breastfeeding | Category/<br>Priority<br>Postpartum |       |                            |       |                         |       |            |       |   |  |  |
|--|--------------------------------------|---|--|--|--|-------------------------------------|-------|----------------------------|-------|-------------------------|-------|------------|-------|---|--|--|
| 1  | 101                                  | <b>Pre-pregnancy or postpartum underweight (BMI &lt;18.5)</b> | Pre-pregnancy or current postpartum Body Mass Index (BMI) <18.5.   | I  | I                                      | VI                                  |       |                            |       |                         |       |            |       |   |  |  |
| 2  | 111                                  | <b>Pre-pregnancy or postpartum overweight (BMI ≥25)</b>       | Pre-pregnancy or current post partum Body Mass Index (BMI) of ≥25. Note: Breastfeeding and Postpartum Women less than 6 Months Postpartum risk is based on pre-pregnancy BMI.  | I  | I                                      | VI                                  |       |                            |       |                         |       |            |       |   |  |  |
| 3  | 131                                  | <b>Low maternal weight gain</b>                               | <p>Defined as:</p> <p>1. A low rate of gain such that in the 2nd and 3rd trimesters, for singleton pregnancies:</p> <ul style="list-style-type: none"> <li>-Underweight women gain less than 1 pound per week;</li> <li>-Normal weight women gain less than .8 pounds per week;</li> <li>-Overweight women gain less than .5 pounds per week and;</li> <li>-Obese women gain less than .4 pounds per week.</li> </ul> <p>2. Low weight gain at any point in pregnancy, such that using an IOM 2009 based weight gain grid, a pregnant woman's weight status plots at any point beneath the bottom line of the appropriate weight range for her respective prepregnancy weight category:</p> <table border="0" style="width: 100%;"> <thead> <tr> <th style="text-align: left;"><b>Prepregnancy Weight Groups Definition (BMI)</b></th> <th style="text-align: left;"><b>Total Weight Gain Range (lbs)</b></th> </tr> </thead> <tbody> <tr> <td>Underweight &lt;18.5</td> <td>28-40</td> </tr> <tr> <td>Normal Weight 18.5 to 24.9</td> <td>25-35</td> </tr> <tr> <td>Overweight 25.0 to 29.9</td> <td>15-25</td> </tr> <tr> <td>Obese 30.0</td> <td>11-20</td> </tr> </tbody> </table> | <b>Prepregnancy Weight Groups Definition (BMI)</b> | <b>Total Weight Gain Range (lbs)</b>   | Underweight <18.5                   | 28-40 | Normal Weight 18.5 to 24.9 | 25-35 | Overweight 25.0 to 29.9 | 15-25 | Obese 30.0 | 11-20 | I |  |  |
| <b>Prepregnancy Weight Groups Definition (BMI)</b> | <b>Total Weight Gain Range (lbs)</b> |   |  |  |  |                                     |       |                            |       |                         |       |            |       |   |  |  |
| Underweight <18.5                                  | 28-40                                |   |  |  |  |                                     |       |                            |       |                         |       |            |       |   |  |  |
| Normal Weight 18.5 to 24.9                         | 25-35                                |   |  |  |  |                                     |       |                            |       |                         |       |            |       |   |  |  |
| Overweight 25.0 to 29.9                            | 15-25                                |   |  |  |  |                                     |       |                            |       |                         |       |            |       |   |  |  |
| Obese 30.0   | 11-20                                |   |  |  |  |                                     |       |                            |       |                         |       |            |       |   |  |  |
| 3  | 132                                  | <b>Maternal weight loss</b>                                   | Maternal weight loss during pregnancy. Any weight loss below pre-gravid weight during 1st trimester or: weight loss of ≥2 pounds (≥ 1kg) in the 2nd or 3rd trimesters (14-40 weeks gestation)  | I  |  |                                     |       |                            |       |                         |       |            |       |   |  |  |

WIC 200-12 Supplement to Women Certification Form Revised December 2015

| Cert Form#   | USDA #                     | Certification form Risk Criterion   | USDA Definition and Cutoff Value  | Category/<br>Priority<br>Pregnant                  | Category/<br>Priority<br>Breastfeeding | Category/<br>Priority<br>Postpartum |      |                            |      |                         |      |            |      |   |   |    |
|--|----------------------------|-------------------------------------|---|--|--|-------------------------------------|------|----------------------------|------|-------------------------|------|------------|------|---|---|----|
| 4  | 133                        | <b>High maternal weight gain</b>    | <p>Defined as:</p> <p>1. A high rate of gain such that in the 2nd and 3rd trimesters, for singleton pregnancies:<br/>                     * Underweight women gain more than 1.3 pounds per week;<br/>                     * Normal weight women gain more than 1 pound per week;<br/>                     * Overweight women gain more than .7 pounds per week and;<br/>                     * Obese women gain more than .6 pounds per week.</p> <p>2. High weight gain at any point in pregnancy, such that using an IOM 2009 based weight gain grid, a pregnant woman's weight plots at any point above the top line of the appropriate weight range for her respective prepregnancy weight category:</p> <table border="0"> <tr> <td><b>Prepregnancy Weight Groups Definition (BMI)</b></td> <td><b>Cut-off value (lbs)</b></td> </tr> <tr> <td>Underweight &lt;18.5</td> <td>&gt; 40</td> </tr> <tr> <td>Normal Weight 18.5 to 24.9</td> <td>&gt; 35</td> </tr> <tr> <td>Overweight 25.0 to 29.9</td> <td>&gt; 25</td> </tr> <tr> <td>Obese 30.0</td> <td>&gt; 20</td> </tr> </table> <p>Breastfeeding or Non-Breastfeeding Women (<b>most recent pregnancy only</b>): total gestational weight gain exceeding the upper limit of the IOM's recommended range based on Body Mass Index (BMI) for singleton pregnancies (see above).</p> | <b>Prepregnancy Weight Groups Definition (BMI)</b> | <b>Cut-off value (lbs)</b>             | Underweight <18.5                   | > 40 | Normal Weight 18.5 to 24.9 | > 35 | Overweight 25.0 to 29.9 | > 25 | Obese 30.0 | > 20 | I | I | VI |
| <b>Prepregnancy Weight Groups Definition (BMI)</b> | <b>Cut-off value (lbs)</b> |                                     |   |  |  |                                     |      |                            |      |                         |      |            |      |   |   |    |
| Underweight <18.5                                  | > 40                       |                                     |   |  |  |                                     |      |                            |      |                         |      |            |      |   |   |    |
| Normal Weight 18.5 to 24.9                         | > 35                       |                                     |   |  |  |                                     |      |                            |      |                         |      |            |      |   |   |    |
| Overweight 25.0 to 29.9                            | > 25                       |                                     |   |  |  |                                     |      |                            |      |                         |      |            |      |   |   |    |
| Obese 30.0   | > 20                       |                                     |   |  |  |                                     |      |                            |      |                         |      |            |      |   |   |    |
| 5  | 201                        | <b>Anemia</b>                       | As stated on the certification form. Hemoglobin or hematocrit concentration below the 95% confidence interval (i.e. below .025 percentile) for healthy, well nourished individuals of the same age and stage of pregnancy.  | I  | I                                      | VI                                  |      |                            |      |                         |      |            |      |   |   |    |
| 6  | 211                        | <b>Elevated blood lead level</b>    | Elevated blood lead level: >10ug/dl within the past 12 months. Cut off value is the current published guidance from Centers for Disease Control and Prevention (CDC).   | I  | I                                      | VI                                  |      |                            |      |                         |      |            |      |   |   |    |
| 7  | 341                        | <b>Nutrient deficiency disease</b>  | Diagnosis of nutritional deficiencies or a disease caused by insufficient dietary intake of macro and micronutrients. Diseases including but not limited to: Protein Energy Malnutrition (PEM), Scurvy, Rickets, Beri-Beri, Hypocalcemia, Ostomalacia, Vit K Deficiency, Pellagra, Cheilosis, Menkes disease and Xerophthalmia.   | I  | I                                      | IV                                  |      |                            |      |                         |      |            |      |   |   |    |
| 8  | 342                        | <b>Gastrointestinal disorder(s)</b> | **Disease(s) or condition(s) that interfere with the intake or absorption of nutrients. The conditions include but are not limited to: stomach or intestinal disorders, small bowel enterocolitis and syndrome, malabsorption syndromes, inflammatory bowel disease, including ulcerative colitis or Crohn's disease, liver disease, pancreatitis, gallbladder disease and gastroesophageal reflux (GERD) and post-bariatric surgery.   | I  | I                                      | IV                                  |      |                            |      |                         |      |            |      |   |   |    |

WIC 200-12 Supplement to Women Certification Form Revised December 2015

| Cert Form# | USDA # | Certification form Risk Criterion                               | USDA Definition and Cutoff Value   | Category/<br>Priority<br>Pregnant | Category/<br>Priority<br>Breastfeeding | Category/<br>Priority<br>Postpartum |
|------------|--------|---|--|-----------------------------------|--|-------------------------------------|
| 9          | 349    | <b>Nutritionally significant genetic or congenital disorder</b> | <b>**Genetic or congenital disorder:</b> 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) and muscular dystrophy.   | I                                 | I                                      | IV                                  |
| 9          | 351    | <b>Nutritionally significant genetic or congenital disorder</b> | <b>**Inborn errors of metabolism.</b> Generally refers to gene mutations or gene deletions that alter metabolism in the body, including but not limited to: phenylketonuria, (PKU), maple syrup urine disease, galactosemia, hyperlipoproteinemia, homocystinuria, tyrosinemia, histidinemia, urea cycle disorders, glutaric aciduria, methylmalonic acidemia, glycogen storage disease, galactokinase deficiency, fructoaldolase deficiency, proprionic acidemia, hypermethionemia, and medium-chain acyl-CoA dehydrogenase (MCAD). | I                                 | I                                      | IV                                  |
| 10         | 352    | <b>Nutrition related infectious disease</b>                     | <b>**Infectious Disease.</b> A disease caused by growth of pathogenic microorganisms that affect nutritional status. Includes but not limited to: tuberculosis, pneumonia, meningitis, parasitic infections, hepatitis, bronchiolitis (3 episodes in 6 mos), HIV (Human Immunodeficiency Virus) infection, AIDS (Acquired Immunodeficiency Syndrome). The infectious disease must be present within the past 6 months.   | I                                 | I                                      | VI                                  |
| 11         | 343    | <b>Nutrition related non-infectious chronic disease</b>         | <b>**Diagnosis of Diabetes mellitus</b>  | I                                 | I                                      | IV                                  |
| 11         | 344    | <b>Nutrition related non-infectious chronic disease</b>         | <b>**Thyroid disorders.</b> Hypothyroidism (insufficient levels of thyroid hormone produced or defect in receptor) or hyperthyroidism (high levels of thyroid hormone secreted). Congenital Hyperthyroidism, Congenital Hypothyroidism, Postpartum Thyroiditis.  | I                                 | I                                      | IV                                  |
| 11         | 345    | <b>Nutrition related non-infectious chronic disease</b>         | <b>**Hypertension (chronic) and Prehypertension.</b> Now, includes pregnancy- induced hypertension. Use #18 for History of Preeclampsia.   | I                                 | I                                      | IV                                  |
| 11         | 346    | <b>Nutrition related non-infectious chronic disease</b>         | <b>**Any renal disease</b> Including pyelonephritis, persistent proteinuria but excluding urinary tract infections (UTI) involving the bladder.  | I                                 | I                                      | IV                                  |
| 11<br>34   | 347    | <b>Nutrition related non-infectious chronic disease</b>         | <b>**Cancer.</b> 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.   | I                                 | I                                      | IV                                  |
| 11         | 353    | <b>Nutrition related non-infectious chronic disease</b>         | <b>**Food allergies.</b> An adverse immune response to a food or a hypersensitivity that causes adverse immunologic reaction. <i>See revised RISC write-up for updated justification, addition of Implications for WIC Nutrition Services section and updated references.</i>  | I                                 | I                                      | IV                                  |

WIC 200-12 Supplement to Women Certification Form Revised December 2015

| Cert Form# | USDA # | Certification form Risk Criterion                       | USDA Definition and Cutoff Value   | Category/<br>Priority<br>Pregnant | Category/<br>Priority<br>Breastfeeding | Category/<br>Priority<br>Postpartum |
|------------|--------|---|--|-----------------------------------|--|-------------------------------------|
| 11         | 354    | <b>Nutrition related non-infectious chronic disease</b> | <b>**Celiac Disease (CD)</b> 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 food. (1). CD is also known as Celiac Sprue, Gluten Enteropathy, Non tropical Sprue. <i>See revised RISC write-up for updated justification, addition of Implications for WIC Nutrition Services section and updated references.</i>   | I                                 | I                                      | IV                                  |
| 11         | 355    | <b>Nutrition related non-infectious chronic disease</b> | <b>**Lactose intolerance</b> is the syndrome of one or more of the following: diarrhea, abdominal pain, flatulence, and/or bloating, that occurs after lactose ingestion when there is insufficient production of the enzyme lactase to digest lactose. If not diagnosed by a physician, the symptoms must be well documented by the competent professional authority. Documentation should indicate the cause to be dairy products and the avoidance of dairy products eliminates symptoms. <i>See revised RISC write-up for updated justification, addition of Implications for WIC Nutrition Services section and updated references.</i> | I                                 | I                                      | IV                                  |
| 11         | 356    | <b>Nutrition related non-infectious chronic disease</b> | <b>**Diagnosis of Hypoglycemia.</b>  | I                                 | I                                      | IV                                  |
| 12         | 348    | <b>Other nutrition related medical conditions</b>       | <b>**Central nervous system disorders.</b> Conditions that affect energy requirements and may affect the individual's ability to feed self; that alter nutritional status metabolically, mechanically, or both. Includes but is not limited to: epilepsy, cerebral palsy (CP), neural tube defects (NTD) such as: spina bifida or myelomeningocele, Parkinson's disease, and multiple sclerosis (MS).  | I                                 | I                                      | VI                                  |
| 12         | 357    | <b>Other nutrition related medical conditions</b>       | <b>Drug nutrient interaction.</b> 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.   | I                                 | I                                      | VI                                  |
| 12         | 358    | <b>Other nutrition related medical conditions</b>       | <b>**Eating disorders.</b> Anorexia nervosa, 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, alternate patterns of starvation; use of drugs such as appetite suppressants, thyroid preparations or diuretics; self-induced marked weight loss.   | I                                 | I                                      | VI                                  |
| 12         | 359    | <b>Other nutrition related medical conditions</b>       | <b>**Recent major surgery, trauma, burns</b> (including C-sections) severe enough to compromise nutritional status. Any occurrence: Within past ( $\leq 2$ ) months may be self reported. More than two ( $>2$ ) months must have the continued need for nutritional support diagnosed by a physician or a health care provider working under the orders of a physician.   | I                                 | I                                      | VI                                  |

WIC 200-12 Supplement to Women Certification Form Revised December 2015

| Cert Form# | USDA # | Certification form Risk Criterion                               | USDA Definition and Cutoff Value  | Category/<br>Priority<br>Pregnant | Category/<br>Priority<br>Breastfeeding | Category/<br>Priority<br>Postpartum |
|------------|--------|---|---|-----------------------------------|--|-------------------------------------|
| 12         | 360    | <b>Other nutrition related medical conditions</b>               | <b>**Other medical conditions.</b> Diseases or conditions with nutritional implications 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. Including: juvenile rheumatoid arthritis (JRA), lupus erythematosus, cardiorespiratory diseases, heart disease, cystic fibrosis, persistent asthma (moderate or severe) requiring daily medication.   | I                                 | I                                      | VI                                  |
| 12         | 361    | <b>Other nutrition related medical conditions</b>               | <b>**Presence of clinical depression.</b> May also be diagnosed by a psychologist.  | I                                 | I                                      | VI                                  |
| 12         | 362    | <b>Other nutrition related medical conditions</b>               | Developmental delays, sensory or motor delays 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 developmental delays; birth injury; head trauma; brain damage; other disabilities.   | I                                 | I                                      | VI                                  |
| 12         | 363    | <b>Other nutrition related medical conditions</b>               | <b>**Pre-Diabetes.</b> 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.  |                                   | I                                      | VI                                  |
| 13         | 371    | <b>Smoking by a pregnant, breastfeeding or postpartum woman</b> | <b>Maternal Smoking.</b> Any daily smoking of tobacco products.   | I                                 | I                                      | IV                                  |
| 14         | 372    | <b>Alcohol use or drug abuse</b>                                | <b>Alcohol and illegal drug use.</b> For pregnant women: Any alcohol use. Any illegal drug use. For breastfeeding and non-breastfeeding postpartum women<br><u>Routine current use</u> >2drinks/day.<br><u>Binge drinking:</u> ≥5 drinks /1 occasion/1 day in the past 30 days.<br><u>Heavy drinking:</u> ≥5 drinks on same occasion on 5 or more days in the previous 30 days.<br>Any illegal drug use.  | I                                 | I                                      | IV                                  |
| 15         | 381    | <b>Oral health conditions</b>                                   | <b>Oral Health Conditions.</b> Must be diagnosed by a physician or health care provider working under the orders of a physician or by adequate documentation by the CPA.<br><br>Dental caries, often referred to as "cavities" or "tooth decay". Periodontal diseases, which are infections that affect the tissues and bone that support the teeth. Classified by severity- major stages are gingivitis and periodontitis. For more information can be found at: <a href="https://www.perio.org/consumer/types-gum-disease.html">https://www.perio.org/consumer/types-gum-disease.html</a> . Tooth loss, and/or ineffectively replaced teeth or oral infections which impair the ability to ingest food in adequate quantity or quality. | I                                 | I                                      | VI                                  |

WIC 200-12 Supplement to Women Certification Form Revised December 2015

| Cert Form# | USDA # | Certification form Risk Criterion  | USDA Definition and Cutoff Value  | Category/<br>Priority<br>Pregnant | Category/<br>Priority<br>Breastfeeding | Category/<br>Priority<br>Postpartum |
|------------|--------|--|---|-----------------------------------|--|-------------------------------------|
| 16         | 301    | <b>Hyperemesis gravidarum</b>  | <b>**Hyperemesis gravidarum.</b> Nausea/vomiting severe enough to cause dehydration and acidosis.   | I                                 | I                                      |                                     |
| 17         | 302    | <b>Gestational Diabetes</b>  | <b>**Diagnosed presence of gestational diabetes</b>   | I                                 |  |                                     |
| 17         | 303    | <b>History of Gestational Diabetes</b>                                   | <b>**History of diagnosed gestational diabetes mellitus (GDM)</b>   | I                                 | I                                      | VI                                  |
| 18         | 304    | <b>History of Preeclampsia</b>   | <b>**History of diagnosed preeclampsia.</b> Preeclampsia is defined as pregnancy-induced hypertension (>140mm Hg systolic or 90mm Hg diastolic) with proteinuria developing usually after the twentieth week of gestation.  | I                                 | I                                      | IV                                  |
| 19         | 311    | <b>History of preterm (&lt;37 weeks gestation) delivery.</b>             | History of birth of an infant ≤37 weeks gestation. Pregnant women: Any history of preterm delivery. Breastfeeding and postpartum: Most recent pregnancy.  | I                                 | I                                      | VI                                  |
| 20         | 312    | <b>History of low birth weight (&lt;2500 gms or 5.5 pounds) delivery</b> | History of low birth weight: Birth of an infant weighing <5lbs 8oz (<2500gms)<br><u>Pregnant women:</u> any history of low birth weight;<br><u>Breastfeeding /non-breastfeeding:</u> most recent pregnancy  | I                                 | I                                      | IV                                  |
| 21         | 321    | <b>History of spontaneous abortion, fetal or neonatal death</b>          | <b>**History of spontaneous abortion, fetal or neonatal death.</b> Spontaneous abortion (SAB), the spontaneous termination of a gestation at<20 weeks gestation or<500grams; or fetal death, the spontaneous termination of a gestation at ≥ 20 weeks, or neonatal death, the death of an infant within 0-28 days of life.<br><u>Pregnant women:</u> any history of fetal or neonatal death or ≥2 spontaneous abortions;<br><u>Breastfeeding women:</u> 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;<br><u>Non-breastfeeding:</u> most recent pregnancy | I                                 | I                                      | IV                                  |
| 22         | 331    | <b>Age at conception &lt; 17 years of age</b>                            | Pregnancy at a young age: Conception ≤17 years of age.<br><b>Pregnant women:</b> current pregnancy;<br><b>Breastfeeding/ non-breastfeeding:</b> most recent pregnancy   | I                                 | I                                      | IV                                  |
| 23         | 332    | <b>Conception &lt;16 months postpartum</b>                               | Closely spaced pregnancies. Conception at <16 months postpartum or within 16 mos. After a spontaneous abortion.<br><b>Pregnant women:</b> current pregnancy;<br><b>Breastfeeding/ non-breastfeeding:</b> most recent pregnancy  | I                                 | I                                      | VI                                  |
| 24         | 333    | <b>High parity and young age</b>   | Women age < 20 years at date of conception who have had 3 or more previous pregnancies of at least 20 weeks duration, regardless of birth outcome.<br><b>Pregnant women:</b> current pregnancy;<br><b>Breastfeeding/ non-breastfeeding:</b> most recent pregnancy   | I                                 | I                                      | VI                                  |

WIC 200-12 Supplement to Women Certification Form Revised December 2015

| Cert Form#                | USDA #                           | Certification form Risk Criterion   | USDA Definition and Cutoff Value   | Category/<br>Priority<br>Pregnant | Category/<br>Priority<br>Breastfeeding | Category/<br>Priority<br>Postpartum |              |       |           |       |           |       |           |            |           |  |  |  |
|---------------------------|----------------------------------|---|--|-----------------------------------|--|-------------------------------------|--------------|-------|-----------|-------|-----------|-------|-----------|------------|-----------|--|--|--|
| 25                        | 334                              | Prenatal care beginning after the first trimester                                   | Lack of or inadequate prenatal care: Care beginning after the 1st trimester (after 13th wk) or based on an Inadequate Prenatal Care Index published in a peer reviewed article such as the one by Kessner e.g.; First prenatal visit in the third trimester (7-9 months) or:<br><br><table border="0"> <tr> <td><b>Weeks of gestation</b></td> <td><b>Number of prenatal visits</b></td> </tr> <tr> <td>14-21</td> <td>0 or unknown</td> </tr> <tr> <td>22-29</td> <td>1 or less</td> </tr> <tr> <td>30-31</td> <td>2 or less</td> </tr> <tr> <td>32-33</td> <td>3 or less</td> </tr> <tr> <td>34 or more</td> <td>4 or less</td> </tr> </table> | <b>Weeks of gestation</b>         | <b>Number of prenatal visits</b>       | 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 |  |  |  |
| <b>Weeks of gestation</b> | <b>Number of prenatal visits</b> |   |  |                                   |  |                                     |              |       |           |       |           |       |           |            |           |  |  |  |
| 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                        |   |  |                                   |  |                                     |              |       |           |       |           |       |           |            |           |  |  |  |
| 26                        | 335                              | Multifetal gestation  | More than one fetus in current pregnancy.<br><b>Breastfeeding/ non-breastfeeding:</b> most recent pregnancy  | I                                 | I                                      | VI                                  |              |       |           |       |           |       |           |            |           |  |  |  |
| 27                        | 336                              | Fetal Growth Restriction  | <b>**Fetal Growth Restriction (FGR)</b> (replaces the term Intrauterine Growth Retardation (IUGR)), may be diagnosed by a physician with serial measurements of fundal height, abdominal girth and can be confirmed with ultrasonography. FGR is usually defined as a fetal weight < 10 <sup>th</sup> percentile for gestational age.  | I                                 |  |                                     |              |       |           |       |           |       |           |            |           |  |  |  |
| 28                        | 337                              | History of birth of a large for gestational age infant (> 9 pounds or > 4000 grams) | <b>**Any history of giving birth to an infant weighing greater than or equal to 9 lbs. (4000 grams).</b><br><b>Breastfeeding/Non-breastfeeding women:</b> Most recent pregnancy, or history of giving birth to an infant weighing greater than or equal to 9 lbs. (4000 grams)   | I                                 | I                                      | VI                                  |              |       |           |       |           |       |           |            |           |  |  |  |
| 29                        | 339                              | History of birth with nutrition-related congenital or birth defect                  | <b>**A woman who has given birth to an infant who has a congenital or birth defect</b> linked to inappropriate nutritional intake, e.g., inadequate zinc, folic acid, excess vitamin A.  | I                                 |  | VI                                  |              |       |           |       |           |       |           |            |           |  |  |  |
| 30                        | 338                              | Pregnant woman currently breastfeeding  | Pregnant woman current breastfeeding   | I                                 |  |                                     |              |       |           |       |           |       |           |            |           |  |  |  |
| 31                        | 601                              | Breastfeeding mother of an infant at nutritional risk                               | <b>Breastfeeding mother of an infant at nutritional risk.</b> Infant and mother must be at the same priority level.  |                                   | I, II, IV                              |                                     |              |       |           |       |           |       |           |            |           |  |  |  |
| 32                        | 602                              | Breastfeeding complications or potential complications                              | <b>Breastfeeding complications or potential complications.</b> Any of the following complications of breastfeeding:<br>a. severe breast engorgement; b. recurrent plugged ducts;<br>c. mastitis; d. flat or inverted nipples; e. cracked, bleeding or sore nipples;<br>f. age ≥ 40 years; g. no milk at 4 days postpartum; h. tandem nursing (breastfeeding 2 siblings who aren't twins)   |                                   | I                                      |                                     |              |       |           |       |           |       |           |            |           |  |  |  |



| Cert Form# | USDA # | Certification form Risk Criterion  | USDA Definition and Cutoff Value   | Category/<br>Priority<br>Pregnant | Category/<br>Priority<br>Breastfeeding | Category/<br>Priority<br>Postpartum |
|------------|--------|--|--|-----------------------------------|--|-------------------------------------|
| 33         |        | <b>Dietary risks</b>   | <b>The conditions or behaviors below fall under dietary risk factors and should be specified on the certification form.</b>  |                                   |  |                                     |
|            | 401    | <b>Failure to meet USDA/DHHS Dietary Guidelines for Americans (DGAs)</b>   | <b>This risk is an assumption of not meeting DGAs when no other Nutrition Risk Criteria (NRC) has been identified. A complete nutrition assessment must be conducted to screen out other dietary NRC #427 before assigning this risk.</b> The Food Guide Pyramid was the Dietary Guidelines (DG) icon at the time the 2002 IOM Committee on Dietary Risk Assessment in the WIC Program report. The DG icon changed to MyPlate in 2011. Although the icon has changed, the Findings and the Supporting Research are still applicable to this criterion. <i>See revised RISC write-up for updated justification, addition of Implications for WIC Nutrition Services section, updated references and Clarification section for more information.</i> | IV                                | IV                                     |                                     |
|            | 427    |  | <b>Inappropriate Nutrition Practices for Women are listed below as subsets of USDA Risk #427</b>   | IV                                | IV                                     |                                     |
|            | 427.1  | <b>Consuming dietary supplements with potentially harmful consequences.</b>  | 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 or teas.  | IV                                | IV                                     | VI                                  |
|            | 427.2  | <b>Consuming a diet very low in calories and/or essential nutrients or impaired caloric intake or absorption of essential nutrients following bariatric surgery.</b> | Examples include strict vegan diet; low carbohydrate, high-protein diet; macrobiotic diet and any other diet restricting calories and or essential nutrients.  | IV                                | IV                                     | VI                                  |
|            | 427.3  | <b>Compulsively ingesting non-food items (pica)</b>  | Examples of non-food items: ashes; baking soad; burnt matches; carpet fibers; chalk; cigarettes; clay; dust; large quantities of ice and/or freezer frost; paint chips; soil and laundry starch or cornstarch.   | IV                                | IV                                     | VI                                  |
|            | 427.4  | <b>Inadequate vitamin/mineral supplementation recognized as essential by national public health policy</b>   | Consumption of less than 27 mg of supplemental iron per day by pregnant woman.<br>Consumption of less than 150 µg of supplemental iodine per day by pregnant and breastfeeding women.<br>Consumption of less than 400 mcg of folic acid from fortified foods and/or supplements daily by non-pregnant woman.   | IV                                | IV                                     | VI                                  |

WIC 200-12 Supplement to Women Certification Form Revised December 2015

| Cert Form# | USDA # | Certification form Risk Criterion  | USDA Definition and Cutoff Value  | Category/<br>Priority<br>Pregnant | Category/<br>Priority<br>Breastfeeding | Category/<br>Priority<br>Postpartum |
|------------|--------|--|---|-----------------------------------|--|-------------------------------------|
|            | 427.5  | <b>Pregnant women ingesting foods that could be contaminated with pathogenic microorganisms.</b> | Raw fish or shellfish, including oysters, clams, mussels, and scallops;<br>Refrigerated smoked seafood, unless it is an ingredient in a cooked dish, such as a casserole; Raw or undercooked meat or poultry;<br>Hot dogs, luncheon meats (cold cuts), fermented and dry sausage and other deli-style meat or poultry products unless reheated until steaming hot;<br>Refrigerated pâté or meat spreads;<br>Unpasteurized milk or foods containing unpasteurized milk;<br>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;<br>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;<br>Raw sprouts (alfalfa, clover, and radish); or<br>Unpasteurized fruit or vegetable juices. | IV                                |  |                                     |
| 34         | 501    | <b>Possible regression in the nutritional status if removed from the program</b>                 | <b>Possibility of regression.</b> A participant who has been previously certified eligible for the Program may be considered to be at nutritional risk in the next certification period if the CPA determines there is a possibility of regression in nutritional status without the benefits that the WIC program provides. Possible regression may not be used twice consecutively. For breastfeeding women, assign to previous priority or its equivalent in new category.   |                                   | I, VI                                  | IV, VI                              |
| 35         | 801    | <b>Homelessness or Migrancy</b>  | <b>Homelessness.</b> A woman who lacks a fixed and regular nighttime residence; or whose primary nighttime residence is: a supervised publicly or privately owned 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 as a sleeping place for human beings.   | IV                                | IV                                     | VI                                  |
| 35         | 802    | <b>Homelessness or Migrancy</b>  | <b>Migrancy.</b> Categorically eligible women 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.  | IV                                | IV                                     | VI                                  |

WIC 200-12 Supplement to Women Certification Form Revised December 2015

| Cert Form# | USDA # | Certification form Risk Criterion | USDA Definition and Cutoff Value  | Category/<br>Priority<br>Pregnant | Category/<br>Priority<br>Breastfeeding | Category/<br>Priority<br>Postpartum |
|------------|--------|-----------------------------------|---|-----------------------------------|--|-------------------------------------|
| 36         | 901    | <b>Other nutritional risks</b>    | <b>Recipient of abuse.</b> Battering within the last 6 months as self-reported, or as documented by a social worker or on other appropriate documents, or as reported through consultation with a social worker, HCP or other personnel. "Battering" usually refers to violent physical assaults on women.  | IV                                | IV                                     | VI                                  |
| 36<br>C1   | 902    | <b>Other nutritional risks</b>    | <b>Woman with limited ability to make feeding decisions and/or prepare food.</b> Assessed to have limited ability to make decisions around feeding and/or prepare food. This includes women who are $\leq 17$ years of age; mentally delayed/diabled or have mental illness, such as diagnosed clinical depression; physically disabled to a degree which restricts or limits food preparation; currently abuses drugs/alcohol or has a history of abuse. | IV                                | IV                                     | VI                                  |
| 36         | 903    | <b>Other nutritional risks</b>    | <b>Foster care.</b> Entering or moving within the foster care system during the previous 6 months; or moving from multiple foster care homes within the previous 6 months.  | IV                                | IV                                     | VI                                  |
| 36         | 904    | <b>Other nutritional risks</b>    | <b>Environmental Tobacco Smoke Exposure (ETS)</b> Also known as secondary, passive or second-hand smoke. Defined as exposure to tobacco smoke products INSIDE the home. This definition is based on the CDC (PedNSS) and (PNSS) questions to determine ETS exposure.  | I                                 | I                                      | VI                                  |
|            |        |                                   | <p><b>**Presence of disease diagnosed by a physician or as self-reported by applicant/participant or caregiver. OR Reported or documented by a physician, or someone working under a physician's orders.</b></p> <p><b>Self-reporting of a diagnosis by a medical professional should not be confused with self diagnosis, where a person claims to have or have had a medical condition without any reference to a professional diagnosis.</b></p>       |                                   |  |                                     |

**SECTION: Certification****SUBJECT: Completion of WIC Certification/Medical Referral Form in CT-WIC**

---

**Federal Regulations:** §246.7 (i) and (j)

See also WIC 200-12 WIC Nutrition Assessment Screens and Guidance; 200-22 Disposition of Certification Files

**POLICY**

The policy provides guidance on the requirements for the WIC Certification Form / Medical Referral Form. This is a two-sided form; the front contains the participant health data and risk factors, and the back of the form contains the applicant or participant authorization information.

**BACKGROUND**

Previously, all WIC applicants/participants were required to have a completed WIC Certification/Medical Referral Form (See also WIC 200-12 WIC Nutrition Assessment Screens and Guidance) in the paper file. It required the Competent Professional Authority's (CPA) signature or countersignature on the medical/nutritional assessment form and another WIC local agency staff member's signature to verify the income eligibility determination and documentation. For more details on the completion of the WIC Certification/ Medical Referral Form, please refer to the Guidelines for Use, which is the last page of the form(s).

**Completion of the Certification/Medical Referral Section:**

If the WIC Certification/ Medical Referral Form is completed by a CPA not on staff of the local agency i.e. physician, nurse practitioner, and provided in hardcopy to the WIC Program upon certification, the form must be reviewed, countersigned by a WIC CPA on staff at the local agency and scanned into the participant's CT-WIC record. WIC Staff signatures on the WIC Certification/Medical Referral Form are to be handwritten, legible and comprise at a minimum, the first initial and last name.

If the Crib Card is used in lieu of the of the Certification/Medical Referral form, the Crib Card must be scanned into the participant's CT-WIC record. However, a counter signature is not required.

WIC applicants or participants that present for an appointment without a hardcopy WIC Certification/Medical Referral Form DO NOT need to have a paper form completed and scanned into CT-WIC. The completion of the Nutrition Risk and Nutrition Education Screens in CT-WIC serves as the signature of the WIC CPA.

**Completion of the Applicant/Participant Authorization Section:**

All applicants/participants must complete this Form. This Form must be completed as hardcopy and scanned into the CT-WIC record because it requires WIC staff to record the health care provider and/or other organizations on the form. This information doesn't auto-populate in the Form in CT-WIC. This section can be completed:

- Prior to the next certification appointment (i.e. in preparation for the applicant/participant taking the form to a prenatal, post-partum or well-child exam) or
- When the participant brings a completed Certification/Medical Referral Form to a WIC appointment

Staff can inform applicants and participants about the purpose of this form:

*By signing this you acknowledge you understand how WIC uses health information to determine WIC eligibility. You are also agreeing to give permission to share your health information on the certification form with WIC, and in order to coordinate your care WIC staff may talk to your health care provider or other listed organizations about any health, medical or behavioral concerns and/or information on this form.*

If over the course of the certification period, any changes or updates are required to the health care provider or organizations listed, staff can indicate changes in the spaces provided. At a minimum, this form should list the applicant/participants primary health care provider or the practice. In some cases, WIC participants' may receive other services i.e. Early Intervention, Nurturing Families, Head Start or Obesity Clinic, that may be prudent to communicate with to coordinate care. Any changes to should be updated on a new Form and scanned into the CT-WIC file.

An applicant or a participant can decline to allow the HCP to share her or her infant/child's information with WIC. If this occurs, WIC staff must take necessary anthropometric measurements in the office to complete the WIC certification process.

As the Form indicates, the participant can cancel the permission at any time; there are instructions for the participant on the form to cancel the permission in this section. WIC staff should review this information with the applicant/participant. There is a space on the form for WIC staff to record when the permission was cancelled. In the case of a participant cancelling permission, print out a copy of the scanned Form in CT-WIC and indicate for which provider or organization that permission was canceled, and then re-scan the Form into CT-WIC.

---

**SECTION: Certification****SUBJECT: Mandatory Referrals during Certification Process**

---

**Federal Regulations:** §246.7(b)(1)

**POLICY**

At certification, provide and review the Selected Referrals brochure with all WIC applicants. This brochure includes information on the following programs:

- The Supplemental Nutrition Assistance Program (SNAP)
- Temporary Family Assistance (TFA)
- Healthcare for Uninsured Kids and Youth (HUSKY)
- Child Support Enforcement Program (CSEP)
- The Expanded Food and Nutrition Education program (EFNEP)

Make other referrals such as to the Children with Special Health Care Needs (CSHCN) and Birth-to-Three programs, as appropriate.

At recertification, reassess a family's need for mandated referrals. Offer the Selected Referrals brochure as needed.

Document all referrals in CT-WIC, Referrals Screen.

# DEPARTMENT of SOCIAL SERVICES

## CHILD SUPPORT SERVICES

### HOW CAN CHILD SUPPORT SERVICES HELP ME?

Service areas include:

- Locating non-custodial parent
- Identifying the legal father
- Modifying & enforcing a support order
- Getting or enforcing medical support
- Handling support payments

If you are already receiving child support services, but need the order enforced or changed, call:

1-888-233-7223

If you are on TFA, Medicaid or Foster Care Assistance, you automatically receive all child support services.

If not, you can apply at one of the DSS offices listed below.

### Bureau of Child Support Enforcement

#### DSS—Regional Offices

|             |                |
|-------------|----------------|
| Bridgeport  | (203) 551-2703 |
| Bristol     | (860) 314-6500 |
| Danbury     | (203) 207-8986 |
| Hartford    | (860) 723-1002 |
| Manchester  | (860) 647-1441 |
| Meriden     | (203) 630-6068 |
| Middletown  | (860) 704-3126 |
| New Britain | (860) 612-3465 |
| New Haven   | (203) 974-8248 |
| Norwalk     | (203) 855-2776 |
| Norwich     | (860) 823-3325 |
| Stamford    | (203) 251-9417 |
| Torrington  | (860) 496-6944 |
| Waterbury   | (203) 597-4171 |
| Willimantic | (860) 465-3500 |

NATIONAL CHILD SUPPORT HELPLINE  
1-800-228-KIDS



## Expanded Food and Nutrition Education Program

Helping low-income families with children acquire the knowledge and skills needed to improve their diets and health.

### WHAT IS EFNEP?

The Expanded Food and Nutrition Education Program (EFNEP) can teach you how to eat better and how to save on your food bills by shopping smart.

The things you will learn about diet and nutrition can help keep you and your family in good health. If you don't have much money for food or if your Food Stamps run short at the end of the month, EFNEP can help!

### HOW CAN EFNEP HELP?

You will learn ....

- How to save money at the grocery store
- How to handle and store food
- How to plan healthy, low-cost meals
- How to cook meals that taste great

### HOW CAN I FIND OUT MORE ABOUT EFNEP?

Call the EFNEP Office nearest you:

|                |                |
|----------------|----------------|
| Norwich        | (860) 887-1608 |
| Hartford Area  | (860) 570-9010 |
| New Haven Area | (203) 407-3169 |
| Storrs Area    | (860) 486-1783 |
| Brooklyn       | (860) 774-9600 |



## Connecticut WIC PROGRAM



*Selected*

*Referrals*

*Other Programs  
that can help you...*

**Call: 1-800-741-2142**

# HUSKY



## What is HUSKY?

HUSKY, Healthy Start, is a free insurance for pregnant women and children.

## What does HUSKY Cover?

Prenatal and postpartum care, doctor's visits, hospital care, dental care and check-ups, family planning services, mental health and substance abuse and much more.

## How do I apply for HUSKY?

It's simple, to complete an application, just call **1-800-656-6684**. You can request an application to be mailed to you or you can start an application over the phone. You may also access an application at [www.huskyhealth.com](http://www.huskyhealth.com)

If you live in Connecticut, are pregnant, have a child (under 19), or are a parent or caretaker of a child, you may qualify for HUSKY.

For more information about HUSKY please call:

**1-877-CT-HUSKY**

**Option 1**



If you are pregnant, you can go or call the Healthy Start Program\*

**Bridgeport** Dept. of Social Services (203) 576-8181  
576-7458

**Bristol** Community Organization (860) 584-2725 x23

**Hartford:** Health & Human Services Dept. (860) 543-8834  
Hispanic Health Council (860) 527-0856

**Middletown:** Community Health Center (860) 347-6971

**New Haven** Health Department, Yale (203) 946-8187  
New Haven & St. Raphael Hospitals

**New London:** (860) 442-0711 x2486  
Lawrence & Memorial Hospital

**Norwalk:** Family & Children Agency (203) 604-1230 x313

**Norwich:** (860) 892-7042 x319  
United Community Family Services

**Putnam:** Day Kimball Hospital (860) 928-6541 x2595

**Seymour:** Naugatuck Valley Health Dist. (203) 881-3255

**Stamford:** Optimus Health Center (203) 621-3835

**Torrington:** Family Strides (860) 482-3236

**Waterbury:** Staywell Health Center (203) 756-8021 x3001

**Willimantic:** (860) 456-7471 x124  
Generations Family Health Center

\*Healthy Start services may include:

Health education, information about community resources, links to prenatal care & a medical home, and home visits to help pregnant women have healthy families.

# HUSKY

## SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)

### WHAT IS THE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM?

The Supplemental Nutrition Assistance Program helps people buy food. The Federal government created the program to help people with low incomes eat well to stay healthy. If you are eligible, we put your benefits in an electronic bank account. We will give you a plastic Electronic Benefits Transfer "EBT" card to use to buy food at stores that take Food Stamps.

### ARE YOU ELIGIBLE?

Your eligibility for Food Stamps and the amount of your Food Stamp benefit depends on:

How many people you live with, (which we call your household), how much income your household has each month, what assets your household has, and how much your household has to pay each month for things like rent or mortgage, utilities and child care.

**WHERE DO I APPLY?** Contact DSS at 1-800-842-1508 to get an application mailed to you or get one through the Internet at [www.ct.gov/dss](http://www.ct.gov/dss).



**2-1-1 OR 1-800-203-1234**  
Free, confidential referral & crisis intervention service. Information on other programs is available 24/7  
Visit [www.211infoline.org](http://www.211infoline.org).



**SECTION: Certification****SUBJECT: CT Immunization Registry and Tracking System (CIRTS)**

---

**POLICY**

In 1994, the legislature authorized the Connecticut Department of Public Health (CT DPH) to establish the **C**onnecticut **I**mmunization **R**egistry and **T**racking **S**ystem (CIRTS). CIRTS is a FREE statewide, immunization registry established and maintained at the CT DPH. The purpose of the registry is to assure that children remain up-to-date with their immunizations and that their records are available when needed. After a pilot period of several years, CIRTS became a statewide registry in 1998.

On April 26, 2012, CIRTS went into production with the *NEW* web-based immunization registry. Currently CT DPH Immunization Program staff and local Immunization Action Plan (IAP) Coordinators are on-line. CT DPH plans to start rolling the registry out to pediatric and family providers in the fall.

The registry will soon have the ability for providers to submit a patient electronic health record (EHR) to report immunization data electronically to the registry. In late 2013, the CT DPH Immunization Program will work with a pilot site for EHR reporting.

The registry includes such information as is necessary to accurately identify a child and to assess current immunization status. CIRTS can:

- Keep permanent records of children's immunizations (shots)
- Let doctors keep track of their patients' immunization histories in a computerized database
- Give parents their children's immunization histories for daycare, school, and camp
- Provide parents with immunization information in the future even if they move away from Connecticut or their baby's doctor retires

All personal information including immunization status and dates of immunization of individuals shall be confidential as required by Connecticut law. Only the parent(s)/child's legal guardian, child's doctor, or health care workers who can assist with missed opportunities or missed immunizations have access to CIRTS.

# Connecticut Immunization Action Plan (IAP) Coordinators

Department of Public Health, State Immunization Program  
410 Capitol Avenue, MS # 11MUN Hartford, CT 06134 Tel: 860.509.7929 Fax: 860.509.8370  
Website: [www.ct.gov/dph/immunizations](http://www.ct.gov/dph/immunizations)

| <b>SITE</b><br><i>(See map for towns covered)</i>                       | <b>IMMUNIZATION COORDINATOR</b> | <b>PHONE NUMBER</b>             | <b>FAX NUMBER</b> | <b>E-MAIL ADDRESS</b>  | <b>WEBSITE FACEBOOK</b>  |
|---|---------------------------------|---------------------------------|-------------------|--|--|
| Bridgeport<br>(Southwestern Area Health Education Center)               | Maggie Litwin                   | (203) 372-5503<br>Ext 12        | (203) 513-2834    | <a href="mailto:mlitwin@swctahec.org">mlitwin@swctahec.org</a>                 | <a href="http://www.swctahec.org">www.swctahec.org</a>   |
| Danbury Area<br>(Western CT Home Care)                                  | Irene Litwak                    | (203) 730-5240<br>alt: 792-4120 | (203) 730-5238    | <a href="mailto:irene.litwak@wchn.org">irene.litwak@wchn.org</a>               |  |
| Hartford Health Department  | Tish Ricks-Lopez                | (860) 757-4807                  | (860) 722-6719    | <a href="mailto:RICKP001@hartford.gov">RICKP001@hartford.gov</a>               | <a href="http://nhs.hartford.gov/webfiles/immun.aspx">http://nhs.hartford.gov/webfiles/immun.aspx</a><br><a href="https://www.facebook.com/HartfordHealth">https://www.facebook.com/HartfordHealth</a> |
| Naugatuck Valley Health District  | Elizabeth Green                 | (203) 881-3255                  | (203) 881-3261    | <a href="mailto:egreen@nvhd.org">egreen@nvhd.org</a>                           | <a href="http://nvhd.org/">http://nvhd.org/</a>  |
| New Britain Health Department   | Melanie Gedraitis               | (860) 612-2777                  | (860) 826-2687    | <a href="mailto:mgedraitis@newbritainct.gov">mgedraitis@newbritainct.gov</a>   |  |
| New Haven Health Department   | Jennifer Hall                   | (203) 946-7257                  | (203) 946-6508    | <a href="mailto:Jhall@Newhavenct.gov">Jhall@Newhavenct.gov</a>                 |  |
| Norwalk Health Department   | Pam Bates                       | (203) 854-7728                  | (203) 854-7963    | <a href="mailto:ptb50@aol.com">ptb50@aol.com</a>                               | <a href="http://www.norwalkct.org/health">www.norwalkct.org/health</a><br><a href="https://www.facebook.com/norwalkhealth">https://www.facebook.com/norwalkhealth</a>                                  |
| Stamford Health Department  | Lynda Young                     | (203) 977-5098                  | (203) 977-4230    | <a href="mailto:lyoung@stamfordct.gov">lyoung@stamfordct.gov</a>               | <a href="http://www.cityofstamford.org">www.cityofstamford.org</a>   |
| Torrington Area Health District   | Anastasiya Domnich-Kovalevsky   | (860)-489-0436<br>Ext 314       | (203) 496-8243    | <a href="mailto:ADomnich-Kovalevsky@tahd.org">ADomnich-Kovalevsky@tahd.org</a> | <a href="http://tahd.org/childhood-immunization.html">http://tahd.org/childhood-immunization.html</a>  |
| Waterbury Health Department   | Randy York                      | (203) 346-3907                  | (203) 574-8625    | <a href="mailto:ryork@waterburyct.org">ryork@waterburyct.org</a>               | <a href="http://www.waterburyct.org">http://www.waterburyct.org</a>  |
| West Haven Health Department  | Christine DePierro- Gacek       | (203) 937-3660<br>Ext 2045      | (203)937- 3976    | <a href="mailto:cdepierro@westhaven-ct.gov">cdepierro@westhaven-ct.gov</a>     | <a href="http://www.facebook.com/WestHavenIAP">http://www.facebook.com/WestHavenIAP</a>  |
| East Hartford Area<br>(East Hartford, Manchester, Vernon & So. Windsor) | Scott Legault                   | (860) 509-7842                  | (860) 509-8370    | <a href="mailto:Scott.Legault@ct.gov">Scott.Legault@ct.gov</a>                 | <a href="http://www.ct.gov/dph/immunizations">www.ct.gov/dph/immunizations</a>   |
| All other areas of the state  | Yelena Puzio                    | (860) 509-7494                  | (860) 509-8370    | <a href="mailto:Yelena.Puzio@ct.gov">Yelena.Puzio@ct.gov</a>                   | <a href="http://www.ct.gov/dph/immunizations">www.ct.gov/dph/immunizations</a>   |

For more information, please contact:

Ramona Anderson  
State IAP Coordinator  
[Ramona.Anderson@ct.gov](mailto:Ramona.Anderson@ct.gov)  
(860) 509-8060



**SECTION: Certification****SUBJECT: WIC Program Orientation**

---

**Federal Regulations:** WIC Policy Memo: WIC Program Explanation

**POLICY**

Each participant shall be explained the general purpose and scope of the WIC program. It is paramount that this information be conveyed in an accessible way for applicants and participants to understand-

- The value of WIC Program participation,
- The Connecticut WIC Program Participant Rights and Responsibilities
- A detailed overview of the Food Delivery system including, a review of the Food Guide and use of WIC food benefits and clear description of actions that result in suspension or disqualification from the WIC Program.

Refer to the Connecticut WIC Program website [www.ct.gov/dph/wic](http://www.ct.gov/dph/wic) for ways to reinforce consistent messages about WIC nutrition services.

See below for a general overview of what to include in a WIC program orientation, whether conducted individually or in a group setting this provides staff with talking points, in a conversational manner, on the various components of the WIC Program.

**Purpose of WIC:** The Special Supplemental Nutrition Program for Women, Infants, and Children has a long history of providing nutritional support to families. You or your family member(s) are eligible for WIC if you meet all of the following criteria or factors:

- You are who you say you are. (Identity)
- You live in Connecticut. (Residency)
- You meet our income guidelines (Income)
- You are either, a Women (pregnant, breastfeeding or postpartum women) Infant or Child up to age 5. (Category)
- And most importantly, you complete a nutrition assessment with our nutrition staff (Nutritional Need)

As a WIC participant you can expect WIC staff to provide you with a many quality nutrition services:

- The first time you or your family member apply for WIC, you will speak with a nutritionist about you or your child's eating and physical activity habits, growth or weight gain/loss, bloodwork results and health or medical history or concerns. This is what we, at WIC call a "complete nutrition assessment".
- Based on your conversation with the WIC nutrition staff, he/she will identify any nutrition or diet related concerns and then tailor information for you and your babies or child's specific

needs and interests. WIC nutrition staff will work with you to develop a plan to reach your nutrition and physical activity goals.

- If you are mom-to-be, we will ask you about how you plan to feed your baby. Research shows that breastfed infants are sick less often and have a reduced risk of becoming overweight or obese. If you are interested in learning more about breastfeeding make sure to ask your nutritionist. *As you may already know, breastfeeding is recommended by WIC and national professional health and governmental organizations- for example, the American Academy of Pediatrics, Centers for Disease Control and Prevention (CDC), World Health Organization (WHO).* If you think breastfeeding isn't for you, we respect your decision. It is our job at WIC to provide you with the facts, to help you make the choice that is right for you and your new baby. We also stress the importance of obtaining health care and encourage parents/guardians to keep their children's immunizations up to date. Just to note, breastfeeding is a great way to *protect* your new baby from getting sick. Breastmilk is a baby's first immunization.
- At WIC we are required to ask you questions about certain lifestyle behaviors such as smoking or tobacco use and alcohol and illegal/recreational drug use. We need to ask these questions to make sure that we provide you with the correct information on staying healthy, delivering a healthy baby or caring for your children. We are here to help you, not judge you and your lifestyle decisions. If you want more information on quitting smoking, drugs or alcohol, please let us know and we can connect you with programs to assist you.
- While we are on the topic of referrals, we also know that it takes quite a bit of resources to raise a family. Another great part of the WIC Program is we can let you know about additional resources that you may want to improve your family's health. We can make referrals to a pediatrician if you don't have one or give you a list of dentists in the area, as well as give your information on SNAP or local food pantries if you are having concerns with enough food in your home. Some common referrals are listed in the selected referrals brochure. Just remember, if you have questions, please ask a WIC staff person for more information.
- WIC provides each participant with a specific package of foods. The WIC food packages reflect the recommendations in the Dietary Guidelines for Americans that are based on current research. WIC offers milk, eggs, beans or peanut butter, whole grain cereals, brown rice, 100% whole wheat or multigrain breads or whole-wheat tortillas in certain amounts that are right for you and/or your children. WIC also provides cash value benefits for fresh, frozen or canned fruits and vegetables. We are happy to work with you to adjust your WIC foods to meet individual family member's needs. Please ask a WIC staff person if you have questions about your WIC foods or WIC benefits. Local agencies can choose to review frequency of benefit issuance, how to get families on a single visit cycle and how to use WIC benefits at the store. (See [WIC 400-01 through 400-05](#) and [WIC 300-02 Food Package Tailoring](#))
- At times, the WIC Program may not receive enough funding to serve all eligible people. If this happens, WIC will provide you with notice of being placed on a "waiting list". Refer as needed, to wait list policy the nature of the WIC priority system, if the local agency is not serving all priorities. (See [WIC 200-30 Waiting Lists](#))

So, that covers what we at WIC, have to offer to you and your family. Now let's talk about what we expect from you, once you become our WIC participant. Let's review the WIC Program rules and clarify what it means to "abuse" WIC Program Benefits. If you haven't already, you'll be asked to sign the WIC Rights and Responsibilities Form in order to participate in the program. Make sure you read it carefully. If you need help, let a WIC staff person know and we can explain what the Rights and Responsibilities mean to you. Some highlights that we'd like to discuss with you now are:

## Your Rights

- Since WIC is a federally (US government) funded program, the information collected on you or your child may be used to evaluate how WIC is working. We may also share information you provide us with other programs or organizations to coordinate health care services for you and your family i.e. provide you with referrals. WIC staff will not share your name or address with anyone outside of the WIC Program without your special permission. By signing the Rights and Responsibilities today, you agree to let us share your information for most mandatory and targeted referrals. By signing the Applicant/Participant Authorization form, you are allowing WIC to share information with you or your child's health care provider and any organization listed on the form to better coordinate your care. If we refer you to an organization that will contact you directly, such as dental program and/or Early Intervention Program, we may ask you to sign another release for this referral, to verify that WIC has your permission to give your contact information to this referral program. (See [WIC 200-12 Certification Forms](#))
- WIC is an equal opportunity employer and provider. Eligibility rules to participate in WIC are the same for everyone, regardless of race, color, gender, disability or national origin. You may appeal any decisions made by the local agency regarding your eligibility for the WIC Program. If you'd like more information on appealing a decision (asking why you weren't eligible for WIC today) please ask a local agency staff member or use the information on the Notice of Participant Action Form (have forms available). (See [WIC 104-03 Discrimination Complaints](#))
- Part of our job at WIC is to make health services and nutrition education available to you and your eligible family members. You are encouraged to participate in these services to get the most of what WIC has to offer.

## Your Responsibilities

- Before you leave WIC today, you will get a **WIC Approved Food Guide**. The WIC Approved Food Guide provides you with information on WIC foods you can buy with WIC benefits. Remember to take the Food Guide with you to the store when you shop for your foods. The food provided by the WIC program is *supplemental* and not intended to meet all of your or your child's daily food requirements. We'd like to make sure you are clear about what WIC can provide. Some of our participants get upset that WIC cannot provide more foods to them if they run out of WIC foods during the month; and we don't like to have our participants upset. But we must operate within our guidelines. If you are having difficulty making ends meet, please ask a nutrition staff person for our resources list or for assistance with applying for SNAP benefits or a referral to food pantry. Local agencies can choose to review frequency of benefit issuance, how benefits are prorated to get families on a single visit cycle, and how to use WIC benefits at the store. (See WIC 400-01 through 400-05)

*Italicized bullets* that follow are also summarized in participant handout:

### *Questions You May Have about WIC Food Benefits*

- *Also important to remember, WIC food benefits are intended for the person that is eligible for the program. The food package is based on the nutrition assessment and helps support the growth and development of the person.*
- *Take care of your eWIC card. Your benefits are loaded on your eWIC card. If you lose your eWIC card, you must contact the local agency. (See WIC 400-08)*
- **If you do not come to a scheduled recertification appointment your program benefits may end.**
- It is important for that you keep your WIC appointments and be on time. We know raising a family can be hectic, and we also understand sometimes changes need to be made. If you can't make your appointment or will be late, please call to let us know so we may help another family. We like to make sure we respect the time of our participants that make an effort to keep their appointments and come in at their scheduled time. If you do walk-in either late or on a different day, we will do our best to fit you in the schedule. However, because we see many families here at WIC we can't promise that you will be seen right away. The staff person that checks you in should let you know about how long the wait will be. If he or she doesn't tell you, please ask for an estimated wait time.
- It is illegal to participate in more than one WIC program at the same time. This means that you cannot receive benefits at two local WIC programs at the same time. If you do, and that information is discovered, you may be terminated from the program and be responsible for repaying any program benefits that you obtained improperly. (See WIC 104-04 for next three bullets)

- It you provide WIC staff with incorrect or misleading information to become eligible for the program and it is brought to our attention, you will be suspended from the program for a period up to 3 months. You will also be responsible for repaying any program benefits that you obtained improperly. For example, forging a doctor's signature on a WIC form or under-reporting you income would count as false information.
- *For those of you that are familiar with internet sale sites such as ebay and craigslist, please note that it is **against WIC Program rules and Federal law** to offer for sale, trade or donation or the actual sale, trade or donation of WIC food benefits over the internet or in person. It is uncomfortable for us to have to discuss this with our participants at WIC orientation, as we know it is only a few people that are illegally selling WIC foods on line or trading WIC foods for other goods.*

However, to protect you from misunderstandings that may result in a mandatory suspension or disqualification we must review these rules.

*When a WIC participant is found offering for sale or actually selling WIC foods on-line or in person, a Special Investigator from the State office contacts her/him to find out more information. He/she will ask you for sales receipts for the food or formula purchased to prove that it was not bought with WIC benefits. If it is determined that WIC foods or formula were offered for sale or were sold, that person is required to serve a mandatory three (3) month suspension from the program and is required to pay the Program back for any benefits improperly used or issued.*

For example, if you were found selling WIC formula, your baby would not receive WIC supplemental foods for three months. You would also be required to pay WIC back for the value of the formula that was sold.

*If you have excess WIC foods or difficulty using the WIC food you've been issued, please ask a WIC Nutritionist for assistance in adjusting your WIC food packages. (See [WIC 300-02 Food Package Tailoring](#))*

**These key concepts can be conveyed in a variety of ways and can be discussed by different WIC staff i.e., program assistants, nutrition aides and nutritionists however, WIC eligibility should not be "assumed" or "conferred" until a participant is seen by a Competent Professional Authority (CPA) to reinforce the necessary component of nutrition assessment in the certification process.**



# Connecticut WIC Program: Questions You May Have About WIC Food Benefits

WIC is a supplemental nutrition program. Supplemental means that the formula or foods WIC provides may not meet all of your formula or food needs for the month. You will need to buy more food or formula to feed you and your WIC eligible family members.

## What are the rules about using WIC formula and foods?

- WIC gives food and formula to you and/or your family members that qualify for the Program.
- Each family receives an eWIC card to buy their WIC foods or formula. All food or formula benefits for each family member on WIC will be combined or grouped into one amount for each food category. For example, if you are pregnant and have a 2 year old, your *Family Benefits List* will show 2 dozen eggs- 1 dozen eggs for you and 1 dozen for your child. You will receive a Family Benefits List (FBL) from WIC staff to help you on your shopping trip. As a reminder, WIC benefits are only for family members eligible for the WIC Program.
- If you or your family member cannot use all of the formula or food you get from WIC, you cannot donate it, give it away, trade it for other food or services or sell it. This is against WIC Program rules.

## If I have formula or food left over, what should I do?

- If you have formula that you cannot use, let your local agency know. If you get too much from WIC, WIC staff can adjust your food package. If you have cans of formula left over once your child reaches one year of age, you can take them back to your local WIC program as long as it is un-opened. WIC staff can dispose of it properly.
- If you find that you are not able to use all of your WIC foods, tell a WIC staff person. WIC staff will be able to give you recipe ideas. Staff can fix your WIC benefits to give you less of the foods that you cannot use during the month. In some cases there may be another food you can get in place of the food you are not able to use.

## Why do I have to keep receipts for formula or food that I buy not using my eWIC card?

- If you don't plan on offering to sell or actually selling formula or foods that are similar to WIC formula or foods, receipts aren't needed.
- In the event you offer to sell, trade or donate formula or foods like those that WIC provides and we find out, receipts are needed to show the formula or foods sold online were not bought using WIC benefits. If receipts are not available, you and family members may be suspended or disqualified from the WIC Program and have to repay the cost of those items paid for by WIC.



### What you need to know:

- **WIC is a Supplemental Nutrition Program.**
- **The formula or food that you get from WIC cannot be donated, given away, traded or sold.**
- **If you are found donating, giving away, trading or selling WIC formula or food in person or online you and your family members may be suspended or disqualified from the Program.**
- **Receipts for formula or foods that you buy may be needed if you are found posting for sale online formula or foods similar to what WIC provides.**



## Programa WIC de Connecticut: Las respuestas a preguntas que puede tener sobre los beneficios de alimentos WIC

WIC es un programa de nutrición suplementaria. Suplementario significa que la fórmula o los alimentos que el WIC suple no siempre satisfacen todas sus necesidades de fórmula o alimentos en un mes determinado. De no ser suficiente deberá comprar el resto de alimentos o fórmula para alimentarse usted y sus familiares elegibles.

### ¿Cuáles son las reglas sobre el uso de la fórmula y los alimentos del WIC?

- El WIC le suministra fórmula y alimentos a usted o sus familiares que califican para el programa.
- Cada familia que participe en WIC recibirá una tarjeta eWIC. Todos los beneficios se combinan o agrupan en una cantidad por categoría. Por ejemplo, si usted está embarazada y además tiene un niño de 2 años, su Lista de Beneficios Familiar agrupará 2 docenas de huevos: 1 docena para usted, y 1 docena para el niño. El trabajador en WIC le dará la Lista de Beneficios Familiar que le ayudará cuando vaya de compras. Recuerde que los beneficios WIC son sólo para los miembros elegibles que participen del Programa WIC.
- Si su familia no puede consumir todos los alimentos o la fórmula que obtienen de WIC, no podrá donarlos, regalarlos, trocarlos por otros alimentos o servicios ni venderlos. Esto va contra las reglas de WIC.

### ¿Si me sobran fórmula o alimentos, qué debo hacer?

- Si tiene fórmula infantil que no ha usado, informe a la agencia local. Si recibe demasiado del WIC, el personal del WIC puede ajustar su paquete de alimentos. Si tiene latas de fórmula sobrantes cuando su hijo cumpla un año de edad, devuélvalas al WIC siempre y cuando estén sin abrir. El personal del WIC puede desecharlas adecuadamente.
- Si nota que no puede consumir todos los alimentos del WIC, informe al personal del WIC, quien le dará ideas de recetas. El personal también pueden modificar sus beneficios del WIC para darle una cantidad menor de los alimentos que no puede consumir en un mes. Habrá casos en que otro alimento se puede escoger en vez del que no ha usado.

### ¿Por qué debo guardar los recibos de fórmula o de los alimentos que compré sin usar la tarjeta eWIC?

- Si no venderá o no planea ofrecer para la venta fórmula o alimentos iguales a la fórmula o los alimentos del WIC, no es necesario que guarde los recibos.
- En caso de que ofrezca vender, comerciar o donar fórmula o alimentos iguales a los que proporciona el WIC y lo descubrimos, necesitará los recibos para demostrar que la fórmula o los alimentos que vendió en línea no se compraron con la tarjeta eWIC. Si no tiene los recibos, usted y sus familiares pueden ser suspendidos o descalificados del WIC y deberán pagar el costo de los artículos que el WIC haya pagado.

### Información importante:

- El WIC es un programa de nutrición suplementaria.
- La fórmula o los alimentos que recibe del WIC no se pueden donar, regalar, comerciar ni vender.
- Si se descubre que está donando, regalando, comerciando o vendiendo fórmula o alimentos del WIC en persona o por Internet, usted y su familia pueden ser suspendidos o descalificados del programa.
- Es posible que se necesiten los recibos de la fórmula o los alimentos que compre si se descubre que publica para la venta fórmula o alimentos iguales a los que el WIC proporciona.



**SECTION: Certification****SUBJECT: Certification periods**

---

**Federal Regulations:** §246.7(g)

[http://edocket.access.gpo.gov/cfr\\_2010/janqtr/pdf/7cfr246.7.pdf](http://edocket.access.gpo.gov/cfr_2010/janqtr/pdf/7cfr246.7.pdf)gulations:

**POLICY**

WIC local agency staff shall adhere to established certification schedules for each participant category. When possible, certification schedules should be coordinated with medical visits.

The standard length of the certification period is 1 year from the date of certification. This applies for all participants except those whose certification period is pre-designated, such as pregnant women who are certified until six weeks from expected delivery date and postpartum women who are certified up to 6 months after pregnancy ends. When participants become categorically ineligible for program benefits, complete and issue a Notice of Participant Action form.

All data used to determine nutritional risk of pregnant, postpartum and breastfeeding women shall be reflective of their categorical status at the time of certification.

|                            |   |
|----------------------------|---|
| <b>Pregnant women</b>      | <b>shall be certified only once for the duration of their pregnancy and up to six weeks postpartum.</b>   |
| <b>Postpartum women</b>    | <b>shall be certified once after the six-week postpartum visit and up to six months after the date pregnancy ended.</b>   |
| <b>Breastfeeding women</b> | <b>shall be certified once after the postpartum visit and up to last day of month in which her infant turns one year old or until woman ceases breastfeeding, whichever occurs first. However, in order to ensure that the quality and accessibility of health care services are not diminished for the breastfeeding woman a mid-certification health/nutrition assessment shall be conducted.</b> |

**Guidance for Mid-Certifications for Breastfeeding Women**

At a minimum, the breastfeeding woman's weight should be obtained and applicable weight loss goals should be discussed during this visit. Additionally, an assessment of the breastfeeding dyad's breastfeeding goals should also be conducted.

\*If a women stops breastfeeding BEFORE her infant is six months old, she is re-categorized as a postpartum woman. If a women stops breastfeeding AFTER her infant is six months old, then she is ineligible to continue program benefits. However, if a women is *breastfeeding at least once a day*, but chooses to receive a full formula package for her infant, she may remain as an active participant

on the program and receive nutrition education benefits, but will not receive a supplemental food package.

**Infants** shall be certified up to their first birthday. In order to ensure that the quality and accessibility of health care services are not diminished for infants, a mid-certification health/nutrition assessment shall be conducted, including an assessment of the parent or caretaker's access to quality health care for the infant.

**Children** shall be certified up to one year. However, in order to ensure that the quality and accessibility of health care services are not diminished for children, a mid-certification health and nutrition assessment shall be conducted, including an assessment of the parent or caretaker's access to quality health care for the child.

**Children are no longer eligible at the end of the month when they reach their fifth birthday. The parent/guardian should be notified of this fact at the time of the last re-certification.**

### **Guidance for Mid-Certifications for Infants and Children**

At a minimum, the infant's and child's length/height and weight and the following relevant documentation shall be obtained:

- A WIC certification form or other referral form signed by the health care provider (HCP) or a Competent Professional Authority (CPA) or the provider's staff, or
- An infant/child health record that indicates that his/her immunizations are up-to-date;
- If applicable, a letter signed by the HCP indicating that the infant/child has been receiving ongoing health care.

For infants, at the time of mid-certification health/nutrition assessment, the parent, guardian or caretaker shall be informed that a blood test for anemia is required between 9-12 months of age, unless the infant's HCP determines that it should be done between 6-9 months of age. For children, at the time of the mid-certification health/nutrition assessment, the parent, guardian or caretaker shall be informed that a blood test for anemia is required 6 months after the infant test (between 15-18 months) and annually from 2-4 years of age.

### **Guidance for Coordinating Family WIC Appointments**

The WIC CPA may extend a participant's certification period by up to one month, or certify a child up to 30 days prior to his/her termination date, to coincide with well child visits and to synchronize family/household members base dates.

**SECTION: Certification**

**SUBJECT: Use of the Regression Provision**

---

**Federal Regulations:** §246.7(e)(1)(vi)

**POLICY**

The possible regression risk criterion shall not be used for an initial certification or for the certification of Priority II infants or postpartum women.

The regression criterion shall be used only once consecutively.

The regression provision shall be used at the discretion of the Competent Professional Authority (CPA) however; it may only be used if there was a documented nutrition at risk condition at a prior certification, as evidenced by anthropometric, biochemical, clinical or dietary data.

---

**SECTION: Certification**

**SUBJECT: Priority Assignment**

---

**Federal Regulations:** §246.7(e)(4); 246.7 (e)(1)(iii) & (iv)

**POLICY**

Participants certified for possible regression shall be assigned the same priority level to which they were previously assigned. High-risk postpartum women shall be assigned Priority IV. Both the mother and infant of a breastfeeding dyad shall be assigned the higher priority for which either qualifies.

CT-WIC automatically assigns priority based on entered data and selected risk criteria. The Competent Professional Authority (CPA) should carefully review the CT-WIC Nutrition Risk Screen, Update Participant Risk Assessment to ensure that it is complete and accurate before saving the screen.

**SECTION: Certification****SUBJECT: Transfer of Verification of Certification (VOC)**

---

**Federal Regulations:** §246.7(k), 246.26(d)

See also WIC Policy Memorandum #2016-4 Verification of Certification

**POLICY**

The WIC local agency shall issue a Verification of Certification (VOC) card or CT-WIC generated VOC form to all participants who plan to relocate outside of the state during the certification period. The individual's certification shall remain valid until the end of the certification period. The primary intent of the VOC requirements is to ensure seamless and continued participation of certified participants through the entirety of their certification period in the event of relocation by the participant.

**BACKGROUND**

Section 17(f)(9) of the Child Nutrition Act of 1966 (42 U.S.C.1786(f)(9)) requires that an eligibility certification remain valid for the period for which an individual was originally certified, specifically if that participant moves from one area of WIC operations to another. The WIC regulations at 7 CFR 246.7(k) set forth the general requirements for issuance, acceptance, and content of VOC.

The provisions also aim to ensure seamless and continued participation of certified participants and reduce the administrative burden on a certified participant, as well as local agencies. Protecting WIC program integrity is also an important consideration for the implementation of VOC policy.

Finally, the requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA, P.L.104-191 ) do not apply to the information collected by the WIC Program for Program purposes (WIC Policy Memorandum 2002-2: Department of Health and Human Services' Regulations to Implement the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and Applicability to the WIC Program). In those instances where WIC services are provided by an entity that is otherwise subject to the HIPAA requirements, local agencies should avoid comingling WIC information and HIPAA protected information, such that HIPAA protected health information should not be included on the VOC.

**Relocating outside of State**

For participants relocating to another service area outside of the state:

- Issue a printout of the CT-WIC generated VOC, which includes the date of income determination, benefits start date, benefits value through date (BVT), priority, risk factors and certification dates.

**Verification of Certification**

Site: 060201 - East Hartford Health Department: Main Office

**Participant Name** Smith, Amyra  
**Participant ID** 200 836 145  
**Family ID** 700402124  
**Authorized Person Name** Lewis, Jessica

---

**Date of Birth** 01/16/2016  
**Category** IFF Infant Formula Fed  
**Priority** 2  
**Certification Dates** From 01/27/2016 to 01/15/2017  
**Income Determination** 03/24/2016  
**High Risk** No  
**Next Benefits Due** 01/23/2017

**Nutritional Risks**

701: Infant (0 - 6 months) of a WIC Mother or a Woman Eligible for WIC During Pregnancy

**Food Prescription**

24 OZ Infant Cereal - All Authorized  
32 JAR Infant Fruit & Vegetables - All Authorized  
7 CAN Similac Advance powder 20 cal 12.4 oz can

- Signature and printed/typed name of the local agency staff must be included on the VOC.

**Printed Name of Official:** \_\_\_\_\_

**Signature of Official:** \_\_\_\_\_

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: [http://www.asc.usda.gov/complaint\\_filing\\_cust.html](http://www.asc.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442 or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.

- Explain to participant the use of VOC as proof of eligibility for continued program benefits
- Inquire when the participant will be moving. In the "Cert Action" screen in CT-WIC, terminate the participant after issuance of the VOC by selecting "Transferred Out-of-State" from the "Term Reason" drop down and select a "Term date" dependent on when the participant indicates that they will be moving if different than the day of issuing the VOC. This is to ensure that the participant is able to redeem their benefits until they move.

- If the participant receives WIC formula in Food Package III (infant formula, exempt infant formula, or WIC-eligible nutritionals), provide the participant with a copy of the completed Connecticut WIC Medical Documentation Form on file to streamline the transfer of benefits.
- Complete a Notice of Participant Action Form and check box, "Other", write in the space provided *Out of State Transfer* or "OST" and scan the copy into the participant's file in CT-WIC.

## Relocating into State

VOC cards shall be accepted from participants, including migrant farm workers, who have been participating in a WIC program outside Connecticut.

The WIC local agency shall accept all VOC cards which are recognized as State or National cards if such cards include at a minimum the participant's name and the certification date, including those cards which may have incorrect or outdated information.

## Guidance

Screen all VOC cards, as some may appear to be an identification card. The VOC card shall include the following items:

- Participant's Name
- Certification Date
- Date of Income Determination: This may be different than the certification date.
- Nutritional Risk Criteria
- Date Certification Expires
- Signature and printed/typed name of the local agency official in the originating jurisdiction
- Certifying local agency name, address and phone number
- An Identification number (which may be the WIC participant ID number) or other form of VOC accountability.

If the certification period is still valid and the VOC card is incomplete, obtain missing information from the participant if possible or previous WIC program and complete card. Certify the individual and issue benefits. If you are unable to reach the local agency WIC Program, contact the State Agency VOC point of contact at: <http://www.fns.usda.gov/wic/wic-contacts>

Occasionally, a transferring participant will present a VOC that is missing one or more of the required components. The participant must not be penalized for the omission of the required information. Therefore, a VOC must be considered valid if it contains the following three items: 1) the participant's name; 2) the date of certification, and 3) the date the certification period expires.

If a nutritional risk is not recorded on the VOC or if the participant was certified based on a nutritional risk condition not used by the Connecticut WIC Program, CT-WIC will generate risk 502 "Transfer" with a system generated priority (based on an entered or unknown priority) to establish nutritional risk for that participant.

### Proof of Residency and Identity:

While a VOC is considered sufficient proof of income and nutritional risk eligibility, transferring participants must provide proof of identity and current residency to the receiving agency. If proof of



identity or residency is not immediately available, the local agency may wait to process the transfer until the information is provided. In the case of participant who are unable to provide documentation, the local agency may accept a written statement from the participant as described in 7CFR 246.7©(2)(i).

If a VOC is presented to a receiving local agency and the certification will expire soon (within the next 30 days), the receiving local agency may conduct recertification for the convenience of the participant.

If the certification period is no longer valid, process the individual as a new applicant. However, migrant farm workers and their family members with expired VOC cards will be declared to satisfy the income eligibility guidelines if the income was determined during the previous 12 months.

If the WIC State agency determines WIC local agencies should institute waiting lists, the participant with a VOC card shall be placed first on the list ahead of all waiting potential participants, regardless of their priority group. See WIC Policy 200-30 Initiating Participant Waiting Lists

### **Reissuing Benefits**

- If the participant has checks, issue all benefits for which the participant is eligible.
- If the participant has their WIC EBT card, call to get a balance on their card and issue all benefits for which the participant is eligible.
- Collect and destroy the unused food instruments (checks) or WIC EBT card.
- If the participant does not have their WIC EBT card, contact the previous WIC program in an attempt to verify benefit issuance and redemption and issue all benefits for which the participant is eligible.
- If an attempt to access information on benefits redeemed information is unsuccessful, issue a prorated benefits package for the current month.

### **Providing Confidential Participant Information to other WIC State or local agencies**

Federal regulations at 246.26(d)(1)(ii) allow the sharing of confidential participant information to persons directly connected with the administration or enforcement of the WIC Program whom the State determines have a need to know for WIC Program purposes (such as reducing barriers to a WIC participant transferring out of State) without signed consent from the participant.

If a local agency staff person from another State or local WIC program calls and requests confidential participant information in order to process an out- of- State transfer, a signed participant release is **not** required to provide the information.



**State of Connecticut  
Department of Public Health  
WIC Program**

**NOTICE OF PARTICIPANT ACTION**

**Date of Notice:** \_\_\_\_\_

|                 |                            |
|-----------------|----------------------------|
| <b>NAME</b>     | <b>WIC ID or DOB</b>       |
| <b>ADDRESS</b>  |                            |
| <b>CITY/ZIP</b> | <b>PHONE # (    )    -</b> |

**INELIGIBILITY/TERMINATION SECTION**

- You or your infant/child are not eligible for the WIC Program for the following reasons:
- You or your infant/child are no longer eligible (terminated) from the WIC Program for the following reasons:
  - Income is too high for the WIC Program.
  - Not in a WIC-eligible category (pregnant, postpartum, breastfeeding woman infant or child up to 5 years of age).
  - Postpartum woman 6 months past your delivery date.
  - Breastfeeding woman that discontinued breastfeeding before one year.
  - Breastfeeding woman that reached WIC eligibility limit of 12 months.
  - Child turning five (5) years old.
  - Do not have a medical/nutritional health condition.
  - Certification appointment for the Program was missed.
  - Voluntary withdrawal from the Program.
  - Other \_\_\_\_\_

**DISQUALIFICATION SECTION**

You are being suspended from the WIC Program for \_\_\_\_\_ because you broke the following WIC Program rule(s):  
(amount of time)

**FAIR HEARING SECTION**

You have the right to a fair hearing if you do not agree with the reason for your ineligibility, termination or disqualification. A request for a fair hearing must be made within 60 days of the date of this notice. Fair hearing requests should be addressed to:

**State of Connecticut - Department of Public Health-WIC Program**  
**Attention: State WIC Director**  
**410 Capitol Avenue MS # 11WIC**  
**P.O. Box 340308**  
**Hartford, CT 06134-0308**

The local WIC Program staff will assist you in preparing the fair hearing request form if you ask for help. Written rules for fair hearings are included on the fair hearing request form.

\_\_\_\_\_  
**PARTICIPANT/PAYEE SIGNATURE**

\_\_\_\_\_  
**WIC PROGRAM REPRESENTATIVE SIGNATURE/TITLE**

The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the basis of race, color, national origin, age, sex, disability, 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 (PDF), found online [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](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, SW, Washington, DC 20250 -9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov)**. Individuals who are deaf, hard of hearing or have speech disabilities and you wish to file either an EEO or program complaint please contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). El USDA es un proveedor y empleador que ofrece igualdad de oportunidades.



**Departamento de Salud Pública de Connecticut  
Programa WIC**

**NOTIFICACIÓN DE TERMINACIÓN**

**Fecha de Notificación:** \_\_\_\_\_

|  |  |
|--|--|
| <b>NOMBRE</b>  | <b>Número de Identificación o Fecha de Nacimiento</b>            |
| <b>DIRECCIÓN</b>   |  |
| <b>CIUDAD/CÓDIGO POSTAL</b>  | <b>TELÉFONO (    )</b>   |
| <p><b>SECCIÓN PARA SOLICITANTES INELEGIBLES/TERMINACIÓN</b></p> <p><input type="checkbox"/> Usted o su hijo(a) no son elegibles para el Programa WIC por las razones siguientes:</p> <p><input type="checkbox"/> Usted o su hijo(a) han dejado de ser elegibles (dados de baja) para el Programa WIC por las razones siguientes:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Ingresos demasiado altos para el Programa WIC.</li> <li><input type="checkbox"/> No pertenece a una categoría elegible de WIC (mujer embarazada, postparto, madre lactante, hijo(a) de hasta 5 años de edad).</li> <li><input type="checkbox"/> Mujer postparto después de 6 meses de la fecha del parto.</li> <li><input type="checkbox"/> Interrumpió la lactancia antes del primer año.</li> <li><input type="checkbox"/> Madre lactante que alcanzó el límite de 12 meses establecido bajo los requisitos del Programa WIC.</li> <li><input type="checkbox"/> Hijo(a) que va a cumplir cinco (5) años de edad.</li> <li><input type="checkbox"/> No presenta una condición clínica ni trastorno de salud nutricional.</li> <li><input type="checkbox"/> Faltó a la cita de certificación/re-certificación.</li> <li><input type="checkbox"/> Se retiró voluntariamente del programa.</li> <li><input type="checkbox"/> Otro: _____</li> </ul> |  |
| <p><b>SECCIÓN SOBRE DESCALIFICACIÓN</b></p> <p>Se le descalifica del programa WIC durante _____ porque usted infringió la(s) siguiente(s) regla(s) del Programa WIC:<br/>(periodo de tiempo)</p> <p>_____</p> <p>_____</p>   |  |
| <p><b>SECCIÓN DE AUDIENCIA IMPARCIAL</b></p> <p>Usted tiene derecho a una audiencia imparcial si no está de acuerdo con las razones que determinan su inelegibilidad, terminación o descalificación. Usted deberá presentar una petición de audiencia imparcial dentro de los sesenta (60) días siguientes a la fecha de notificación. Las peticiones se deben enviar a:</p> <p>State of Connecticut – Department of Public Health – WIC Program<br/>Attention: State WIC Director<br/>410 Capitol Avenue MS #11 WIC<br/>P.O. Box 340308<br/>Hartford, CT 06134-0308</p> <p>El personal del Programa de WIC local le ayudará a rellenar el formulario de petición de audiencia imparcial si usted lo solicita. El formulario incluye las normas para la petición de audiencias imparciales.</p>  |  |
| <p>_____</p> <p><b>FIRMA DE LA PARTICIPANTE</b></p>  | <p>_____</p> <p><b>FIRMA/TÍTULO DEL REPRESENTANTE DE WIC</b></p> |

El Departamento de Agricultura de los Estados Unidos (por sus siglas en inglés "USDA") prohíbe la discriminación contra sus clientes, empleados y solicitantes de empleo por raza, color, origen nacional, edad, discapacidad, sexo, identidad de género, religión, represalias y, según corresponda, convicciones políticas, estado civil, estado familiar o paternal, orientación sexual, o si los ingresos de una persona provienen en su totalidad o en parte de un programa de asistencia pública, o información genética protegida de empleo o de cualquier programa o actividad realizada o financiada por el Departamento. (No todos los criterios prohibidos se aplicarán a todos los programas y/o actividades laborales). Si desea presentar una queja por discriminación del programa de Derechos Civiles, complete el [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html) (formulario de quejas por discriminación del programa del USDA), que puede encontrar en internet en [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), o en cualquier oficina del USDA, o llame al (866) 632-9992 para solicitar el formulario. También puede escribir una carta con toda la información solicitada en el formulario. Envíenos su formulario de queja completo o carta por correo postal a U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, por fax al (202) 690-7442 o por correo electrónico a [program.intake@usda.gov](mailto:program.intake@usda.gov). Las personas sordas, con dificultades auditivas, o con discapacidad del habla pueden contactar al USDA por medio del Federal Relay Service (Servicio federal de transmisión) al (800) 877-8339 o (800) 845-6136 (en español). El USDA es un proveedor y empleador que ofrece igualdad de oportunidades.

**SECTION: Certification****SUBJECT: Applicant/Participant Ineligibility, Termination and Disqualification**

**Federal Regulations:** §246.2; §246.7 (h)(1)(ii) and §246.7 (h)(2)

**POLICY****Ineligibility**

The WIC local agency staff shall determine a WIC applicant is ineligible to receive program benefits for the following reasons:

- If the individual is not in a WIC approved category
- If family income exceeds the income guidelines, or unless the individual was determined to be automatically (adjunctively) income-eligible\*
- Participant resides in an unapproved facility for the homeless
- If the WIC program can no longer serve certain categories due to funding shortages

The local agency may choose to deem applicants ineligible when:

- There is insufficient timeframe to effect change, i.e. less than 90 days before a child applicant turns 5 years old, essentially that individual will only be on the program for 3 months. Rather than making a blanket decision for the agency, it is encouraged that if a child applicant is still within the eligible time frame, the situation be explained to the family i.e. duration of benefits and the Authorized Person can then determine if they want to make the time investment in applying for the Program.
- In the experience of State Nutrition staff, many parents found value in joining the Program for such a short period of time for an individual if it was recertification, or if other members of the family were also being certified (e.g. mom is pregnant and/or other children in family).

Complete and provide a Notice of Participant Action form to applicants that are determined to be ineligible to receive program benefits if they inquire/apply in person for benefits or at their initial certification appointment. A copy of the completed NOPA form must be scanned into the participant's electronic file.

**Participant Ineligibility and Termination**

If information becomes available at any point during the certification period, the WIC local agency staff shall terminate a WIC participant during that certification period for any of the following reasons:

- If the individual is no longer in a WIC approved category

- If family income exceeds the income guidelines, unless this is determined during the eleventh month of a standard certification period or unless the individual was determined to be automatically (adjunctively) income-eligible\*
- If the participant requests to end participation in the program
- For misuse or abuse of WIC benefits (may first require a verbal/written warning and suspension See 104-04 Participant Abuse for more details)
- Participation in more than one local WIC Program
- Participant resides in an unapproved facility for the homeless
- If the WIC program can no longer serve certain categories due to funding shortages

\*Persons determined to be adjunctively income-eligible for the Program who then have their benefits under Temporary Family Assistance (TFA), Supplemental Nutrition Assistance Program (SNAP), or HealthCare for Uninsured Kids and Youth (HUSKY) end may not be terminated from the Program for solely this purpose. If adjunctive income-eligible benefits are no longer valid mid-certification, such participants and other household members currently receiving WIC benefits may be terminated during a certification period only after their income eligibility has been reassessed based on the income screening procedures used for applicants who are not adjunctively eligible.

For active participants, a Notice of Participant Action form shall be provided no less than 15 days before the termination or disqualification, except that participants' terminated for residing in an unapproved facility for the homeless shall be provided 30 days notice.

Persons that are terminated by CT-WIC due to failure to re-certify **do not need to be issued** the Notice of Participant Action form. Notice of this policy is provided on the certification form for all new applicants and returning participants to review.

If the WIC state agency instructs the WIC local agency to institute a waiting list (See WIC Policy 200-30), due to funding shortages, which would require participants to be terminated in the middle of their certification periods, a Notice of Participant Action form shall be provided no less than 15 days before WIC participation and benefits end.

Clarification: In several State agency policies and in the Federal regulations the terms, terminate, disqualify or disqualification and ineligibility are all used, at times interchangeably.

**Ineligibility** mainly refers to applicants or participants that are not eligible to receive or continue to receive program benefits.

**Terminate** or **terminated** is a local agency action that occurs when an existing participant is no longer eligible to receive WIC program benefits. This can happen at the start or in the middle of a certification period.

**Disqualification** refers to a State agency action in response to participant abuse of the WIC Program.

**SECTION: Certification****SUBJECT: Disposition of Certification files**

---

**Federal Regulations:** §246.25(a) (1-2)

**POLICY**

Participant files will be maintained in the CT-WIC system per Federal Regulations for a period of three years following the date of submission of the final expenditure report for the period to which the report pertains for audit purposes. The requirements for local agencies to maintain in each WIC participant file for all active and terminated "inactive" participants and ineligible applicants are detailed below.

**Active CT-WIC participant files must include the following scanned forms:**

- WIC Applicant/Participant Authorization Form
- Request for Caretaker form
- Certification form(s) (received from a third party)
- Laboratory Results (if not recorded on the certification form)
- Declination

These forms are required when applicable

- Medical Documentation form (if applicable)
- Prescriptions for Special formula (if applicable)
- Written confirmation of Verbal Orders received for special formula, or medical conditions
- Request for Fair Hearing Notice (if applicable)
- Copy of Verification of Certification from other State agency (if applicable)

Additional forms (fillable from CT-WIC) that must be maintained in the CT-WIC file include:

- WIC Participant Rights and Responsibilities Form

The file may also include the following:

- Any forms required by the local agency
- Verification of ongoing healthcare (if applicable)

**Terminated "inactive" participant file (Participants who are no longer participating, who have been terminated or disqualified):**

For previously active participants this includes all information listed above.

CT-WIC generated for

- Notice of Participant Action Form

**Ineligible applicant files\* (Applicants who upon visiting the local agency are determined ineligible for WIC benefits on the basis of category, residency, income or nutrition risk):**

Files must include the following:

- Completed WIC certification form, received by third party
- Copy of completed, dated, and signed Notice of Participant Action form

\*In most cases individuals that present to the WIC local agency and are determined to be ineligible based on category, residency or income will not have generated an active CT-WIC file, therefore, a signed, hardcopy of the Notice of Participant Action (NOPA) will be required to be maintained in either the WIC daily file or a specific WIC ineligible file. For those individuals that meet the category, residency or income requirements, but do not have a nutritional risk factor (extremely rare) the signed NOPA will be maintained in their CT-WIC file.

WIC local agencies are not required to keep the above documentation or to mail a completed Notice of Participant Action form to applicants whose ineligibility (based on report of income based on household size) was determined over the phone. However applicants inquiring about the Program over the phone, should be advised to call back or come in to the WIC agency in person to re-apply if their situation changes.

**SECTION: Food Delivery****SUBJECT: Request for Caretaker**

---

**Federal Regulations:** §246.2 and 246.12(r)(1)

**POLICY**

An authorized person may request in writing designation of a *caretaker* to participate in mid-certification and nutrition education visits, sign required forms in absence of the authorized person and redeem WIC benefits at the store.

The caretaker option is an exception for convenience and flexibility for the family but our expectation is that the authorized person be present unless there is a special circumstance.

It seems when flexibility is added that it is then assumed that an **exception** becomes a rule. It was never the intent of the State agency to have caretakers assume the role of the authorized person, or be present at every WIC appointment. It was and still is intended to be a rare occurrence and should be communicated to the participant/authorized person in this manner.

**Basis for Policy**

Federal WIC Regulations at 246.2 *Definitions- Proxy* and 246.12 (r) (1), Requests from local agencies and recent monitoring findings. Since implementation of one-year certifications for children, we are adjusting a caretaker's scope. A caretaker can no longer represent an authorized person at the annual re-certification appointment. However, a caretaker can represent an authorized person at the mid-certification and second nutrition education contacts.

**Definitions**

A "caretaker" is defined as a person who is authorized by a participant or the parent/guardian of a participant to:

- participate in mid-certification and nutrition education sessions;
- sign all required forms; and
- shop for WIC foods.

The "caretaker" **must** be someone responsible for the primary care and well-being of the participant and must be able to provide information on the eating habits and medical condition of the participant(s) i.e. parent (father) or grandmother. Individuals only responsible for the occasional care of the participant do not fall within the definition of "caretaker".

**A Caretaker**

- must be at least fifteen (15) years of age
- can serve no more than two families
- must be able to provide information on the eating habits and medical conditions of the participant's/authorized person's and their child(ren).
- can shop for WIC Foods



- can represent an authorized person at mid-certification and nutrition education sessions

An authorized person may only have one authorized caretaker at a time.

### **Authorization Procedures**

A "Caretaker Request and Authorization Form" must be completed when a "caretaker" is designated and the respective responsibilities of each are listed as follows:

#### **Procedures for Authorizing a Caretaker in Person**

1. An authorized person may request in writing designation of a caretaker to participate in mid-certification and nutrition education, sign required forms in absence of the authorized person and redeem eWIC benefits.
2. The selection of a caretaker by an authorized person should be documented in the participant's file using the Request for Caretaker form. The form **MUST** be retained (scanned) by the local program and shall clearly indicate the individual authorized to participate in WIC certification and nutrition education and shall include the individual's signatures. However, **non-selection** of a caretaker should be documented in CT-WIC, the Family Information screen. Document selection/non-selection of a caretaker in CT-WIC.
3. Inform the authorized person it is her/his responsibility to explain to the caretaker WIC's general office procedures e.g. basic WIC second contact (individual or group nutrition education) and mid-certification process. If a caretaker has been authorized, tell the authorized person that if the caretaker is representing her at a WIC nutrition education or mid-certification appointment the caretaker must present the authorized person's eWIC card and proof of identity See Policy 200-03.
4. Inform the authorized person it is her/his responsibility to explain to the caretaker how to shop for WIC foods with the eWIC card, keep the eWIC card safe and pin private. See policy WIC 400-04 EBT Account Set-Up and Maintenance for additional information.
5. Encourage the authorized person/caretaker to report all problems with a WIC vendor to the local WIC office. See policy WIC 400-08 eWIC Card Theft, Damage and Replacement for additional information.

#### **Procedures for Authorizing a Caretaker when the Caretaker is NOT present:**

- Complete the Request for Caretaker form. (Note: If the authorized person requests that a caretaker be authorized until further notice, complete the form accordingly.)
- Review the Request for Caretaker form with the authorized person and have them sign and date the form.
- Provide the authorized person with the form to obtain the caretaker's signature and request that completed form with caretaker's signature is returned to the office prior to authorizing the caretaker.
- Retain a copy of the completed Request for Caretaker form by scanning the document into the participant's record in CT-WIC under the Images screen.

## Authorization of a Caretaker When Authorized Person is Not Present

If the authorized person sends the proposed caretaker to the WIC office, to participate in a mid-certification or nutrition education session along with the eWIC card and a signed note requesting authorization of the caretaker.

- Verify the authorized person's signature on the note with the authorized person's signature on file in CT-WIC.
- Local agency staff must sign and date the note and record the family number on the note.
- Have the caretaker sign and date the note.
- Limit the duration of caretaker authorization to one month unless the authorized person in the note specifies a longer.  
Retain a copy of the completed note by scanning the document into the participant's record in CT-WIC under the Images screen.

## Reviewing Requests for Caretaker

When reviewing a request for a caretaker, verify the individual's identity **before** completing the authorization. The caretaker must be either an adult or an emancipated minor (parenthood, marriage, court decree, self-sufficiency with relinquishment of parental rights and duties).

The caretaker must present a valid eWIC card and identification in order to obtain eWIC benefits. **If the eWIC card is lost, the authorized person must appear in person to obtain a new card unless the WIC Coordinator or CPA on staff documents special hardship.**

A WIC staff member shall not serve as a caretaker for a WIC authorized person without written authorization from the local program coordinator.

## Hardship/Emergency

In documented cases of hardship or emergency, the local program coordinator or CPA may authorize a temporary (one month) caretaker with a verbal or phone request from the authorized person. This should be documented in the CT-WIC file in the Alerts screen and a hold placed on future issuance of eWIC benefits in order to complete necessary paperwork.

In instances of special hardship (For example: authorized person is hospitalized):

- On a Request for Caretaker form, document the hardship.
- Record the effective dates for a one-month period and complete the signature sections for the caretaker and local WIC office.
- Retain a copy of the completed Request for Caretaker form by scanning the document into the participant's record in CT-WIC under the Images screen.

## Guidance for Common Scenarios

**Mom (authorized person) is working full-time or frequently and Dad or father of baby/child (caretaker) is coming in for appointments all the time.** In this situation discuss with family what would work best for them. Does it make sense to have Dad as the authorized person to avoid the problem of the Mom coming in one time a year for the certification visit? Explain

that if the WIC authorized person is shifted to Dad what that means for the family. Let the Mom know that if at any point she wants to become the authorized person again, the Dad will have to approve the change by completing a new caretaker form in which the Dad reverts back to the caretaker role. The only exception is when she becomes pregnant then she will revert back to the authorized person without approval from Dad.

**Dad is the Authorized Person and the Mom (caretaker) becomes pregnant. The Mom must revert to the authorized person.** Again, this requires a conversation with the family. Let the Dad know he can participate as the caretaker, but since the Mom is pregnant, we will require her to participate in her certification, second contacts including prenatal weight checks and re-certifications as either a breastfeeding or postpartum participant.

**Mom (authorized person) is working full-time or frequently and grandmother of baby/child (caretaker) is coming in for appointments all the time.** In this situation discuss with family what would work best for them. Does it make sense to have grandmother as the authorized person to avoid the problem of the Mom coming in one time a year for the certification visit? Explain that if the WIC authorized person is shifted to grandmother what that means for the family. Let the Mom know that if at any point she wants to become the authorized person again, the grandmother will have to approve the change by completing a new caretaker form in which the grandmother reverts back to the caretaker role. The only exception is when the Mom becomes pregnant then she will revert back to the authorized person without approval from the grandmother.

**Grandmother is the Authorized Person and the Mom (caretaker) becomes pregnant. The Mom must revert to the authorized person.** Again, this requires a conversation with the family. Let the grandmother know she can participate as a caretaker for the children, but since the Mom is pregnant, we will require her to participate in her certification, second contacts including prenatal weight checks and re-certifications as either a breastfeeding or postpartum participant.

Note: No "Change of Authorized Person" form will be required in order to lessen the amount of paperwork for WIC local agency staff. In most cases, the authorized person will either be the mother, father of child or grandmother. When a family decides to make an authorized person change, the expectation is that an updated caretaker form would be completed with the former authorized person as the caretaker. The change of authorized person should also be documented in CT-WIC in the Family Information screen. When a family decides to change back to the original authorized person (mother), complete a new caretaker form as described above.

### **Program Abuse by Caretaker**

Abuse of the program by a caretaker shall, as a minimum, result in the caretaker's disqualification from serving as a caretaker for the duration of the certification period.

First offenders may be issued a warning rather than being disqualified if a Coordinator or CPA determines and documents that such disqualification would, in effect, prevent the participant from receiving program benefits. See policy WIC 200-21 Applicant/Participant Ineligibility, Termination and Disqualification.

**SECTION: Certification****SUBJECT: Phenylketonuria or Metabolic Disorders with Nutrition Implications****POLICY**

The certification and enrollment of eligible children who have Phenylketonuria (PKU), or women with Maternal PKU (MPKU), in the WIC program is accomplished through the coordination efforts of the WIC local agency, the PKU clinics, the WIC state agency, Genetics Programs and the primary care providers.

- The medical/nutritional assessments shall be completed at the clinic facility where the client receives medical care.
- Using guidelines supplied by the WIC state office, the State Genetics Program Coordinator does preliminary income screening.
- A medical/nutritional assessment is completed by the clinic physician, nurse/or dietitian or the primary care physician.
- The PKU dietitian completes a nutrition assessment, determines the diet prescription and forwards a copy of both to the WIC local agency.
- To determine the diet prescription the PKU dietitian will take a diet recall and assess the blood phenylalanine level.
- The clinic staff mails the certification form to the appropriate WIC local agency. The WIC local agency completes the initial and subsequent certification.
- In cooperation with the PKU dietitian, the local agency Program Nutritionist develops a nutrition care plan for women and children with PKU.
- Copies of the PKU dietitian's completed WIC certification form, the current nutrition assessment form and/or nutrition progress note and growth chart will be maintained on file at the medical facility. The original forms and nutrition assessment documentation will be forwarded to the local WIC agency.
- Upon receipt of the completed certification form and nutrition assessment/note, certification records for all WIC/PKU participants are maintained (scanned) in CT-WIC.
- Other metabolic disorders with nutritional implications shall be handled in the same manner as PKU.

**SECTION: Certification****SUBJECT: Non-Resident Alien participants**

---

**Federal Regulations:** §246.7 (p)

**POLICY****Alien Status and WIC**

The WIC program is not considered a public cash assistance program by the Immigration and Naturalization service (INS). Therefore, participants who have been granted "lawful temporary resident status" (LTRS) or who are applying for LTRS are not considered to be public charges. However, *alien students* who participate in the WIC program *may be considered public charges by the INS and may be subject to deportation.*

**Public Charge Issue**

Public charge is a term used by the INS for persons who depend on public benefits such as welfare. Depending on a person's immigration status, the INS can refuse to let that person re-enter the United States, or become a permanent resident or citizen, because they are considered a public charge that cannot support themselves. Applicants should be told that being on WIC does NOT make an alien a public charge. **WIC benefits cannot be denied to any non resident aliens who have used WIC and the INS cannot request that aliens repay any WIC benefits they have received.** It is the INS and State Department's position that receipt of WIC benefits will not have any effect on an individual's application for immigration or citizenship benefits.

**WIC is available to foreign citizens, including foreign students residing in the United States, provided they meet program eligibility requirements.** Alien status cannot be a factor in eligibility determination.

**Guidance**

Providing income information is a sensitive issue for some people. Individuals who have legal alien status, for example, may feel threatened or unsure about sharing documents with any government agency for fear that this could affect their immigration status. These applicants should be reassured that all information in their files is confidential and will be used for health and nutrition services purposes only.

During the certification process, do not inquire directly regarding an applicant's citizenship status. However, if this information becomes known, inform any alien student that participation in WIC may be considered by the INS as an indication that the alien student has become a public charge and may be subject to deportation. Refer the applicant to the INS for counseling. Do not further advise the applicant on this subject.

Any INS officials seeking information regarding WIC program participation are to be referred to the WIC state agency.

**SECTION: Certification****SUBJECT: Homeless Individual WIC Participants**

---

**Federal Regulations:** §246.4 (a)(20) and §246.7(m)

**POLICY**

Applicants residing in homeless facilities that serve meals which have not yet been approved or disapproved shall be certified for 60 days during which the facility shall be reviewed for approval.

If the facility is approved, the certification period shall be extended for the normal duration.

If the facility is not approved or falls out of compliance, all WIC participants shall receive 30 days notice of the need to sever connection with the homeless facility or be disqualified from the WIC program. However, if a participant takes up residence in a homeless facility after having been certified, the participant must be allowed to complete the certification period regardless of the status of the facility.

**Guidance**

This policy was developed to ensure that WIC participants reside in homeless facilities that comply with the provisions set forth in Policy 100-12 Facilities for Homeless Individuals.

Approved facilities:

- Should not accrue financial or in-kind benefit from a person's participation in the Program, e.g., by reducing its expenditures for food service because its residents are receiving WIC foods;
- Should not require that supplemental foods provided by the WIC Program are designated for communal food service. WIC supplemental foods must be available exclusively to the WIC participant for whom they were issued;
- Must place no constraints on the ability of the participant to partake of the supplemental foods and nutrition education available under the Program.

When an applicant who resides in a homeless facility that serves meals, applies for WIC Program benefits, determine the status of the facility.

If the applicant resides in an approved facility, certify the individual for the period allowed for based on their participant category.

If the applicant resides in a facility which has not yet been approved or disapproved, certify the individual for 60 days and initiate a review of the facility for approval.

If the facility is not approved or falls out of compliance, provide 30 days notice to participants that they must sever connection with the facility or be disqualified from the Program. Refer the individual(s) to an approved facility.

If a participant moves into a facility that has not yet been approved, initiate the approval process. If the participant has moved into a disapproved facility, inform the participant that they may complete the current certification period but future certifications may be negatively affected.

**SECTION: Certification****SUBJECT: Special Population Participants**

---

**Federal Regulations:** §246.4 (a)(6), §246.4 (a)(21)-(22) and §246.7(o) (2) (i)-(iii)

**POLICY****Children in State Custody**

The local agency shall make efforts to provide program benefits to unserved infants and children under the care of foster parents, protective services or child welfare authorities. This category also includes infants exposed to drugs perinatally.

**Employed Individuals and Rural Residents**

In addition to giving employed individuals a scheduled appointment to apply for the program, the WIC local agency shall make provisions for employed individuals to receive nutrition education and pick up their benefits, in order to minimize the amount of time the individual must spend away from work to obtain WIC benefits.

The WIC local agency shall adopt or revise procedures and practices to minimize the time participants must travel, including adjustment of clinic hours and/or locations.

**Native American Populations**

There are small numbers of Native American Indians dispersed in the general population in Connecticut. The Connecticut WIC program has determined that these special populations are best served by being processed individually in the normal fashion consistent with the local WIC program's procedures.

**SECTION: Certification****SUBJECT: Coordination of Services-Referrals to other programs by WIC Staff**

**Federal Regulations:** §246.7(b)(1)-(3)

**Nutrition Services Standards:** 16

**See Also:** CT WIC Policy: 200-14 and 101-04

**POLICY****Referrals at Initial WIC Enrollment**

Provide and review the Selected Referrals brochure with all adult WIC applicants, parents or guardians of applicants at time of certification/enrollment.

In CT-WIC Family Info–Income Information (tab) Screen, document participation in TFA, HUSKY A, and the SNAP Program. All referrals must be documented in the Referral screen.

**Targeted Referrals**

WIC local agencies shall develop a local policy that identifies the high-risk conditions requiring referral and the procedures for follow-up. At a minimum, the policy shall specify the following:

- The high-risk condition(s) requiring referral and follow-up
- Where the following information will be documented:
  - Name of participant who was referred
  - Reason for referral
  - Name of service or provider to which participant was referred
  - Name of person making the referral
  - Date of referral
  - Date of follow-up with participant or parent/caregiver
  - Outcome of referral, i.e., whether or not participant indicated they acted upon the referral
  - Any other action taken

Procedures for follow-up, including:

- Method of follow-up to be used with participant e.g. phone, home visit, mail
- Length of time between referral and follow-up
- Personnel responsible for follow-up

The WIC local agency shall not contact the agency or provider to which a participant was referred to determine disposition of referral.

**NOTE:** Whether or not a participant has made an appointment or seen a health care provider is confidential information. The health care provider cannot release this information without the participant's consent.



## **Referrals for Drugs/Other Harmful Substances and Alcohol**

**See also:** CT WIC Policy: 300-05

WIC local agencies shall maintain an up-to-date list of local resources for drug and other harmful substance abuse counseling and treatment. This includes resources for drug and alcohol abuse, as well as resources for smoking cessation.

At the time of certification, WIC local agencies shall offer a list of appropriate resources to participants certified for smoking (FNS code 371); alcohol use (FNS code 372); illegal drug use (FNS code 372); and/or Environmental Tobacco Smoke (ETS) (FNS code 904).

The WIC local agency shall also make the list available to the parent of a child on WIC with the FNS code 902 (Infant/Child of Primary Caregiver with Limited Ability to Making Feeding Decisions and/or Prepare Food), specifically for alcohol and/or drug abuse, or to any other participant or WIC family that requests the information.

The State WIC agency is aware that many communities have limited resources for the treatment of substance abuse, and that many of these resources are not free. In communities without any resources, the most important thing you can do for your WIC families with substance abuse problems is to ensure they are getting routine, ongoing health services.

## **Referrals after Initial WIC Enrollment or for Ineligible Applicants**

After initial enrollment refer *as appropriate* all WIC participants to the Supplemental Nutrition Assistance Program (SNAP), Temporary Family Assistance (TFA), HUSKY A, Healthy Start, Child support enforcement and Expanded Food and Nutrition Education (EFNEP) programs.

Make targeted referrals, such as to the Children and Youth with Special Health Care Needs (CYSHCN) and Birth-to-Three programs, as needed. Provide information about other potential sources of local food assistance to WIC applicants who are found ineligible or who are placed on a waiting list.

Provide a local community resource list to applicants and participants to include description of services, addresses and telephone numbers of local Supplemental Nutrition Assistance program, HUSKY A/Medicaid, and Child Support Enforcement offices and other potential sources of assistance.

## **Referral Guidelines**

Providing, documenting and following up on referrals is the responsibility of all members of the WIC local agency staff. However, as outlined below, some types of referrals fit better during certain times in the certification process or WIC agency visit. Also outlined below are general expectations regarding referrals based on specific local agency positions.

- At the time of first enrollment on WIC or an out of state transfer, all applicants must be asked how she/he was referred to WIC and document in the Referral screen.
- During the certification process to determine category, residency, identity and income eligibility WIC staff will determine whether the applicant/participant receives HUSKY A, Supplemental Nutrition Assistance Program, and/or Temporary Family Assistance. If the individual or family does not currently receive one or more of these benefits staff should make

appropriate referrals by reviewing the Selected Referrals brochure. Agencies should also provide local contacts for Temporary Family Assistance if appropriate.








- It is expected that WIC staff review the Selected Referrals brochure with all participants enrolling in WIC for the first time. WIC local agencies can best decide how to meet this expectation. However, this brochure may be more appropriate for program assistants or clerks to review during eligibility determination or to review during an orientation group.


The State WIC agency understands the expressed concerns of WIC local agency staff that certain referrals may not be appropriate for everyone applying for WIC benefits such as undocumented immigrants or teens. It is important to remember that WIC is federally mandated to provide referral information to all WIC applicants enrolling in the program. Staff should clarify with applicants that the programs listed in the Selected Referrals brochure are the most common programs our WIC families find helpful and may qualify for, however, reiterate each program has its own eligibility requirements. WIC's role for providing this brochure is primarily informational, however, if a participant has questions or returns and reports difficulty accessing programs listed in the brochure WIC staff should follow-up as needed.

- Additional referrals appropriate for program assistants or clerks to provide during precertification or eligibility determination based on conversation with applicants/participants include Energy Assistance, Food Pantry and/or other social services programs as directed by local agency policies. If other referrals are made they must be documented in the Referrals screen and if necessary include additional details in the Notes and Alerts screen to ensure nutrition staff is aware of the referral and can document details as appropriate in the Nutrition Education screen.
- During the nutrition assessment process, nutritionists or nutrition aides may discover additional needs and make appropriate referrals to Birth to Three, Child Guidance, mental health services, DCF, dental care and domestic violence programs. Nutritionists should continue to document referrals in the Referrals screen and provide additional details in the Nutrition Education screen as appropriate.
- At the next WIC re-certification or mid-certification or second contact (individual follow-up), a nutrition aide, and/or nutritionist will follow up as to the status of the referral(s), progress made, result, and any additional action that needs to be taken. All updates should be documented.

 **Danbury WIC Program**   
 80 Main St. Danbury, CT  
 203-797- 4629

 **Danbury WIC Program**   
 80 Main St. Danbury, CT  
 203-797- 4629

|  <b>Clothing</b>       | <b>Phone #</b>         |  <b>Info Lines</b>          | <b>Phone #</b>               |
|--|------------------------|--|------------------------------|
| Salvation Army Thrift Shop<br>129 Main Street  | 203-792-9799           | City of Danbury  | 311                          |
| Thrift Mart of New Milford<br>146 Danbury Road   | 860-350-2153           | Info line  | 211                          |
|  <b>Food Resources</b> | <b>Phone #</b>         |  <b>Housing</b>             | <b>Phone #</b>               |
| CACD Neighborhood Services   | 203-744-4700           | ARC  |                              |
| Daily Bread (St. James) Food Pantry<br>25 West Street  | 203-748-3561           | 325 Main Street  | 203-792-9450                 |
| Dorothy Day Hospitality House<br>11 Spring Street  | 203-743-7988           | CACD Housing Services  | 203-744-4700                 |
| Food Stamps (Social Services)<br>342 Main Street, Danbury  | 203-207-8900           | Catholic Charities<br>30 Main St, Danbury  | 203-743-4412                 |
| Salvation Army<br>15 Foster St.  | 203-792-7505           | CT Dept of Social Services<br>342 Main St.   | 203-207-8900                 |
| WIC Program<br>80 Main St.   | 203-797-4629           | City Homeless Shelter<br>254 Main St.  | 203-796-1661                 |
|  |                        | Danbury Housing Authority<br>98A Elm Street &<br>2 Mill Ridge Rd   | 203-744-2500                 |
|  |                        | Domestic Violence Shelter<br>2 West St.  | 203-731-5206                 |
|  |                        | Harmony House<br>5 Harmony St.   | 203-743-3843                 |
|  |                        | Housing Mediation  | 203-748-4941 x107            |
|  |                        | Housing Resource Center<br>8 West St. Suite 202  | 203-798-6527                 |
|  |                        | Salvation Army Jumpstart<br>Threshold (Amos House)<br>34 Rocky Glen Rd                                       | 203-791-0012<br>203-791-9277 |
|  <b>Health</b>       | <b>Phone #</b>         |  <b>Income Assistance</b> | <b>Phone #</b>               |
| HUSKY Health Insurance   | 211 or<br>203-207-8900 | CACD Energy Asst.  | 203-748-5422                 |
| Americares Free Clinic of Danbury<br>76 West St.   | 203-748-6188           | CT Dept of Social Services<br>342 Main St.   | 203-207-8900                 |
| CIFC Comm. Health Center of Greater<br>Danbury. 57 North Street, Danbury                               | 203-743-0100           | City of Town Services:   |                              |
| Community Health Center<br>8 Delay Street, Danbury   | 203-797-8330           | • Bethel   | 203-794-8536                 |
| Dental Clinic of Danbury Public Schools  | 203-790-2812           | • Brookfield   | 203-775-7312                 |
| Danbury Hospital Dental Services<br>70 Main St, Danbury  | 203-791-5010           | • Danbury  | 203-797-4569                 |
| Kevin's Comm. Ctr Free Medical Clinic<br>153 S. Main St, Newtown                                       | 203-426-0496           | • Kent   | 860-927-1586                 |
| New Milford VNA<br>68 Park Lane Road (Rte 202)   | 860-354-2216           | • Ridgefield   | 203-431-2777                 |
| Pediatric Health Center<br>70 Main St.   | 203-791-5020           | • Newtown  | 203-270-4330                 |
| Regional Hospice   | 203-702-7400           | • New Fairfield  | 203-312-5669                 |
| Samaritan Center<br>13 Rose Street, Danbury  | 203-791-2794           | • Redding  | 203-938-3580                 |
| Urgent Care, Danbury Hospital  | 203-739-7100           | • Sherman  | 860-354-2414                 |
| Urgent Care, New Milford Hospital  | 860-210-5200           | • New Milford  | 203-355-6079                 |
| Danbury VNA..WOW Van   | 203-792-4120           |  |                              |
|  |                        |  <b>Mental Health</b>     | <b>Phone #</b>               |
|  |                        | Newtown Youth & Family Srv.<br>17 Church Hill Rd.  | 203-426-8103                 |
|  |                        | Family Children's Aid<br>75 West St.   | 203-748-5689                 |
|  |                        | KIDHELP Crisis Hotline   | 203-327-5437                 |
|  |                        | Women's Center<br>2 West St.   | 203-731-5200                 |

|  <b>Danbury WIC Program</b> <br>80 Main St. Danbury, CT<br>203-797- 4629 |                |  <b>Danbury WIC Program</b> <br>80 Main St. Danbury, CT<br>203-797- 4629 |                |
|--|----------------|--|----------------|
|  <b>New Milford Services</b>   | <b>Phone #</b> |  <b>Parent Support</b>  | <b>Phone #</b> |
| Nurturing Families   | 860-354-5962   | Danbury Area Autism Spectrum   | 203-870-5641   |
| New Milford VNA  |                | 211 Main St, Bethel  |                |
| 68 Park Lane Road (Route 202)  | 860-354-2216   | Danbury Children First, Inc  | 203-797-8088   |
| Our Daily Bread, United Methodist Church   |                | 83 West St.  |                |
| 68 Danbury Rd, New Milford   | 860-354-4596   | Danbury Regional Child   | 203-748-4542   |
| New Milford Social Services (Food Bank)  | 203-355-6079   | Advocacy Ctr....268 Main St.   |                |
| Litchfield County Head Start   |                | Families Network of Western  | 203-791-8773   |
| 355 Goshen Rd, Litchfield  | 860-567-0863   | CT.....5 Library Place   |                |
|  | Ext.145        | Family & Children's Aide   | 203-748-5689   |
| Loaves & Fishes Hospitality House  |                | WeCAHR Parent Support Grp  | 203-792-3540   |
| 40 Main St, Richmond Center  | 860-350-6612   | Child support Resource center  | 800-842-1508   |
| Richmond Center, Social Service  |                |  |                |
| 40 Main St   | 860-355-6079   |  |                |
|  <b>Preschool</b>  | <b>Phone #</b> |  <b>Pregnancy Resources</b>   | <b>Phone #</b> |
| Action Early Learning Center   |                | Birthright   | 203-744-3737   |
| 75 Balmforth Ave, Danbury  | 203-743-3785   | Hopeline   | 203-207-4673   |
| Birth to Three Program   | 800-505-7000   | Medical Options  | 203-743-5024   |
| Danbury School Readiness   | 203-791-1904   | Planned Parenthood   | 203-743-2446   |
| Danbury Public School Educational Ctr  | 203-797-4832   | Women's Health Center  | 203-791-5000   |
| ESL Reception Center   | 203-790-2849   |  |                |
| Fairfield County Head Start  |                |  <b>Breastfeeding Resources Phone #.</b>  |                |
| 7 Old Sherman Turnpike,  |                | Danbury Hospital Center for  |                |
| Suite 201, Danbury   | 203-743-3993   | Lactation  | 203-739-7777   |
| Interfaith Early Learning Center   |                |  |                |
| 119 Osborne St, Danbury  | 203-744-6619   | La Leche League of Greater   |                |
| The Right Place The Salvation Army   |                | Danbury Leaders  |                |
| 15 Foster St, Danbury  | 203-794-1472   | <a href="http://www.lll.usa.org/ct/webgreaterdanburyct.html">www.lll.usa.org/ct/webgreaterdanburyct.html</a>   |                |
| YMCA, Brookfield   |                |  |                |
| 2 Huckleberry Hill Rd  | 203-775-4444   |  |                |
| YMCA, Bethel   |                |  |                |
| 57 Grassy Plain St   | 203-744-4890   |  |                |
|  <b>Other</b>  | <b>Phone #</b> |  <b>Other</b>   | <b>Phone #</b> |
| Ability Beyond Disability  | 888-832-8247   | Centro Hispano   | 203798-2855    |
| AIDs Project of Greater Danbury  | 203-778-2437   | Families Network of Western CT   | 203-791-8773   |
| American Red Cross   | 203-792-8200   | Housatonic Valley Coalition..  |                |
| Association of Religious Communities   | 203-792-9450   | Against Substance Abuse  | 203-743-7741   |
| Careline (DCF Hotline)   | 800-842-2288   | Hispanic Center of Danbury   | 203-798-2855   |
| CT Legal Services  | 800-453-3320   | YMCA of Brookfield CT  | 203-775-4444   |
| Domestic Violence Hotline  | 203-731-5206   | YMCA of Danbury CT   | 203-744-1000   |
| National Domestic Violence Hotline   | 800-799-7233   | School-based Health Center   | 203-790-2886   |
| Evenstart  | 203-501-4167   | Care – 4 – Kids  | 1-888-214-5437 |
| Interlude  | 203-797-1210   | CACD- Diaper Program   | 203-744-4700   |
| Midwestern CT Council on Alcoholis   | 203-792-4515   |  | Ext. 106       |
|  |                | Quit Line  | 1-800-784-8669 |

# DEPARTMENT of SOCIAL SERVICES

## CHILD SUPPORT SERVICES

### HOW CAN CHILD SUPPORT SERVICES HELP ME?

Service areas include:

- Locating non-custodial parent
- Identifying the legal father
- Modifying & enforcing a support order
- Getting or enforcing medical support
- Handling support payments

If you are already receiving child support services, but need the order enforced or changed, call:

1-888-233-7223

If you are on TFA, Medicaid or Foster Care Assistance, you automatically receive all child support services.

If not, you can apply at one of the DSS offices listed below.

### Bureau of Child Support Enforcement

#### DSS—Regional Offices

|             |                |
|-------------|----------------|
| Bridgeport  | (203) 551-2703 |
| Bristol     | (860) 314-6500 |
| Danbury     | (203) 207-8986 |
| Hartford    | (860) 723-1002 |
| Manchester  | (860) 647-1441 |
| Meriden     | (203) 630-6068 |
| Middletown  | (860) 704-3126 |
| New Britain | (860) 612-3465 |
| New Haven   | (203) 974-8248 |
| Norwalk     | (203) 855-2776 |
| Norwich     | (860) 823-3325 |
| Stamford    | (203) 251-9417 |
| Torrington  | (860) 496-6944 |
| Waterbury   | (203) 597-4171 |
| Willimantic | (860) 465-3500 |

NATIONAL CHILD SUPPORT HELPLINE  
1-800-228-KIDS



## Expanded Food and Nutrition Education Program

Helping low-income families with children acquire the knowledge and skills needed to improve their diets and health.

### WHAT IS EFNEP?

The Expanded Food and Nutrition Education Program (EFNEP) can teach you how to eat better and how to save on your food bills by shopping smart.

The things you will learn about diet and nutrition can help keep you and your family in good health. If you don't have much money for food or if your Food Stamps run short at the end of the month, EFNEP can help!

### HOW CAN EFNEP HELP?

You will learn ....

- How to save money at the grocery store
- How to handle and store food
- How to plan healthy, low-cost meals
- How to cook meals that taste great

### HOW CAN I FIND OUT MORE ABOUT EFNEP?

Call the EFNEP Office nearest you:

|                |                |
|----------------|----------------|
| Norwich        | (860) 887-1608 |
| Hartford Area  | (860) 570-9010 |
| New Haven Area | (203) 407-3169 |
| Storrs Area    | (860) 486-1783 |
| Brooklyn       | (860) 774-9600 |



## Connecticut WIC PROGRAM



*Selected  
Referrals*

*Other Programs  
that can help you...*

**Call: 1-800-741-2142**

# HUSKY



## What is HUSKY?

HUSKY, Healthy Start, is a free insurance for pregnant women and children.

## What does HUSKY Cover?

Prenatal and postpartum care, doctor's visits, hospital care, dental care and check-ups, family planning services, mental health and substance abuse and much more.

## How do I apply for HUSKY?

It's simple, to complete an application, just call **1-800-656-6684**. You can request an application to be mailed to you or you can start an application over the phone. You may also access an application at [www.huskyhealth.com](http://www.huskyhealth.com)

If you live in Connecticut, are pregnant, have a child (under 19), or are a parent or caretaker of a child, you may qualify for HUSKY.

For more information about HUSKY please call:

**1-877-CT-HUSKY**

**Option 1**



If you are pregnant, you can go or call the Healthy Start Program\*

**Bridgeport** Dept. of Social Services (203) 576-8181  
576-7458

**Bristol** Community Organization (860) 584-2725 x23

**Hartford:** Health & Human Services Dept. (860) 543-8834  
Hispanic Health Council (860) 527-0856

**Middletown:** Community Health Center (860) 347-6971

**New Haven** Health Department, Yale (203) 946-8187  
New Haven & St. Raphael Hospitals

**New London:** (860) 442-0711 x2486  
Lawrence & Memorial Hospital

**Norwalk:** Family & Children Agency (203) 604-1230 x313

**Norwich:** (860) 892-7042 x319  
United Community Family Services

**Putnam:** Day Kimball Hospital (860) 928-6541 x2595

**Seymour:** Naugatuck Valley Health Dist. (203) 881-3255

**Stamford:** Optimus Health Center (203) 621-3835

**Torrington:** Family Strides (860) 482-3236

**Waterbury:** Staywell Health Center (203) 756-8021 x3001

**Willimantic:** (860) 456-7471 x124  
Generations Family Health Center

\*Healthy Start services may include:

Health education, information about community resources, links to prenatal care & a medical home, and home visits to help pregnant women have healthy families.

# HUSKY

## SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)

### WHAT IS THE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM?

The Supplemental Nutrition Assistance Program helps people buy food. The Federal government created the program to help people with low incomes eat well to stay healthy. If you are eligible, we put your benefits in an electronic bank account. We will give you a plastic Electronic Benefits Transfer "EBT" card to use to buy food at stores that take Food Stamps.

### ARE YOU ELIGIBLE?

Your eligibility for Food Stamps and the amount of your Food Stamp benefit depends on:

How many people you live with, (which we call your household), how much income your household has each month, what assets your household has, and how much your household has to pay each month for things like rent or mortgage, utilities and child care.

**WHERE DO I APPLY?** Contact DSS at 1-800-842-1508 to get an application mailed to you or get one through the Internet at [www.ct.gov/dss](http://www.ct.gov/dss).



**2-1-1 OR 1-800-203-1234**  
Free, confidential referral & crisis intervention service. Information on other programs is available 24/7  
Visit [www.211infoline.org](http://www.211infoline.org).

**SECTION: Certification****SUBJECT: Transfer of Foster Children Between Households**

---

**Federal Regulations:** §246

**See also:** WIC 200-16: WIC Program Orientation and WIC 400-05 WIC Benefit Issuance

**POLICY**

If the Department of Children and Families (DCF) notifies local agency staff that a participating infant or child has been moved to a foster family or is being moved from one foster family to a different foster family, follow the steps below to complete a transfer. If transfer information is provided by a DCF Social Worker, schedule an appointment within ten (10) days to come into the WIC office to make appropriate changes.

If a family requests transfer of benefits on behalf of a foster infant or child, contact DCF to confirm the infant or child's placement before proceeding with the transfer and steps below.

**NOTE: Foster parents will have separate CT-WIC Family ID Numbers and eWIC cards for all WIC eligible participants under their care.**

For example, a foster mother has 2 foster children, she will be the Authorized Person for both children, she will have 2 CT-WIC Family ID Numbers and 2 eWIC cards. Under the Search function in CT-WIC, when you search by name, this Authorized Person will be associated with both of the foster children.

**Transfer of Infant/Child from Foster Family to another Foster Family**

- Once you have verified via DCF or transfer paperwork an infant or child is being moved from one foster household to another, go into the Precertification Screen (under the Scheduling Tasks) and perform the Precertification for the new Authorized Person. If applicable, inform the new foster parent that you will contact her/him to make an appointment once you contact the previous local agency for that child. Inform the new foster parent that any unused WIC benefits (formula/food) should be transferred to the new foster household with the infant or child.
- Contact the previous local agency to determine the status of the eWIC benefits. **Only the existing (previous) local agency can void remaining or future WIC benefits.** If any unredeemed benefits are on the eWIC card: First, VOID the remaining benefits for the current and future months. Next, perform a STOP ACCESS function on the card. Voiding the participant benefits will ensure that any unredeemed benefits are not used by the old foster family. Document the placement information in the individual participant's progress notes. It is expected that resolution of benefits from the receiving office must be completed within 48 hours of contact from the new foster family. If the receiving agency cannot reach the previous local agency after all attempts have been made (phone, email) the receiving local agency may contact the State agency to resolve outstanding benefits.

- In Transfer of Foster to Foster situations, the entire Food Prescription or current benefits can be voided because there is only one individual's benefit on the eWIC card.
- Once the previous local agency has confirmed the voided benefits, transfer the Participant into the new foster family (AP's) record. You can now schedule an appointment in CT-WIC.
- At the WIC visit, enter the infant or child's information into the new foster parent's family ID, and update the Participant and Family Information Screens in CT-WIC. Update other screens in the Guided Script as needed.
- Update the Food Prescription in CT-WIC. If unused formula is transferred from one foster family to another, tailor the remaining formula benefits appropriately. For example, if the current foster family only redeemed 4 cans of formula and provided them to the new foster family, tailor the remaining benefits to equal the total monthly allotment.
- Activate a new eWIC card for the foster family.
- Issue new eWIC benefits for the newly transferred participant.
- Provide appropriate nutrition education based on the needs of the infant or child, and the knowledge of the foster parent, and answer any nutrition question.
- If the foster parent does not have active WIC participants, complete the required WIC Program Orientation. (See 200-16 WIC Program Orientation)

### **Transfer of Infant/Child from a WIC Family to a Foster Family**

- Once you have verified via DCF or transfer paperwork an infant or child is being moved from a WIC household to a Foster Family, go into the Precertification Screen (under the Scheduling Tasks) and perform the Precertification for the new Authorized Person. If applicable, inform the new foster parent that you will contact her to make an appointment once you contact the previous local agency for that child. Remind the new foster parent that any unused WIC benefits (formula/food) should be transferred to the new foster household with the infant or child.
- Contact the previous local agency to determine the status of the eWIC benefits. **Only the existing (previous) local agency can void remaining WIC benefits.**

Important: Benefits in CT-WIC, eWIC are issued at the family level, therefore, care needs to be taken when performing the void functions.

1. Access the **Benefits Void** screen with the desired family record selected.

The *Benefits* option will default to "Current." In most cases (children) you will only be voiding out future months benefits. In the case of an infant, you can do a partial void for the remaining formula for the current month.



Discuss with the Authorized Person how the remaining WIC benefits for the current month will be affected.

Future benefits must be manually voided when a participant is transferred between families (foster children). You can only void, ALL future benefits, partial voiding is not possible. Remember that if future benefits are being voided for the family as a result of a transfer from one family to another, you need to re-issue future benefits for any remaining family members.

- Since the Authorized Person may have other active WIC participants (individuals) in her/his eWIC account, do **not** perform a Stop Access function on the eWIC card. Document the placement information in the individual participant's progress notes.
- Once the previous local agency has confirmed the voided benefits, transfer the Participant into the new foster family (AP's) record. You can now schedule an appointment in CT-WIC.
- At the WIC visit, enter the infant or child's information into the new foster parent's family ID, and update the Participant and Family Information Screens in CT-WIC. Update other screens in the Guided Script as needed.
- Update the Food Prescription in CT-WIC.
- Activate a new eWIC card for the foster family.
- Issue new eWIC benefits for the newly transferred participant.
- Provide appropriate nutrition education based on the needs of the infant or child, and the knowledge of the foster parent, and answer any nutrition question.
- If the foster parent does not have active WIC participants, complete the required WIC Program Orientation. (See 200-16 WIC Program Orientation)

**SECTION: Certification****SUBJECT: Initiating Participant Waiting Lists**

---

**Federal Regulations:** §246.7

**See Also:** CT WIC Policy: 200-21

**POLICY**

All local agencies, regardless of caseload, shall notify the State agency if applicants/participants cannot be scheduled within the mandated processing timeframes for a period of two months or more.

Establishment and maintenance of a local agency waiting list must be authorized in advance by the State agency.

If a statewide waiting list is required, the State agency will determine which categories and priorities of WIC clients will be placed on a waiting list. Local agencies will be able to access the list locally from the CT-WIC system. The order of placement on the waiting list will follow the priority groups listed below:

**First:** Postpartum (non-breastfeeding) women.

**Second:** Children, age 12 months through age 5. The Child category is age specific and the State agency will select the maximum age of children that will continue to be served.

**Third:** Pregnant Women, Breastfeeding Women and Infants.

When a waiting list is initiated, current participants shall be notified of the implementation of a waiting list.

- Participants who have a recertification appointment scheduled within thirty (30) days shall not have their appointments cancelled. (30 days is given to provide a cushion for the required 15 day notification.) These participants shall be given an Extension for one (1) month or may be recertified and only issued one (1) months' worth of benefits.
- Participants with a recertification appointment scheduled more than thirty (30) days from the initiation of the waiting list (and fall into the priority groups that are being waitlisted) shall have their appointment cancelled. The appropriate cancellation notice will be sent by the Local agency. Local agencies shall notify all low priority clients of their placement on the waiting list and the right to a Fair Hearing.
- Current participants in waiting list order groups shall continue to receive benefits until the end of their current certification period.
- Individuals transferring from out of state within a valid certification period, regardless of priority ranking shall be offered an appointment within twenty (20) calendar days or as early as possible so as not to interrupt program benefits. At the end of the certification period, the file will be ranked according to priority groups.

- Participants and applicants who are placed in waiting list status shall be referred to other programs i.e. SNAP, 211 Info-line.
- Participants and applicants who are placed on the waiting list shall be sent a letter notifying them of their status. Documentation that a letter was sent shall be noted in the participant file. (See "Sample letter")
- Breastfeeding women who change category to postpartum will be immediately waitlisted provided their actual delivery date was within six (6) months.

All participants affected by the waiting list should be sent a letter of notification. A sample letter is attached to this policy which includes; the reason for the waiting list, the recommendation to check back with WIC in "X" number of months (usually a range from 1-3 months to be determined by the local agency to better direct volume of repeated inquiries from participants), and the affected family members. Available local resources should be included in the letter.

The waiting list includes the following information and must be retained at the local agency:

1. Name of applicant
2. Address and telephone number
3. Date placed on waiting list
4. Category
5. Priority
6. Age of child
7. Nutritional Risk
8. Income Eligibility status
9. Method of application (phone, walk-in, mail or fax)
10. Date applicant notified of placement on the waiting list

Local agencies will use this list to generate notification and outreach letters once a waiting list is no longer active.

## Sample Waiting List Letter to Participants

Dear Participant

The Connecticut WIC Program (Special Supplemental Nutrition Program for Women, Infants and Children) and the \_\_\_\_\_ values your participation.

Due to cuts in Federal WIC Program funding, we are forced to place certain types of participants on a "waiting list" for WIC program services.

A waiting list means that you will no longer be able to receive WIC nutrition services or WIC checks once your current WIC certification period for your pregnancy is over.

At this time, we are no longer able to serve non-breastfeeding, post-partum women participants.

Your baby will **remain eligible** for WIC nutrition services and WIC benefits.

Included in this mailing is a list of local resources (*each agency insert your local resources*) that you may be able to qualify for during this time.

Please know that it was necessary due to the lack of funding that we take this action and we regret any hardship on you and your family. We hope that this situation will be over soon.

You will be contacted right away, if there are any changes in your waiting list status. Please contact us in \_\_\_\_\_ months to see if there are changes.

## Sample Waiting List Letter to Participants

Dear Participant-

The Connecticut WIC Program (Special Supplemental Nutrition Program for Women, Infants and Children) and the \_\_\_\_\_ values your participation.

Due to cuts in Federal WIC Program funding, we are forced to place certain types of participants on a "waiting list" for WIC program services.

A waiting list means that your child (children) will no longer be able to receive WIC nutrition services or WIC benefits once his/her current WIC certification period is over. At this time, we are no longer able to serve children ages three (3) to five (5) years old.

Your child (children) will be placed on a waiting list, the next time you re-apply/re-certify for WIC services.

The following member(s) of your family are affected.

---

---

---

Included in this mailing is a list of local resources (*each agency insert your local resources*) that you may be able to qualify for during this time.

Please know that it was necessary due to the lack of funding that we take this action and we regret any hardship on you and your family. We hope that this situation will be over soon.

You will be contacted right away, if there are any changes in your child's (children's) waiting list status. Please contact us in \_\_\_ months to see if there are changes.



SECTION: Certification

SUBJECT: Participant Rights and Responsibilities

Federal Regulations: §246.7 (i) (10) and (j) (1-3)

POLICY

At a minimum, at each certification appointment an applicant or participant must read or have read to her the statements on the WIC Participants Rights and Responsibilities Form. It is expected that a WIC staff person will provide a summary of important points at the initial and all subsequent certifications, mid-certifications to ensure the applicant/participant is apprised of her/his rights and responsibilities under the Program. After reading the statements and/or an explanation from WIC staff the applicant/participant must sign and date the form. The signed original form must be placed in the participant's or family's file. A copy of the signed form must be provided to the applicant or participant.

In order to reduce the burden of paperwork for participants and local agency staff, in cases where multiple family members apply and/or are being recertified on the same day, one WIC Rights and Responsibilities Form can be completed. Each individual's name must be recorded on the form. The Family ID number must also be recorded on the form. If a member of an existing WIC family applies and/or is recertified on a subsequent visit, another WIC Rights and Responsibilities Form must be completed, reflecting the certification date of that individual.

Family ID# \_\_\_\_\_

Name \_\_\_\_\_ Name \_\_\_\_\_  
 Name \_\_\_\_\_ Name \_\_\_\_\_  
 Name \_\_\_\_\_ Name \_\_\_\_\_

**Connecticut WIC Program Participant Rights and Responsibilities**

- Information collected about you may be used for program evaluation or shared with other programs or organizations to coordinate health care services.
- In order to provide you with certain referrals, we may need to share your name and/or contact information with outside organizations. We will request your special permission when we need to share your name and contact information with anyone outside of the WIC Program.
- The local agency will make health services and nutrition education available to you and you are encouraged to participate in these services.
- Standards to participate in the WIC Program are the same for everyone, regardless of race, color, gender, disability or national origin. If you feel that you have been discriminated against and wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form (PDF), found online [http://www.usda.usda.gov/complaint\\_filing\\_cust.html](http://www.usda.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 or U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, DC 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov). Individuals who are deaf, hard of hearing or have speech disabilities and you wish to file either an EEO or program complaint please contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (in Spanish).
- You may appeal any decisions made by the local agency regarding your eligibility for the WIC Program.
- WIC participants who fail to pick up benefits for two (2) months in a row will be automatically removed from the Program. You may need to reapply (recertify) to restart or receive WIC benefits.
- WIC participants who sell or exchange privately purchased (not bought with a WIC check) food or formula that is the same brand of food or formula issued to them by WIC must keep sales receipts for those items to prove, upon request of WIC Program representatives, that they are not selling or exchanging WIC food or formula.

I have been advised of my rights and responsibilities under the WIC Program. I certify that the information I have provided for my eligibility is correct, to the best of my knowledge. This certification form is being submitted in connection with the receipt of Federal assistance. WIC Program officials may verify information on this form. I understand that misusing the Program or its benefits will result in suspension or disqualification. The State agency may require me to repay for the value of the food benefits improperly issued to me. Such actions may subject me to civil or criminal prosecution under State and Federal laws. Misuse includes, but is not limited to, knowingly making a false or misleading statement or intentionally misrepresenting, hiding, or withholding facts, offering to sell, trade or donate or the actual sale, trade or donation of WIC supplemental foods.

Date \_\_\_\_\_ Signature of Participant or Parent or Guardian \_\_\_\_\_

Optional: Check box to let us know if it is OK for WIC to contact you by:  
 Phone and  Leave message, OK  Text  
 E-mail: \_\_\_\_\_

USDA is an equal opportunity provider and employer.

The WIC Rights and Responsibilities Form is available on NCR paper in English and Spanish. Other languages are available as needed electronically and can be printed. Local agency staff will need to make a photocopy of the signed form for the participant for languages other than English or Spanish.

Family ID# \_\_\_\_\_

Name \_\_\_\_\_ Name \_\_\_\_\_

Name \_\_\_\_\_ Name \_\_\_\_\_

Name \_\_\_\_\_ Name \_\_\_\_\_

## Connecticut WIC Program Participant Rights and Responsibilities

1. Information collected about you may be used for program evaluation or shared with other programs or organizations to coordinate health care services.
2. In order to provide you with certain referrals, we may need to share your name and or contact information with outside organizations. We will request your special permission when we need to share your name and contact information with anyone outside of the WIC Program.
3. The local agency will make health services and nutrition education available to you and you are encouraged to participate in these services.
4. Standards to participate in the WIC Program are the same for everyone. In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; by fax (202) 690-7442; or by email: [program.intake@usda.gov](mailto:program.intake@usda.gov). This institution is an equal opportunity provider.

5. You may appeal any decisions made by the local agency regarding your eligibility for the WIC Program.
6. **WIC participants who fail to pick up benefits for two (2) months in a row will be automatically removed from the Program. You may need to reapply (recertify) to restart or receive WIC benefits.**
7. **WIC participants who sell or exchange privately purchased (not bought with eWIC benefits) food or formula that is the same brand of food or formula issued to them by WIC must keep sales receipts for those items to prove, upon request of WIC Program representatives, that they are not selling or exchanging WIC food or formula.**

I have been advised of my rights and responsibilities under the WIC Program. I certify that the information I have provided for my eligibility is correct, to the best of my knowledge. This certification form is being submitted in connection with the receipt of Federal assistance. WIC Program officials may verify information on this form. I understand that misusing the Program or its benefits will result in suspension or disqualification. The State agency may require me to repay for the value of the food benefits improperly issued to me. Such actions may subject me to civil or criminal prosecution under State and Federal laws. Misuse includes, but is not limited to, knowingly making a false or misleading statement or intentionally misrepresenting, hiding, or withholding facts, **offering to sell, trade or donate or the actual sale, trade or donation of WIC supplemental foods.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Participant or Parent or Guardian



Número de Familia \_\_\_\_\_

Nombre \_\_\_\_\_ Nombre \_\_\_\_\_

Nombre \_\_\_\_\_ Nombre \_\_\_\_\_

Nombre \_\_\_\_\_ Nombre \_\_\_\_\_

**Derechos y responsabilidades del participante del WIC (Programa Especial de Nutrición Suplementaria Para Mujeres, Infantes y Niños)**

1. La información recopilada sobre usted se puede usar para evaluación del programa o se puede compartir con otros programas u organizaciones para coordinar los servicios de atención de la salud.
2. A fin de realizar algunas derivaciones, es posible que debamos compartir su nombre o información de contacto con organizaciones externas. Solicitaremos su permiso especial cuando debamos compartir su nombre o información de contacto con alguien externo al WIC.
3. La agencia local pondrá a su disposición servicios de salud y educación nutricional y se le recomienda que participe en estos servicios.
4. De conformidad con la Ley Federal de Derechos Civiles y los reglamentos y políticas de derechos civiles del Departamento de Agricultura de los EE. UU. (USDA, por sus siglas en inglés), se prohíbe que el USDA, sus agencias, oficinas, empleados e instituciones que participan o administran programas del USDA discriminen sobre la base de raza, color, nacionalidad, sexo, credo religioso, discapacidad, edad, creencias políticas, o en represalia o venganza por actividades previas de derechos civiles en algún programa o actividad realizados o financiados por el USDA. Las personas con discapacidades que necesiten medios alternativos para la comunicación de la información del programa (por ejemplo, sistema Braille, letras grandes, cintas de audio, lenguaje de señas americano, etc.), deben ponerse en contacto con la agencia (estatal o local) en la que solicitaron los beneficios. Las personas sordas, con dificultades de audición o con discapacidades del habla pueden comunicarse con el USDA por medio del Federal Relay Service [Servicio Federal de Retransmisión] llamando al (800) 877-8339. Además, la información del programa se puede proporcionar en otros idiomas. Para presentar una denuncia de discriminación, complete [el Formulario de Denuncia de Discriminación del Programa del USDA](#), (AD-3027) que está disponible en línea en: [http://www.ocio.usda.gov/sites/default/files/docs/2012/Spanish\\_Form\\_508\\_Compliant\\_6\\_8\\_12\\_0.pdf](http://www.ocio.usda.gov/sites/default/files/docs/2012/Spanish_Form_508_Compliant_6_8_12_0.pdf). y en cualquier oficina del USDA, o bien escriba una carta dirigida al USDA e incluya en la carta toda la información solicitada en el formulario. Para solicitar una copia del formulario de denuncia, llame al (866) 632-9992. Haga llegar su formulario lleno o carta al USDA por: correo: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; fax: (202) 690-7442; correo electrónico: [program.intake@usda.gov](mailto:program.intake@usda.gov). Esta institución es un proveedor que ofrece igualdad de oportunidades.
5. Puede apelar las decisiones tomadas por la agencia local sobre su elegibilidad para el WIC.
6. Los participantes del WIC que no retiren los cheques durante dos (2) meses seguidos serán quitados automáticamente el programa. Es posible que deba volver a presentar una solicitud (recertificar) para reiniciar o recibir los beneficios del WIC.
7. Los participantes del WIC que vendan o intercambien alimentos o fórmula comprados de manera privada (no comprados con un cheque del WIC) y que tengan la misma marca que los que el WIC les proporciona deben conservar los recibos de compra para demostrar, cuando lo soliciten los representantes del WIC, que no están vendiendo ni intercambiando alimentos o fórmula del WIC.

Se me han informado mis derechos y responsabilidades conforme el programa. Certifico que la información que proporcioné para mi elegibilidad es correcta según mi leal saber y entender. Este formulario de certificación se presenta en relación con la recepción de asistencia federal. Es posible que los funcionarios del programa comprueben la información que este contiene. Comprendo que el uso indebido del programa o sus beneficios resultará en suspensión o descalificación. La agencia estatal puede requerir que pague el valor de los beneficios alimenticios que se me hayan brindado incorrectamente. Tales acciones pueden hacerme pasible de acusaciones civiles o penales conforme las leyes estatales y federales. El uso indebido incluye, entre otros, realizar deliberadamente una declaración falsa o engañosa; intencionalmente distorsionar, ocultar o retener hechos; **ofrecer vender, comerciar o donar alimentos suplementarios del WIC o la venta, el comercio o la donación reales de estos alimentos.**

---

Fecha

---

Firma del participante, el padre o el tutor

Esta institución es un proveedor que ofrece igualdad de oportunidades.

**SECTION: Certification****SUBJECT: Separation of Duties at WIC Local Agencies**

---

**Federal Regulations:** §246.4 (a)(26) (i)-(iii)

See also WIC -100-17 Employee Fraud and Abuse

**POLICY**

The intent of this policy to strengthen program integrity and prevent Local agency staff members from certifying themselves, relatives, or friends; it also prohibits one employee being solely responsible for determining the eligibility of an applicant for all of the certification requirements and for issuing food benefits to that same WIC participant.

CT requires at least two people be involved in the certification process for each participant. CT-WIC does not allow the person that completed the income and demographics for a participant to check the Certification complete box on the Food Prescription Screen. This is to ensure that two WIC staff are involved in determining WIC eligibility. In addition to the above requirement, a WIC staff member shall NOT be involved in his or her own eligibility determination nor in the certification of a friend, relative or member of the same household.

**POLICY BACKGROUND**

The United States Department of Agriculture (USDA) implemented the separation of duties regulatory requirement in response to an August 1999 Report by the Government Accountability Office (GAO) entitled Efforts to Control Fraud and Abuse in the WIC Program Can Be Strengthened. The purpose of this regulation is to maintain the integrity of the WIC Program by establishing adequate safeguards to prevent fraud and abuse.

**ADDITIONAL GUIDANCE:****Common Scenarios:**

Certifying relative or close friend: If a relative or close friend of an employee appears in the local agency where an employee works for WIC services, the employee is expected to excuse him/herself from any role in the certification/recertification of that relative or friend.

Employee Participants: Employees participating in the WIC Program must adhere to the same program guidelines as non-employee participants; they must be served during a time that does not conflict with them performing their WIC job functions. Since co-workers will be involved in the Certification process, the employee participant must disclose their participation to the local agency Coordinator or Designee. The Coordinator or designee is required to conduct a post review of all certification records within 2 weeks of certification. If the employee participant is the Program Coordinator or designee, another member of the local agency management team must conduct the post review of the certification records. Documentation of the post certification review must be maintained on file at the local agency for review during management evaluations.

## **SUMMARY**

WIC staff are prohibited from the following WIC certification practices:

- Certifying oneself;
- Certifying relatives or close friends; or,
- One employee determining eligibility for all certification criteria and issuing food benefits.



**SECTION: Certification****SUBJECT: Short Certification**

---

**Federal Regulations:** §246.7 (c)

**POLICY**

A short certification is a 30 day temporary certification for an applicant/participant who has not provided all necessary documentation at the (re)certification appointment. A 30 day certification will occur when the Self Declaration form is used for the following; Proof of Residency, Proof of Identity, Physical Presence (Other) or Income. The CT-WIC system will auto-generate a short certification.

**Required Procedures**

The local agency shall certify an applicant or participant for program benefits based on category, residency, identification (ID), income and nutritional risks. If an applicant/participant meets all other eligibility criteria at certification but fails to bring acceptable documentation to the appointment a local agency shall permit an applicant/participant to self-declare identity\* (See 200-03 Identity Requirement for specific criteria), residency or income for a maximum of 30 days. One month of benefits can be issued. Inform the applicant/participant that if after 30 days, the necessary proof is not provided the applicant/participant will be ineligible for program benefits.

Use the Self Declaration form to document the reason proof is not available. Instruct the applicant to complete the necessary areas, and to sign and date the form. Inform the participant that by signing the document they understand that they are required to provide adequate documentation of eligibility to continue to receive benefits. If documentation is not received by the local agency **within 30 days** the applicant/participant will be required to complete a new certification. Give the form to the Program Coordinator or designee for review. **Scan the completed Self Declaration form into CT-WIC Images under Self Declaration form and provide a signed copy to the applicant/participant.** Review with the participant what is considered acceptable documentation in order to assist them. If appropriate provide a copy of the income guidelines.

Inform the applicant/participant that if they fail to submit the required documentation within the 30 day period, they will be automatically terminated from the program and will not be eligible to receive additional benefits. **Under no circumstance can an additional 30 days of benefits be given, and the participant will be ineligible for benefits.** If the participant returns within the 30 day period but fails to bring along appropriate documentation staff must make every effort to assist the participant in obtaining the necessary documentation. For example if the participant fails to bring in proof of residency, review the Identity & Residency Documentation form to determine if the participant has access to any of the acceptable forms of residency. If the participant does not have access at the time, reschedule as soon as possible and remind the participant what is required to bring as well as what happens if they do not provide documentation within the 30 day period.

Local agency staff must provide clear instructions to the participant on what they are required to bring to the next appointment. Although the participant can be issued 30 days of benefits, the local agency staff should consider ways to ensure participants return with the appropriate documentation **within** the 30 day period. As a best practice local agencies may consider scheduling the participant to return within 2 weeks with appropriate documentation to complete the certification process. Additionally, local agencies may want to provide reminder calls for participants with a short

certification so they are reminded of what they are required to bring to their next WIC appointment. Local agency staff can utilize the Short Certification Report to perform these reminder calls.

**If the participant returns after the 30 days a new certification will need to be completed.**

**SECTION: Certification****SUBJECT: Local Agency Non-Invasive Hemoglobin Testing of WIC Participants****See Policy: WIC 200-08 Nutrition Assessment and Risk Determination and WIC 200-10 Anthropometric Data**

Centers for Disease Control and Prevention. Recommendations to Prevent and Control Iron Deficiency in the United States. MMWR 1998; 47(No. RR-3): [inclusive page numbers].

**POLICY**

In an effort to provide quality nutrition services for all WIC participants (children 18 months and older and women), local agencies have the option to use a **Non-Invasive Hemoglobin Testing Device**, (purchased by the State agency) in accordance with the participant testing criteria and protocols outlined below.

Local agency testing of hemoglobin is expected to reduce the number of participants with missing bloodwork and participants on a monthly issuance of benefits for lack of hemoglobin results.

**General Considerations**

- Nutritionists will determine when participants meet criteria for in-office hemoglobin testing, based on criteria outlined below.
- Only staff trained in the usage of the equipment can operate the testing devices.
- Local agencies can designate Nutritionists or Nutrition Assistants/Aides I and II as the staff to perform the tests.
- Program Nutritionist must maintain a list of trained staff. After initial training, staff should be observed annually thereafter, to determine if proper procedures are followed.

**Referring to the Medical Provider for Bloodwork**

1. WIC staff are required to attempt to obtain bloodwork through the health care provider, before conducting a hemoglobin screening at WIC. The attempt to obtain bloodwork includes the following:

a. When scheduling an appointment for a participant, staff must check to see if bloodwork is needed by the next WIC appointment for any participant within the family.

b. If bloodwork is needed for a family member by their next WIC appointment, regardless of the appointment type, provide the participant a WIC Certification and Medical Referral Form and ask the participant to take it to their health care provider to obtain the required bloodwork and bring the completed form to their next WIC appointment.

c. If the participant does not have a health care provider, staff must:

- Offer a health care referral.
- Instruct the participant on the steps needed to get the bloodwork and the WIC Certification and Medical Referral Form completed.



- Ask the participant to bring the completed WIC referral form to their next WIC appointment.

2. If the participant arrives at their next WIC appointment without the bloodwork results, the participant staff must ask the participant if the bloodwork has been completed or if it is scheduled to be completed.

a. If the bloodwork has been completed, staff will verify that the participant has a completed Applicant/Participant Authorization Request Form on file, with the health care provider's information. If the form is on file, staff contacts the provider for the results.

b. If the bloodwork has not been completed and the participant meets the criteria for screening (below), staff shall proceed with Pronto device screening.

After either of the two scenarios above, the participant will be provided the WIC services as scheduled and issued food benefits.

### **Criteria for Screening**

Pronto device may be used for screening children, weighing 22 pounds or more. Screening is most successful if child is at least 24 months of age. Pronto device may also be used for adults.

### **Common Testing Criteria Scenarios**

- Postpartum women with an OBGYN/Health Care Provider (HCP) that does not conduct six (6) week postpartum hemoglobin testing. Testing in the WIC office does not preclude the participant from providing the Women's WIC Certification and Medical Referral Form at the postpartum follow-up appointment.
- Postpartum women without insurance coverage or HCP, after initial referral.
- Participants recently relocated to Connecticut without an established HCP or experiencing difficulty obtaining records from the out of state HCP.
- Children 18-months or older who have a HCP out of compliance with CDC's MMWR anemia screening protocol requirements. See examples below. Testing in the WIC office does not preclude the HCP from conducting required anthropometrics for one year, 18 month, two year, three year or four year old physicals and providing a completed WIC Certification and Medical Referral Form to the participant/parent or caretaker.
- Parent or caretaker describes a barrier to getting to laboratory for hemoglobin testing.

Examples of situations that warrant in-office hemoglobin testing, including but not limited to:

- HCP that does not retest for hemoglobin below 11.1 g/dL
- HCP does not test for hemoglobin at annual well-child visits

### **Handling of Equipment**

- Perform beginning of day procedure to set-up equipment. (Use sign out/sign in log)
- Follow office protocol for storage of equipment after testing is completed.
- Report malfunctioning and low supply of tests to Program Nutritionist or Coordinator.

## Preparation for Screening

1. Have participant wash hands or use a hand sanitizer. A 70% isopropyl alcohol pad can be used for cleaning the finger. If the participant has nail polish on her/his fingernails, proceed with the screening. Other states are reporting very few problems with nail polish.
2. Participant should have been seated for approximately 2 minutes before performing the screen.
3. Rest the hand/arm on the table or desk. Hand/arm should be above waist level.
4. Ask participant to refrain from movement or talking.

## Site Selection

1. Select non-dominant hand. Preferred finger is ring finger or middle finger. Do not ask to remove jewelry or watch due to liability reasons.
2. Select sensor size by; a. Child sensor: 22 lbs. – 110 lbs.                      b. Adult sensor: 66 lbs. or more

## Testing

1. Clean sensor with alcohol wipe.
2. Place sensor on clean finger insuring the tip of the finger is touching the finger stop. If the participant has a long fingernail, the fingernail can extend over the finger stop.
3. Insure the detector is placed directly over the patient's nail bed.
4. Make sure the initial reading on the device is at least 1.0 (This initial reading is not the hemoglobin value; it is the perfusion measurement.). Readings less than 1.0 may result in an unsuccessful screening. Lightly rubbing and warming the finger before screening may help increase the reading.
5. Instruct the participant not to talk or move during the screening.
6. Document results in CT-WIC in the Lab Screen. Select WIC Office under *How Verified* in the bloodwork grid.
7. It is not necessary to turn off the device between the screenings; however, turning off the device will extend the battery life.
8. After test, clean testing clamp with alcohol wipe before storing.
9. Refer to Manufacturer's Recommendations for instructions included in housing unit.

## Tips for Screening Small Children

1. If more than one member of the family needs screening, start with the oldest family member(s).
2. If the child is awake, make eye-contact and chat with the child during the first 30 seconds of the screening. The child can be screened sitting in their parent's lap, facing outward.
3. Staff should test facing the child; keep an eye on the finger in the sensor. If the finger starts to move, continue chatting with child and lightly place your hand on the child's hand.
4. Children can be screened while asleep or in a drowsy state.

## Batteries for the Pronto device

The Pronto device is USDA approved for use with alkaline batteries. Each device takes 4 AA batteries. Alkaline batteries last for about 250 tests. Rechargeable batteries can be used and last for 125-150 tests.

## **Quality Assurance (QA)**

The Program Nutritionist should include a QA measure within the quarterly chart audit review process and observations when applicable. Items to consider:

- Was proper procedure followed for obtaining and documenting bloodwork from medical provider?
- Was non-invasive hemoglobin testing offered to eligible participant?
- Was bloodwork collection documented appropriately? Was result transcribed correctly?  
Did staff document as WIC Office under How Verified?

# **CONNECTICUT WIC PROGRAM**

## **Pronto Non-Invasive Hemoglobin Screening**

### **Frequently Asked Questions**

**1. What type of screenings will the Pronto be used for at WIC?**

**Answer:** Hemoglobin screenings only (not hematocrit)

**2. Are the screening results from a Pronto accurate?**

**Answer:** The screening results from a Pronto machine are comparable to the results from a Hemocue (finger stick) machine. The Pronto machine is approved for use in medical settings. The Pronto device is FDA approved.

**3. How long does the screening take?**

**Answer:** Generally 60 seconds, unless there is excessive movement.

**4. How soon will I know the results?**

**Answer:** The results are displayed on the LED screen immediately upon completion of the screening.

**5. Does the screening hurt?**

**Answer:** The screenings do not cause any pain or discomfort. The finger is placed in the sensor, which gently envelopes the finger.

**6. How does the device work?**

**Answer:** The Pronto uses multiple wavelengths of light to obtain oxygen saturation (SpO<sub>2</sub>) and pulse rate (BPM) readings. It also accurately and non-invasively measures and displays total hemoglobin. The Pronto measures total hemoglobin using similar principles as pulse oximetry with additional wavelengths of light to obtain the measurements.

**7. Are there any long term effects or risks from the screenings?**

**Answer:** There are no known ill-effects as a result of the screenings. There are no known hazards to pregnant or breastfeeding women or their babies.

**8. What hazardous waste is produced from Pronto screenings?**

**Answer:** None. Requires no lab consumables or waste disposal.

**9. How do we dispose of the sensor devices when all the tests are used up?**

**Answer:** Currently there is no special disposal process for the Pronto sensors.

**10. Why should WIC staff make initial attempts to obtain the bloodwork from the participant's doctor, when the Pronto device is available to use?**

**Answer:** It is important that all WIC participants have a health care provider to provide preventative screenings, monitor their health, and take care of them when they are sick. If a participant does not bring in a hemoglobin test result because they do not have a health care provider, WIC staff are to refer the participant to a health care provider. This is one of the federally mandated functions of the WIC Program. Since hemoglobin tests are part of routine preventative screenings provided by the health care provider, participants may have already had the hemoglobin completed and it is wasteful for these tests to be repeated at WIC. WIC staff should attempt to obtain results from tests already completed.

**11. How will WIC staff respond to low hemoglobin readings on the Pronto device, as compared to low hemoglobin readings from a test done at a medical office or lab?**

**Answer:** Counseling and education for low hemoglobin, although individualized for the particular needs of a participant, would generally address low iron in the diet. Whether the low hemoglobin result is from a Pronto screening or from a test done at a medical facility, WIC staff may address increasing iron-rich and vitamin C-rich foods. Regardless of the source of the low reading, WIC staff should refer the participant to their provider for follow up, or refer the participant to a provider if they don't have one. It is important for the participant to receive proper medical evaluation and follow up. WIC counseling and referrals should not differ based on whether the result are from the Pronto device or a finger stick.