

**Connecticut WIC Program Manual
Federal Fiscal Year 2016**

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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 Statewide Information System (SWIS) 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)

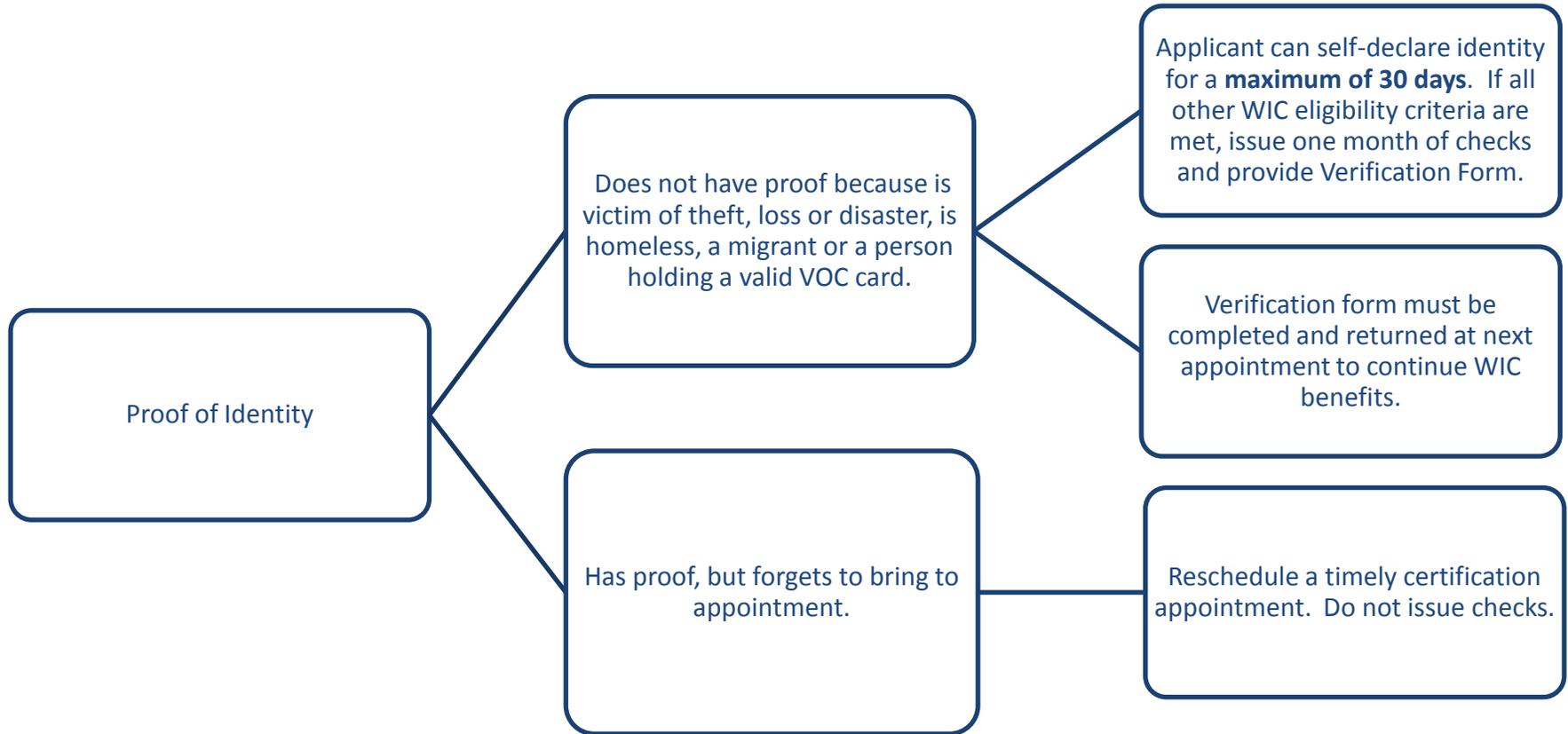
- Unless an applicant or participant meets an exemption criterion, presence at certification is required. (200-02)
- Certification shall be performed at no cost to the participant.
- WIC allows program participation by foreign citizens, including foreign students residing in the United States, provided 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.

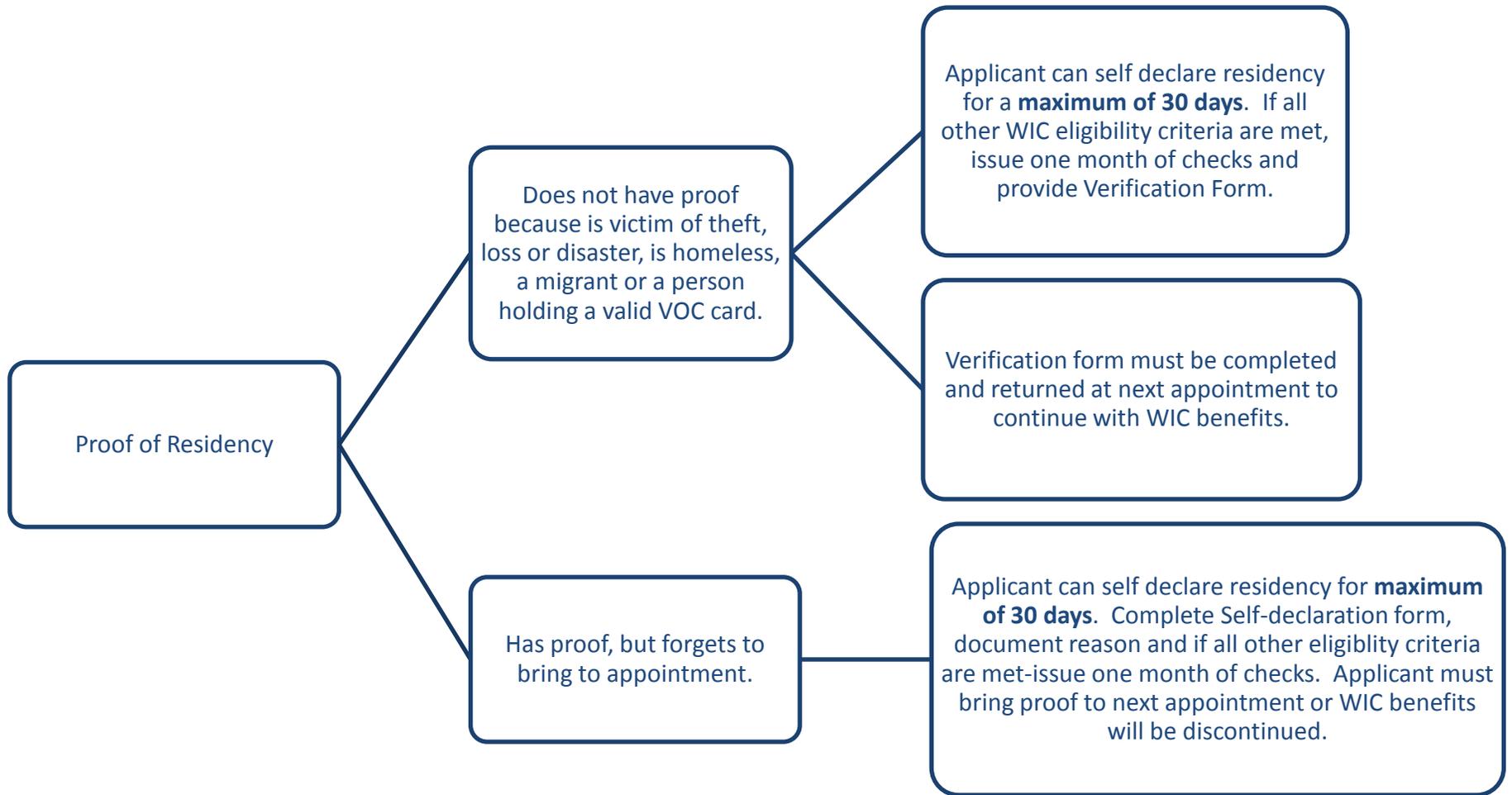
C. Since the WIC program provides non-cash benefits, WIC participants are not considered to be recipients of public cash assistance and are therefore not considered public charges under the Immigration Reform and Control Act.

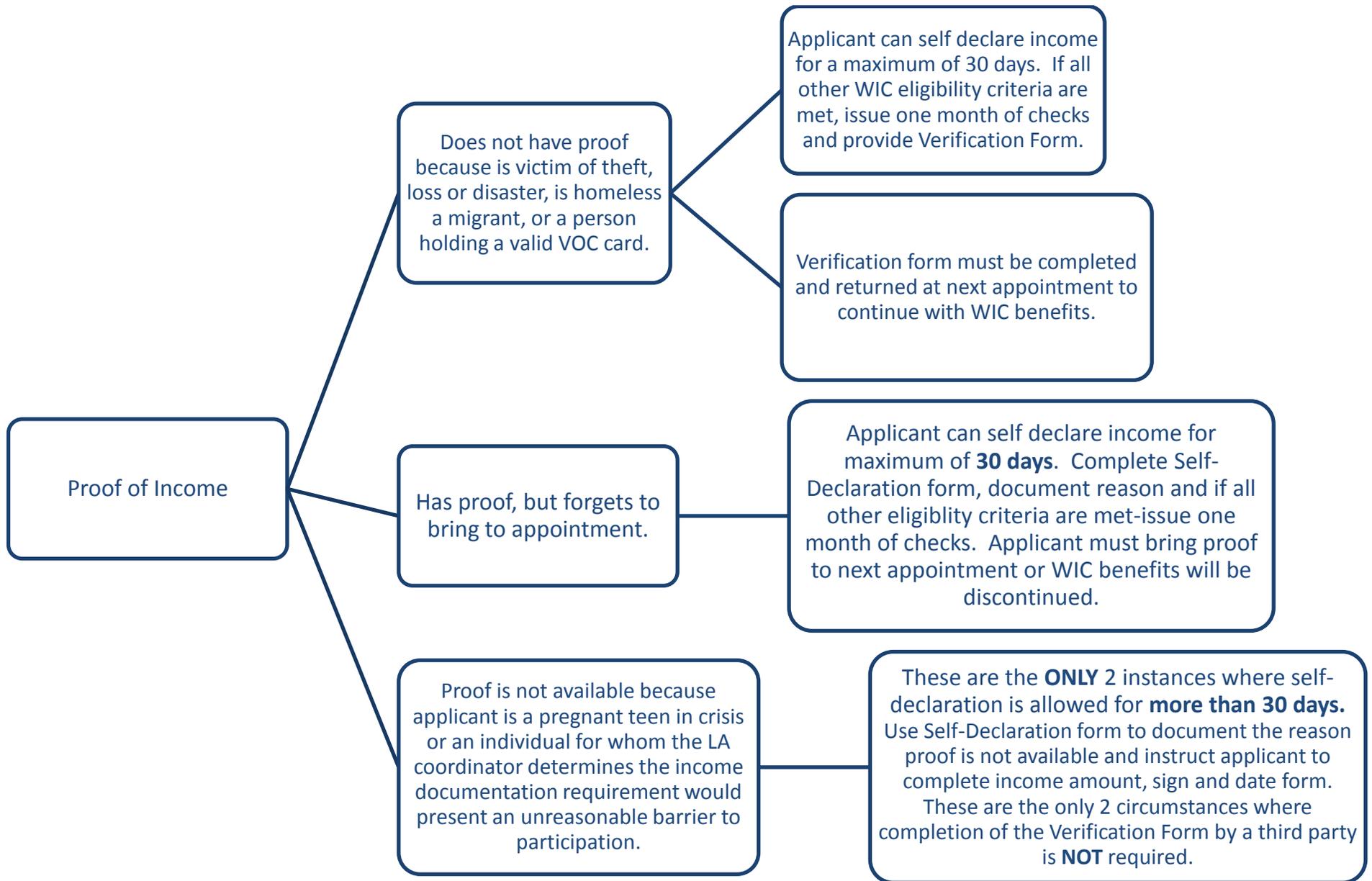
D. Therefore, receipt of WIC benefits does not have any effect on an individual's application for immigration or citizenship benefits or result in a determination that an alien is a public charge.

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

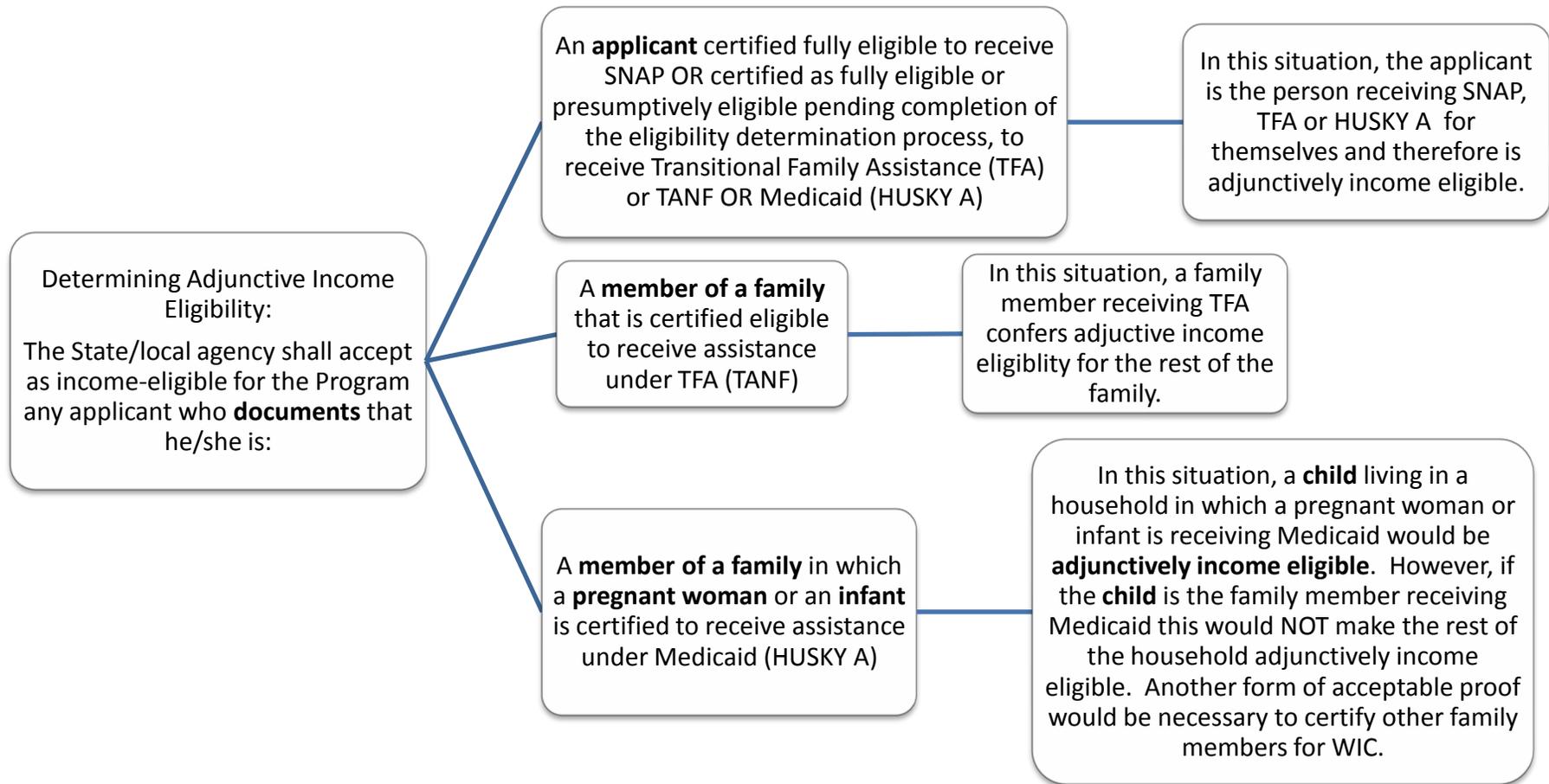
WIC 200-00 Summary of Proof of Identity, Residency and Income Eligibility Procedures







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 SWIS Participant Intake Screen (WICPS101), to screen for *eligibility* (category, residency, income) tell the applicant about the application process and schedule an appointment if appropriate.

```

WIC
WICPS101 CONNECTICUT SWIS 3.48 (SITE 190) 05/17/2010
HELP PARTICIPANT INTAKE

ACTION: A TODAY'S SITE: 190
FAMILY ID: 013831
PARTICIPANT ID: TRANSFER STATE:
NAME (L,F,MI): TYLER-MOORE JOHNNY T
SSN: 999-99-9999
PAYEE/GUARDIAN: TYLER-MOORE MARY J
ADDRESS: 123 MAIN ST APT: 12C
TOWN CODE, CITY: 064 HARTFORD, CT ZIP: 06102
PHONE: (860) 999-1234 PHONE LOC: H EXT:
CATEGORY: C DOB: 04/23/2008
ECON UNIT-HH SIZE: 4 AGE: 2 YRS 0 MOS
PUBLIC ASST: 01 ANNUAL INCOME: $ 0

PRESS F5 WHEN YOU ARE READY TO PROCESS THIS SCREEN

```

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 (1st 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 1st 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 SWIS. 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 SWIS. 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 on the WIC certification form by a WIC staff CPA. Documentation must include the date on which the requirement was waived, initials of the CPA who approved the waiver and 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 WIC participant identification Booklet (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
- Connecticut Driver's License
- 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 WIC participant identification Booklet (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 SWIS update participant demographics screen #102, 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 instruments 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 checks 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.



Connecticut WIC Program Identity & Residency Documentation

Family # _____

Payee Name _____

Participant ID# _____

Participant Name _____

DOCUMENT	ID	STAFF INT	RES	STAFF INT	COMMENTS
WOMEN					
WIC ID (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		
INFANTS and CHILDREN					
WIC ID (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		
SELF DECLARATION OR VERIFICATION FORM	Y		Y		ATTACH COPY

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.

**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 filed with the WIC Certification form for the corresponding certification period.



Estado de Connecticut
Departamento De Salud Publica
Programa WIC

Formulario de Auto Declaración

Nombre del Beneficiario: _____ No. Familia: _____
Nombre

Del Participante _____ No. de Id. Del Participante _____

Para que un aplicante esté en el Programa WIC de Connecticut se requiere que muestre una prueba de identidad, residencia (dirección), e ingresos. Por favor lea la siguiente declaración antes de llenar este formulario.

Yo entiendo que al llenar, firmar y fechar este formulario, estoy certificando que la información proporcionada a continuación es correcta. Entiendo también que cualquier declaración falsa puede resultar en el pago, en efectivo, a la agencia estatal del valor de los beneficios alimenticios inapropiadamente recibidos.

1. Se llena este formulario para: Identificación Residencia Ingresos

3. Si este formulario es para identificación, mi nombre es: _____

3. Si este formulario es para residencia, mi dirección es: _____

4. Si este formulario es para ingresos, mi ingreso es: _____

5. La razón por la cual no puedo presentar una prueba es: _____

Participante / Padre / Guardián _____
(Firma) (Fecha)

APROBADO

RECHAZADO

PARA INGRESOS SOLAMENTE: (Marque una)

Barrera irrazonable – Ninguna documentación adicional es necesaria

Se necesita de más documentación el mes siguiente.

Trabajador: _____
(Firma) (Título) (Fecha)

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

VOC CARDS

PARTICIPANT NAME
ID
FAMILY NUMBER

DATE OF BIRTH

CATEGORY

PRIORITY

CERTIFICATION DATES

INCOME DETERMINATION

NUTRITIONAL RISK REASON

NEXT CHECKS DUE
FOOD PACKAGE CSTAN:

LOCAL AGENCY
INFORMATION

PRINTED NAME OF OFFICIAL: _____

SIGNATURE OF OFFICIAL: _____

WIC is an equal opportunity program. If you feel that you have been discriminated against on the basis of race, color, national origin, age, sex or disability, write immediately to the Secretary of Agriculture, USDA, Washington, DC 20250.

OR

State of Connecticut Department of Health Services Connecticut WIC Program Verification of Certification	Certification No. No 629833
	Date of Birth
Name	
Participant's Signature	
Agency	
Street Address and City	
State	Telephone No.

Certification Record	
Certification Dates	Income Determination
From: _____ To: _____	Date: _____
Nutritional Risk Reason	
Dates Food Package Issued	
Local Agency Official's Signature	
Local Agency Official's Name (Print or Type)	



State of Connecticut
Department of Public Health
WIC Program

Verification Form

Payee Name _____ Family # _____

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 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: 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
- Connecticut Driver's License
- 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)
- 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

Family # _____

Payee Name _____

Participant ID# _____

Participant Name _____

DOCUMENT	ID	STAFF INT	RES	STAFF INT	COMMENTS
WOMEN					
WIC ID (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		
INFANTS and CHILDREN					
WIC ID (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		
SELF DECLARATION OR VERIFICATION FORM	Y		Y		ATTACH COPY

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.

**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 filed with the WIC Certification form for the corresponding certification period.



Estado de Connecticut
Departamento De Salud Publica
Programa WIC

Formulario de Auto Declaración

Nombre del Beneficiario: _____ No. Familia: _____
Nombre

Del Participante _____ No. de Id. Del Participante _____

Para que un aplicante esté en el Programa WIC de Connecticut se requiere que muestre una prueba de identidad, residencia (dirección), e ingresos. Por favor lea la siguiente declaración antes de llenar este formulario.

Yo entiendo que al llenar, firmar y fechar este formulario, estoy certificando que la información proporcionada a continuación es correcta. Entiendo también que cualquier declaración falsa puede resultar en el pago, en efectivo, a la agencia estatal del valor de los beneficios alimenticios inapropiadamente recibidos.

1. Se llena este formulario para: Identificación Residencia Ingresos

3. Si este formulario es para identificación, mi nombre es: _____

3. Si este formulario es para residencia, mi dirección es: _____

4. Si este formulario es para ingresos, mi ingreso es: _____

5. La razón por la cual no puedo presentar una prueba es: _____

Participante / Padre / Guardián _____
(Firma) (Fecha)

APROBADO

RECHAZADO

PARA INGRESOS SOLAMENTE: (Marque una)

Barrera irrazonable – Ninguna documentación adicional es necesaria

Se necesita de más documentación el mes siguiente.

Trabajador: _____
(Firma) (Título) (Fecha)

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

VOC CARDS

PARTICIPANT NAME
ID
FAMILY NUMBER

DATE OF BIRTH

CATEGORY

PRIORITY

CERTIFICATION DATES

INCOME DETERMINATION

NUTRITIONAL RISK REASON

NEXT CHECKS DUE
FOOD PACKAGE CSTAN:

LOCAL AGENCY
INFORMATION

PRINTED NAME OF OFFICIAL: _____

SIGNATURE OF OFFICIAL: _____

WIC is an equal opportunity program. If you feel that you have been discriminated against on the basis of race, color, national origin, age, sex or disability, write immediately to the Secretary of Agriculture, USDA, Washington, DC 20250.

OR

State of Connecticut Department of Health Services Connecticut WIC Program Verification of Certification	Certification No. No 629833
	Date of Birth
Name	
Participant's Signature	
Agency	
Street Address and City	
State	Telephone No.

Certification Record	
Certification Dates	Income Determination
From: _____ To: _____	Date: _____
Nutritional Risk Reason	
Dates Food Package Issued	
Local Agency Official's Signature	
Local Agency Official's Name (Print or Type)	



State of Connecticut
Department of Public Health
WIC Program

Verification Form

Payee Name _____ Family # _____

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 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.



Date of Notice: _____

NAME	WIC ID or DOB
ADDRESS	
CITY/ZIP	PHONE # () -

Ineligibility and Termination Section:

You or your infant/child **do not qualify** (ineligible) for the WIC Program because:
 You or your infant/child **no longer qualify** (terminated) from the WIC Program because:

<input type="checkbox"/> Your income is too high <input type="checkbox"/> Not in a category WIC serves: Pregnant, postpartum, breastfeeding woman infant or child up to 5 years old <input type="checkbox"/> Postpartum woman 6 months past your delivery date	<input type="checkbox"/> Breastfeeding woman that stopped breastfeeding before one year <input type="checkbox"/> Breastfeeding woman that reached WIC limit of 12 months <input type="checkbox"/> Child turning five (5) years old	<input type="checkbox"/> Do not have a medical/nutritional health problem <input type="checkbox"/> Missed your certification appointment for the Program <input type="checkbox"/> Voluntary removal from the Program <input type="checkbox"/> Other
---	--	--

Suspension Section: You are being suspended from the WIC Program for _____ because you broke the following
 rules(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, suspension 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, 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. 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.



Fecha de Notificación: _____

NOMBRE		Número de Identificación o Fecha de Nacimiento	
DIRECCIÓN			
CIUDAD/CODIGO POSTAL		TELÉFONO ()	
SECCIÓN PARA SOLICITANTES INELEGIBLES/TERMINACIÓN			
<input type="checkbox"/> Usted o su hijo(a) no son elegibles para el Programa WIC por las razones siguientes: <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.	
<input type="checkbox"/> Otro:			
Sección Sobre Suspensión: Se le descalifica del programa WIC durante _____ porque usted infringió la(s) regla(s) del Programa WIC: _____ _____ _____ _____ _____			
Sección de Audiencia Imparcial			
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 Attention: State WIC Director 410 Capitol Avenue MS #11 WIC P.O. Box 340308 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.			
_____ 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, 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. 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.

SWIS manually calculates income from multiple sources at more than one frequency. If there is a problem with this feature in SWIS, 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.

Updated 11-2012

Included as Gross Income for Military Families:

- 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 13th 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

- 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.

Attachment A

GUIDANCE FOR THE EXCLUSION OF COMBAT PAY FROM WIC INCOME ELIGIBILITY DETERMINATION

MARINE CORPS TOTAL FORCE LEAVE AND EARNINGS STATEMENT																	
A ID INFO		1 NAME (LAST, FIRST, MI)			2 SSN *****		3 RANK LCPL	4 SERV USMCR	5 PLT CODE UTIL	6 DATE PREP 20070401	7 PRD COVERED 1-31 MAR	8 PEBD 20060503	9 YRS 00	10 EAS	11 ECC	12 MCC DIST RUC SAL 01 00540	
B FORECAST AMOUNTS		13 DATE	AMOUNT	14 DATE	AMOUNT	C SPLIT PAY	15 START DATE	16 AMOUNT	17 BALANCE	18 POE	D DIRECT DEPOSIT/EFT/ADDRESS FORT SILL NATIONAL BANK PO BOX 33009 FORT SILL OK 735030000						
E LEAVE INFORMATION										F AVIATION PAY INFORMATION							
19 LV BF	20 EARNED	21 USED	22 EXCESS	23 BAL	24 MAX ACCRUAL	25 LOST	26 SOLD/AS OF	27 CBT LV BAL	28 ASED	29 DIFOP TOTAL	30 PRIOR DIFOP START	31 PRIOR DIFOP STOP	32 OFFLY GATE INFORMATION				
		0.0					7.5 20060729			YRS MO							
G TAX INFORMATION										H. RIGHTS OF MARINES INDEBTED TO THE GOVERNMENT YOU HAVE THE RIGHT TO: -INSPECT AND COPY RECORDS PERTAINING TO DEBT -QUESTION VALIDITY OF A DEBT AND SUBMIT RESULTING EVIDENCE -NEGOTIATE A REPAYMENT SCHEDULE -REQUEST A WAIVER OF DEBT MORE INFORMATION ABOUT YOUR RIGHTS CAN BE OBTAINED FROM YOUR COMMANDING OFFICER VIA YOUR CHAIN OF COMMAND.							
33 STATE TAX				34 FEDERAL TAX				35 FICA (SOCIAL SECURITY TAX)									
STATE CODE CT				EXEMPTIONS \$500				SSEC WAGES THIS PRD \$255.70									
WAGES THIS PRD \$255.70				WAGES THIS PRD \$255.70				SSEC WAGES YTD \$897.93									
WAGES YTD \$897.93				WAGES YTD \$897.93				SSEC TAX YTD \$55.67									
STATE TAX YTD \$.18				FED TAX YTD \$47.97				MEDICARE WAGES THIS PRD \$255.70									
								MEDICARE WAGES YTD \$897.93									
								MEDICARE TAX YTD \$13.02									
I ADDITIONAL BAH INFORMATION						J CAREER SEA PAY				K EDUCATION DEDUCTION				L ADMIN INFO			
36	37 BAH ZIP	38	39	40	41	42	43 DATE	TOTAL CAREER SEA YRS	44 TYPE	45 MONTHLY AMT	46 TOTAL	47 PAY STATUS					
												77000					
M RESERVE DRILL INFORMATION						N RESERVE RETIREMENT INFORMATION						48 PAY GROUP	49 CRA DATE				
52 REG	53 REG FYTD	54 REG ANNYTD	55 ADD FYTD	56 ADD ANNYTD	57 ADD ANNYTD	58 BF ANNYTD	59 ACDU THIS PRD	60 DRILL THIS PRD	61 OTHER THIS PRD	62 MBR THIS PRD	63 END BAL ANNYTD	64 TOTAL SAT YRS	65 TOTAL RET PTS	66 RESERVE ECC	67 DSSN		
0	020	027	000	000	000	036	05	000	0	00	042	01	00145	20130801	6102		
68 AFABRD 00000000		67 DEAF 00000000		66 TSP TAX DEFERRED \$.00		69 TSP TAX EXEMPT \$.00											
O REMARKS																	
BROUGHT FORWARD										.00		20070228					
ENTITLEMENTS										RUC		AMT		DATES			
BAH W/O DEPN										00540		13.57		20070305-20070305			
BAH PARTIAL										00540		1.04		20070301-20070304			
BAS (MONTHLY)										00540		46.65		20070301-20070305			
BAH PARTIAL										00540		1.30		20070301-20070305			
BASIC PAY										00540		255.70		20070301-20070305			
TOTAL												318.26					
DEDUCTIONS										RUC		AMT		DATES			
SGLI FULL TIME 400,000										00540		28.00					
FED TAX												13.95					
SOCIAL SECURITY												15.85					
MEDICARE												3.71					
STATE TAX												.10					
BAH PARTIAL										00540		1.30		20070301-20070305			
RES FULL TIME TSGLI										99999		1.00		20070301			
TOTAL										-		63.91					
PAYMENTS										AMT		DATE		VOU/PRNO		DSSN	
PMTS-REGULAR										254.35		20070319		00087		6102	
TOTAL										254.35							
CARRIED FORWARD										.00							
REMEMBER TO FILE YOUR FEDERAL AND STATE TAX RETURN ON TIME. "OUR NATION IS AT WAR - OUR CORPS IS AT WAR - FIGHTING A DETERMINED ENEMY BENT ON TERROR AND DOMINATION. NOW, MORE THAN EVER, YOUR MARINE CORPS NEEDS YOU. MANY OF YOU HAVE ALREADY SACRIFICED A GREAT DEAL - AND HAVE ALREADY SERVED YOUR COUNTRY IN A COURAGEOUS AND HONORABLE MANNER. AMERICA AND YOUR CORPS																	

Section A - IDENTIFICATION INFORMATION.
Box 1 – NAME. Last name, first name, and middle initial.

Attachment A
GUIDANCE FOR THE EXCLUSION OF COMBAT PAY FROM WIC INCOME
ELIGIBILITY DETERMINATION

Box 2 – SSN. Social Security Number.

Box 3 – RANK. Pay grade (Rank) for which basic pay is determined.

Box 4 – SERV. Branch of service (e.g., “USMC” or “USMCR”).

Box 5 - PLT Code. The section which assigned.

Box 6 - DATE PREP. Date Prepared. This is the date the LES was prepared by DFAS in Kansas City.

Box 7 - PRD COVERED. Period covered. Used to specify the span of days covered by this leave and earnings statement.

Box 8 – PEBD. Pay entry base date.

Box 9 – YRS. Years of service for pay purposes.

Box 10 – EAS. Expiration of active service.

Box 11 – ECC. Expiration of current contract.

Box 12 - MCC-DIST-RUC. Monitor command code, district, and Reporting Unit Code (MCC-RUC for USMC, DIST-RUC for USMCR).

Section B - FORECAST AMOUNTS.

Box 13 - DATE AND AMOUNT.

1. DATE. Date of midmonth payday.
2. AMOUNT. Forecast of amount due on midmonth payday of the upcoming month.

Box 14 - DATE AND AMOUNT.

1. DATE. Date of end-of-month payday.
2. AMOUNT. Forecast of amount due on end-of-month payday of the upcoming month.

Section C - SPLIT PAY DATE.

Box 15 - START DATE. The date Split Pay Started.

Box 16 – AMOUNT. The amount of Split Pay Elected.

Box 17 – BALANCE. The balance of Split Pay not received.

Box 18 – POE. Payment Option Election. The POE code is used to designate distribution of monthly pay.

Section D - DIRECT DEPOSIT/EFT ADDRESS. This section contains the name and address of the financial institution where payments are being deposited.

Section E - LEAVE INFORMATION.

Box 19 - LV BF. Leave brought forward. The number of days leave accrued at the end of the preceding period.

Box 20 – EARNED. Number of days leave earned during the period covered. Normally this will be 2.5 days.

Box 21 – USED. Number of days leave charged since the previous LES was prepared.

Box 22 – EXCESS. Number of days leave charged without entitlement to pay and allowance, in excess of leave that can be earned prior to ECC.

Box 23 – BAL. Balance. The number of days of accrued leave due or advanced.

Box 24 - MAX ACCRUAL. Total number of days that can accrue based upon the ECC date. Value is obtained by using the 1st day of the month following the period covered, up to and including the ECC date.

Attachment A
GUIDANCE FOR THE EXCLUSION OF COMBAT PAY FROM WIC INCOME
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Box 25 – LOST. Number of days in excess of 60 days dropped due to the change in the fiscal year.

Box 26 - SOLD/AS OF. Number of lump sum leave sold during the career and the last date leave was sold.

Box 27 - CBT LV BAL. Reserved for future use.

Section F - AVIATION PAY INFORMATION. Boxes 28 through 32 are pertaining only to Officers in the aviation field.

Section G - TAX INFORMATION.

Box 33 - STATE TAX.

1. STATE CODE. State tax code. An alphanumeric code is used to identify the state (or territorial possession) designated by the member as his/her legal residence.
2. EXEMPTIONS. State tax exemptions. Marital status and number of exemptions claimed for state tax purposes.
3. WAGES THIS PRD. Total state taxable income for the period covered.
4. WAGES YTD. State taxable income year to date. This is the amount of taxable income earning by the Marine from the date of entry into service or from 1 January of the current year through the last day of the period covered.
5. STATE TAX YTD. State taxes year-to-date. Total amount of State income tax withheld for the year.

Box 34 - FEDERAL TAX.

1. EXEMPTIONS. Federal tax exemptions. Marital status and number of exemptions claimed for federal tax purposes.
2. WAGES THIS PRD. Total federal taxable income for the period covered.
3. WAGES YTD. Federal taxable income year to date. This is the amount of taxable income earned from the date of entry into service or from 1 January of the current year through the last day of the period covered.
4. FED TAX YTD. Federal taxes year-to-date. Total amount of Federal income tax withheld for the year.

Box 35 - FICA (SOCIAL SECURITY TAX).

1. SSEC WAGES THIS PRD. Social Security wages this period. Moneys earned during period covered that are subject to deduction under the Federal Insurance Contributions Act.
2. SSEC WAGES YTD. Social Security wages year-to-date. The amount of wages earned for the year that are subject to social security tax.
3. SSEC TAX YTD. Social Security tax year-to-date. The amount of social security tax withheld for the year. This includes withholding on the amount shown in Social Security wages this period.
4. MEDICARE WAGES THIS PRD. Medicare wages this period. Moneys earned during period covered that are subject to deduction under the Old Age Survivors Disability Insurance.
5. MEDICARE WAGES YTD. Medicare wages year-to-date. The amount of wages earned for the year that are subject to Medicare tax.

Attachment A
GUIDANCE FOR THE EXCLUSION OF COMBAT PAY FROM WIC INCOME
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6. **MEDICARE TAX YTD.** Medicare tax year-to-date. The amount of Medicare tax withheld for the year. This includes withholding on the amount shown in Medicare wages this period.

Section H - RIGHTS OF MARINES INDEBTED TO THE GOVERNMENT.

Section I - ADDITIONAL BAH INFORMATION

Boxes 36 through 42 are no longer used. VHA and BAQ have been replaced with BAH which will be shown in Section O.

Section J - CAREER SEA PAY.

Box 43.

1. **DATE.** The date career sea duty ended.
2. **TOTAL CAREER SEA SVC.** The total number of years, months, and days served on sea duty.

Section K - EDUCATION DEDUCTION.

Box 44 – TYPE. The educational program enrolled.

Box 45 - MONTHLY AMT. The monthly amount being deducted for the educational program.

Box 46 – TOTAL. The total amount that has been deducted for the educational program, this amount includes the current month.

Section L - ADMINISTRATIVE INFORMATION.

Box 47 - PAY STATUS. This code identifies the particular pay status on the last day covered by the LES.

Box 48 - PAY GROUP. A three digit code that identifies if an officer or enlisted.

Box 49 - CRA DATE. Clothing Replacement Allowance date for active duty enlisted.

Box 50 - RESERVE ECC. Reserve Expiration of Current Contract.

Box 51 – DSSN. Disbursing Station Symbol Number. A number used to identify the servicing disbursing/finance officer account.

Section M - RESERVE DRILL INFORMATION.

Box 52 – REG. Total regular and EIOD drills performed this period.

Box 53 - REG FYTD. Total regular and EIOD drills performed this fiscal year.

Box 54 - REG ANNYTD. Total regular and EIOD drills performed this anniversary year.

Box 55 – ADD. Total additional drills performed this period.

Box 56 - ADD FYTD. Total additional drills performed this fiscal year.

Box 57 - ADD ANNYTD. Total additional drills performed this for anniversary year.

Section N - RESERVE RETIREMENT INFORMATION.

Box 58 - BF ANNYTD. Ending balance of retirement credit points for anniversary year from prior month.

Box 59 - ACDU THIS PRD. Total days active duty this period.

Box 60 - DRILL THIS PRD. Total drills this period.

Box 61 - OTHER THIS PRD. Total all other credit points awarded

Attachment A
GUIDANCE FOR THE EXCLUSION OF COMBAT PAY FROM WIC INCOME
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this period.

Box 62 - MBR THIS PRD. Total membership points awarded this period.

Box 63 - END BAL ANNYTD. Total retirement credit points after this period for anniversary year-to-date.

Box 64 - TOTAL SAT YRS. Total satisfactory years credited for retirement purpose.

Box 65 - TOTAL RET PTS. Career total retirement credit points.

Section O – REMARKS.

Section O of the LES gives an itemized listing of entitlements, deductions, and payments, also explanatory remarks concerning specific LES data.

Entitlements. The Marine will receive entitlements based on the information mentioned in the above sections, their marital status, and dependents. The type and amount of the entitlement will be listed at the top of this section, along with a total. If there have been changes to either the type or the amount of the entitlement, this will be noted in this section, along with a note saying whether the entitlement was being stopped or started. For example, if a Marine is promoted, there will be an annotation stopping the amount of base pay under his old rank and another annotation starting the base pay of his current rank. These entitlements can include:

- * Basic Pay.
- * Pro/Sep Rations.
- * Clothing Replacement Allowance.
- * BAH.
- * Other types of special pay.

Deductions. This portion in section O, gives an itemized listing of what was deducted from your entitlements. Again, there will be an annotation for starting and stopping amounts as necessary, such as when you start, stop, or change and Allotment. If a Marine takes advanced pay, such as when he PCS's, the amount of the monthly will be noted here. These deductions can include:

- * Allotments.
- * Bonds.
- * Medicare.
- * Serviceman Group Life Insurance (SGLI).
- * Other special deductions based on the individual or Government needs.
- * FITW (Fed Tax).
- * Dental.
- * Social Security.
- * Medicare.
- * SGLI/TSGLI/Spouse SGLI.
- * USN/MC Retirement Home.
- * Checkages.

Payments. This portion represents the last month's regular payments, which occurred on the first and the fifteenth.

Explanatory Remarks. This includes information that is not found on other parts of the LES, as well as information messages.

Attachment A
GUIDANCE FOR THE EXCLUSION OF COMBAT PAY FROM WIC INCOME
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9. How to read an active duty Army, Air Force, Coast Guard, and Navy Leave and Earning Statement.

DEFENSE FINANCE AND ACCOUNTING SERVICE MILITARY LEAVE AND EARNINGS STATEMENT																	
ID	NAME (LAST, FIRST, MI)			SOC. SEC. NO.	GRADE	PAY DATE	YRS SVC	ETS	BRANCH	ADSN/DSSN	PERIOD COVERED						
	1			2	3	4	5	6	7	8	9						
ENTITLEMENTS				DEDUCTIONS				ALLOTMENTS				SUMMARY					
	TYPE		AMOUNT		TYPE		AMOUNT		TYPE		AMOUNT		+ AMT FWD 13				
A B C D E F G H I J K L M N O	10				11				12				+ TOT ENT 14				
													- TOT DED 15				
													- TOT ALMT 16				
													= NET AMT 17				
													- CR FWD 18				
													= EOM PAY 19				
													DIEMS		RET PLAN		
	TOTAL		20		21				22				23		24		
	LEAVE	BF BAL	ERND	USED	CR BAL	ETS BAL	LV LOST	LV PAID	USE LOSE	FED TAXES	WAGE PERIOD	WAGE YTD	M/S	EX	ADD'L TAX	TAX YTD	
		25	26	27	28	29	30	31	32	33	34	35	36	37	38		
FICA TAXES	WAGE PERIOD		SOC WAGE YTD		SOC TAX YTD		MED WAGE YTD		MED TAX YTD		STATE TAXES		WAGE PERIOD		WAGE YTD		
	39		40		41		42		43		44		45		46		
PAY DATA	BAQ TYPE		BAQ DEPN		VHA ZIP		RENT AMT		SHARE		STAT		JFTR		DEPNS		
	50		51		52		53		54		55		56		57		
Thrift Savings Plan (TSP)	BASE PAY RATE		BASE PAY CURRENT		SPEC PAY RATE		SPEC PAY CURRENT		DNC PAY RATE		DNC PAY CURRENT		BONUS PAY RATE		BONUS PAY CURRENT		
	63		64		65		66		67		68		69		70		
	CURRENTLY NOT USED				TSP YTD DEDUCTIONS				DEFERRED				EXEMPT				
	71				72				73				74				
REMARKS	YTD ENTITLE				YTD DEDUCT												
	76				77				78								

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Fields 1 - 9 contain the identification portion of the LES.

- **1 NAME:** The member's name in last, first, middle initial format.
- **2 SOC. SEC. NO.:** The member's Social Security Number.
- **3 GRADE:** The member's current pay grade.
- **4 PAY DATE:** The date the member entered active duty for pay purposes in YYMMDD format. This is synonymous with the Pay Entry Base Date (PEBD).
- **5 YRS SVC:** In two digits, the actual years of creditable service.
- **6 ETS:** The Expiration Term of Service in YYMMDD format. This is synonymous with the Expiration of Active Obligated Service (EAOS).
- **7 BRANCH:** The branch of service, i.e., Navy, Army, Air Force.
- **8 ADSN/DSSN:** The Disbursing Station Symbol Number used to identify each disbursing/finance office.

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- **9 PERIOD COVERED:** This is the period covered by the individual LES. Normally it will be for one calendar month. If this is a separation LES, the separation date will appear in this field.

Fields 10 through 24 contain the entitlements, deductions, allotments, their respective totals, a mathematical summary portion, date initially entered military service, and retirement plan.

- **10 ENTITLEMENTS:** In columnar style the names of the entitlements and allowances being paid. Space is allocated for fifteen entitlements and/or allowances. If more than fifteen are present the overflow will be printed in the remarks block. Any retroactive entitlements and/or allowances will be added to like entitlements and/or allowances.
- **11 DEDUCTIONS:** The descriptions of the deductions are listed in columnar style. This includes items such as taxes, SGLI, Mid-month pay and dependent dental plan. Space is allocated for fifteen deductions. If more than fifteen are present the overflow will be printed in the remarks block. Any retroactive deductions will be added to like deductions.
- **12 ALLOTMENTS:** In columnar style the type of the actual allotments being deducted. This includes discretionary and non-discretionary allotments for savings and/or checking accounts, insurance, bonds, etc. Space is allocated for fifteen allotments. If a member has more than one of the same type of allotment, the only differentiation may be that of the dollar amount.
- **13 AMT FWD:** The amount of all unpaid pay and allowances due from the prior LES.
- **14 TOT ENT:** The figure from Field 20 that is the total of all entitlements and/or allowances listed.
- **15 TOT DED:** The figure from Field 21 that is the total of all deductions.
- **16 TOT ALMT:** The figure from Field 22 that is the total of all allotments.
- **17 NET AMT:** The dollar value of all unpaid pay and allowances, plus total entitlements and/or allowances, minus deductions and allotments due on the current LES.
- **18 CR FWD:** The dollar value of all unpaid pay and allowances due to reflect on the next LES as the +AMT FWD.
- **19 EOM PAY:** The actual amount of the payment to be paid to the member on End-of-Month payday.
- **20 - 22 TOTAL:** The total amounts for the entitlements and/or allowances, deductions and allotments respectively.
- **23 DIEMS:** Date initially entered military service: This date is used SOLELY to indicate which retirement plan a member is under. For those members with a DIEMS date prior to September 8, 1980, they are under the FINAL PAY retirement plan. For those members with a DIEMS date of September 8, 1980 through July 31, 1986, they are under the HIGH-3 retirement plan. For those members with a DIEMS date of August 1, 1986 or later, they were initially under the REDUX retirement plan. This was changed by law in October 2000, when they were placed under the HIGH-3 plan, with the OPTION to return to the REDUX plan. In consideration of making this

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election, they become entitled to a \$30,000 Career Service Bonus. The data in this block comes from PERSCOM. DFAS is not responsible for the accuracy of this data. If a member feels that the DIEMS date shown in this block is erroneous, they must see their local servicing Personnel Office for corrective action.

- **24 RET PLAN:** Type of retirement plan, i.e. Final Pay, High 3, REDUX; or CHOICE (CHOICE reflects members who have less than 15 years service and have not elected to go with REDUX or stay with their current retirement plan).

Fields 25 through 32 contain leave information.

- **25 BF BAL:** The brought forward leave balance. Balance may be at the beginning of the fiscal year, or when active duty began, or the day after the member was paid Lump Sum Leave (LSL).
- **26 ERND:** The cumulative amount of leave earned in the current fiscal year or current term of enlistment if the member reenlisted/extended since the beginning of the fiscal year. Normally increases by 2.5 days each month.
- **27 USED:** The cumulative amount of leave used in the current fiscal year or current term of enlistment if member reenlisted/extended since the beginning of the fiscal year.
- **28 CR BAL:** The current leave balance as of the end of the period covered by the LES.
- **29 ETS BAL:** The projected leave balance to the member's Expiration Term of Service (ETS).
- **30 LV LOST:** The number of days of leave that has been lost.
- **31 LV PAID:** The number of days of leave paid to date.
- **32 USE/LOSE:** The projected number of days of leave that will be lost if not taken in the current fiscal year on a monthly basis. The number of days of leave in this block will decrease with any leave usage.

Fields 33 through 38 contain Federal Tax withholding information.

- **33 WAGE PERIOD:** The amount of money earned this LES period that is subject to Federal Income Tax Withholding (FITW).
- **34 WAGE YTD:** The money earned year-to-date that is subject to FITW. Field 35 M/S. The marital status used to compute the FITW.
- **36 EX:** The number of exemptions used to compute the FITW.
- **37 ADD'L TAX:** The member specified additional dollar amount to be withheld in addition to the amount computed by the Marital Status and Exemptions.
- **38 TAX YTD:** The cumulative total of FITW withheld throughout the calendar year.

Fields 39 through 43 contain Federal Insurance Contributions Act (FICA) information.

- **39 WAGE PERIOD:** The amount of money earned this LES period that is subject to FICA.
- **40 SOC WAGE YTD:** The wages earned year-to-date that are subject to FICA.
- **41 SOC TAX YTD:** Cumulative total of FICA withheld throughout the calendar year.
- **42 MED WAGE YTD:** The wages earned year-to-date that are subject to Medicare.

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- **43 MED TAX YTD:** Cumulative total of Medicare taxes paid year-to-date.

Fields 44 through 49 contain State Tax information.

- **44 ST:** The two digit postal abbreviation for the state the member elected.
- **45 WAGE PERIOD:** The amount of money earned this LES period that is subject to State Income Tax Withholding (SITW).
- **46 WAGE YTD:** The money earned year-to-date that is subject to SITW. Field 47 M/S. The marital status used to compute the SITW.
- **48 EX:** The number of exemptions used to compute the SITW.
- **49 TAX YTD:** The cumulative total of SITW withheld throughout the calendar year.

Fields 50 through 62 contain additional Pay Data.

- **50 BAQ TYPE:** The type of Basic Allowance for Quarters being paid.
- **51 BAQ DEPN:** A code that indicates the type of dependent. A - Spouse C -Child D - Parent G Grandfathered I -Member married to member/own right K - Ward of the court L - Parents in Law R - Own right S - Student (age 21-22) T - Handicapped child over age 21 W - Member married to member, child under 21
- **52 VHA ZIP:** The zip code used in the computation of Variable Housing Allowance (VHA) if entitlement exists.
- **53 RENT AMT:** The amount of rent paid for housing if applicable.
- **54 SHARE:** The number of people with which the member shares housing costs.
- **55 STAT:** The VHA status; i.e., accompanied or unaccompanied.
- **56 JFTR:** The Joint Federal Travel Regulation (JFTR) code based on the location of the member for Cost of Living Allowance (COLA) purposes.
- **57 DEPNS:** The number of dependents the member has for VHA purposes.
- **58 2D JFTR:** The JFTR code based on the location of the member's dependents for COLA purposes.
- **59 BAS TYPE:** An alpha code that indicates the type of Basic Allowance for Subsistence (BAS) the member is receiving, if applicable. This field will be blank for officers.
 - B - Separate Rations
 - C - TDY/PCS/Proceed Time
 - H - Rations-in-kind not available
 - K - Rations under emergency conditions
- **60 CHARITY YTD:** The cumulative amount of charitable contributions for the calendar year.
- **61 TPC:** This field is not used by the active component of any branch of service.
- **62 PACIDN:** The activity Unit Identification Code (UIC). This field is currently used by Army only.

Fields 63 through 75 contain Thrift Savings Plan (TSP) information/data.

- **63 BASE PAY RATE:** The percentage of base pay elected for TSP contributions.
- **64 BASE PAY CURRENT:** Reserved for future use.

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GUIDANCE FOR THE EXCLUSION OF COMBAT PAY FROM WIC INCOME ELIGIBILITY DETERMINATION

- **65 SPECIAL PAY RATE:** The percentage of Specialty Pay elected for TSP contribution.
- **66 SPECIAL PAY CURRENT:** Reserved for future use.
- **67 INCENTIVE PAY RATE:** Percentage of Incentive Pay elected for TSP contribution.
- **68 INCENTIVE PAY CURRENT:** Reserved for future use.
- **69 BONUS PAY RATE:** The percentage of Bonus Pay elected towards TSP contribution.
- **70 BONUS PAY CURRENT:** Reserved for future use.
- **71** Reserved for future use.

- **72 TSP YTD DEDUCTION (TSP YEAR TO DATE DEDUCTION):** Dollar amount of TSP contributions deducted for the year. □ **73 DEFERRED:** Total dollar amount of TSP contributions that are deferred for tax purposes.
- **74 EXEMPT:** Dollar amount of TSP contributions that are reported as tax exempt to the Internal Revenue Service (IRS).
- **75** Reserved for future use

76 REMARKS: This area is used to provide you with general notices from varying levels of command, as well as the literal explanation of starts, stops, and changes to pay items in the entries within the “ENTITLEMENTS”, “DEDUCTIONS”, and “ALLOTMENTS” fields.

77 YTD ENTITLE: The cumulative total of all entitlements for the calendar year.

78 YTD DEDUCT: The cumulative total of all deductions for the calendar year.

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GUIDANCE FOR THE EXCLUSION OF COMBAT PAY FROM WIC INCOME
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DEFENSE FINANCE AND ACCOUNTING SERVICE MILITARY LEAVE AND EARNINGS STATEMENT																																																																																										
ID	NAME (LAST, FIRST, MI)				SOC. SEC. NO.		GRADE	PAY DATE	YRS SVC	ETS	BRANCH	ADSN/DSSN	PERIOD COVERED																																																																													
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							25	26	27	28	29	30	31	32	33	34	35	36	37	38	39																																																																					
FICA TAXES							WAGE PERIOD		SOC WAGE YTD		SOC TAX YTD		MED WAGE YTD		MED TAX YTD		STATE TAXES		ST	WAGE PERIOD	WAGE YTD	M/S	EX	TAX YTD																																																																		
							39		40		41		42		43		44		45	46	47	48	49	50																																																																		
PAY DATA							BAQ TYPE	BAQ DEPN	VHA ZIP	RENT AMT	SHARE	STAT	JFTR	DEPN	2D JFTR	BAS TYPE	CHARITY YTD	TPC	PACIDN																																																																							
							50	51	52	53	54	55	56	57	58	59	60	61	62																																																																							
Thrift Savings Plan (TSP)							BASE PAY RATE		BASE PAY CURRENT		SPEC PAY RATE		SPEC PAY CURRENT		INC PAY RATE		INC PAY CURRENT		BONUS PAY RATE		BONUS PAY CURRENT																																																																					
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							71		72		73		74		75																																																																											
REMARKS							YTD ENTITLE				YTD DEDUCT																																																																															
							76				77				78																																																																											

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Fields 1 - 9 contain the identification portion of the LES.

- **1 NAME:** The member's name in last, first, middle initial format.
- **2 SOC. SEC. NO.:** The member's Social Security Number.
- **3 GRADE:** The member's current pay grade.
- **4 PAY DATE:** The date the member entered active duty for pay purposes in YYMMDD format. This is synonymous with the Pay Entry Base Date (PEBD).
- **5 YRS SVC:** In two digits, the actual years of creditable service.
- **6 ETS:** The Expiration Term of Service in YYMMDD format. This is synonymous with the Expiration of Active Obligated Service (EAOS).
- **7 BRANCH:** The branch of service, i.e., Navy, Army, Air Force.
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- **9 PERIOD COVERED:** This is the period covered by the individual LES. Normally it will be for one calendar month. If this is a separation LES, the separation date will appear in this field.

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GUIDANCE FOR THE EXCLUSION OF COMBAT PAY FROM WIC INCOME ELIGIBILITY DETERMINATION

Fields 10 through 24 contain the entitlements, deductions, allotments, their respective totals, a mathematical summary portion, date initially entered military service, and retirement plan.

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- **20 - 22 TOTAL:** The total amounts for the entitlements and/or allowances, deductions and allotments respectively.
- **23 DIEMS:** Date initially entered military service: This date is used SOLELY to indicate which retirement plan a member is under. For those members with a DIEMS date prior to September 8, 1980, they are under the FINAL PAY retirement plan. For those members with a DIEMS date of September 8, 1980 through July 31, 1986, they are under the HIGH-3 retirement plan. For those members with a DIEMS date of August 1, 1986 or later, they were initially under the REDUX retirement plan. This was changed by law in October 2000, when they were placed under the HIGH-3 plan, with the OPTION to return to the REDUX plan. In consideration of making this election, they become entitled to a \$30,000 Career Service Bonus. The data in this block comes from PERSCOM. DFAS is not responsible for the accuracy of this data. If a member feels that the DIEMS date shown in this block is erroneous, they must see their local servicing Personnel Office for corrective action.

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- **24 RET PLAN:** Type of retirement plan, i.e. Final Pay, High 3, REDUX; or CHOICE (CHOICE reflects members who have less than 15 years service and have not elected to go with REDUX or stay with their current retirement plan).

Fields 25 through 32 contain leave information.

- **25 BF BAL:** The brought forward leave balance. Balance may be at the beginning of the fiscal year, or when active duty began, or the day after the member was paid Lump Sum Leave (LSL).
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- **28 CR BAL:** The current leave balance as of the end of the period covered by the LES.
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- **33 WAGE PERIOD:** The amount of money earned this LES period that is subject to Federal Income Tax Withholding (FITW).
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- **37 ADD'L TAX:** The member specified additional dollar amount to be withheld in addition to the amount computed by the Marital Status and Exemptions.
- **38 TAX YTD:** The cumulative total of FITW withheld throughout the calendar year.

Fields 39 through 43 contain Federal Insurance Contributions Act (FICA) information.

- **39 WAGE PERIOD:** The amount of money earned this LES period that is subject to FICA.
- **40 SOC WAGE YTD:** The wages earned year-to-date that are subject to FICA.
- **41 SOC TAX YTD:** Cumulative total of FICA withheld throughout the calendar year.
- **42 MED WAGE YTD:** The wages earned year-to-date that are subject to Medicare.
- **43 MED TAX YTD:** Cumulative total of Medicare taxes paid year-to-date.

Fields 44 through 49 contain State Tax information.

- **44 ST:** The two digit postal abbreviation for the state the member elected.

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GUIDANCE FOR THE EXCLUSION OF COMBAT PAY FROM WIC INCOME ELIGIBILITY DETERMINATION

- **45 WAGE PERIOD:** The amount of money earned this LES period that is subject to State Income Tax Withholding (SITW).
- **46 WAGE YTD:** The money earned year-to-date that is subject to SITW. Field 47 M/S. The marital status used to compute the SITW.
- **48 EX:** The number of exemptions used to compute the SITW.
- **49 TAX YTD:** The cumulative total of SITW withheld throughout the calendar year.

Fields 50 through 62 contain additional Pay Data.

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- **51 BAQ DEPN:** A code that indicates the type of dependent. A - Spouse C -Child D - Parent G Grandfathered I -Member married to member/own right K - Ward of the court L - Parents in Law R - Own right S - Student (age 21-22) T - Handicapped child over age 21 W - Member married to member, child under 21
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- **53 RENT AMT:** The amount of rent paid for housing if applicable.
- **54 SHARE:** The number of people with which the member shares housing costs.
- **55 STAT:** The VHA status; i.e., accompanied or unaccompanied.
- **56 JFTR:** The Joint Federal Travel Regulation (JFTR) code based on the location of the member for Cost of Living Allowance (COLA) purposes.
- **57 DEPNS:** The number of dependents the member has for VHA purposes.
- **58 2D JFTR:** The JFTR code based on the location of the member's dependents for COLA purposes.
- **59 BAS TYPE:** An alpha code that indicates the type of Basic Allowance for Subsistence (BAS) the member is receiving, if applicable. This field will be blank for officers.
 - B - Separate Rations
 - C - TDY/PCS/Proceed Time
 - H - Rations-in-kind not available
 - K - Rations under emergency conditions
- **60 CHARITY YTD:** The cumulative amount of charitable contributions for the calendar year.
- **61 TPC:** This field is not used by the active component of any branch of service.
- **62 PACIDN:** The activity Unit Identification Code (UIC). This field is currently used by Army only.

Fields 63 through 75 contain Thrift Savings Plan (TSP) information/data.

- **63 BASE PAY RATE:** The percentage of base pay elected for TSP contributions.
- **64 BASE PAY CURRENT:** Reserved for future use.
- **65 SPECIAL PAY RATE:** The percentage of Specialty Pay elected for TSP contribution.
- **66 SPECIAL PAY CURRENT:** Reserved for future use.
- **67 INCENTIVE PAY RATE:** Percentage of Incentive Pay elected for TSP contribution.

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GUIDANCE FOR THE EXCLUSION OF COMBAT PAY FROM WIC INCOME ELIGIBILITY DETERMINATION

- **68 INCENTIVE PAY CURRENT:** Reserved for future use.
- **69 BONUS PAY RATE:** The percentage of Bonus Pay elected towards TSP contribution.
- **70 BONUS PAY CURRENT:** Reserved for future use.
- **71** Reserved for future use.

- **72 TSP YTD DEDUCTION (TSP YEAR TO DATE DEDUCTION):** Dollar amount of TSP contributions deducted for the year. □ **73 DEFERRED:** Total dollar amount of TSP contributions that are deferred for tax purposes.
- **74 EXEMPT:** Dollar amount of TSP contributions that are reported as tax exempt to the Internal Revenue Service (IRS).
- **75** Reserved for future use

76 REMARKS: This area is used to provide you with general notices from varying levels of command, as well as the literal explanation of starts, stops, and changes to pay items in the entries within the “ENTITLEMENTS”, “DEDUCTIONS”, and “ALLOTMENTS” fields.

77 YTD ENTITLE: The cumulative total of all entitlements for the calendar year.

78 YTD DEDUCT: The cumulative total of all deductions for the calendar year.

GUIDANCE FOR THE EXCLUSION OF COMBAT PAY FROM WIC INCOME ELIGIBILITY DETERMINATION

This guidance is intended to assist WIC State agencies in implementing the exclusion of combat pay from WIC income eligibility determinations, as mandated by the Agriculture, Rural Development, Food and Drug Administration, and Related Agencies Appropriations Act, 2010 (P.L. 111-80), which was enacted on October 21, 2009. The implementation of this provision was authorized by WIC Policy Memorandum 2010-02, (November 2, 2009). The Food and Nutrition Service (FNS) has received a number of questions since the policy was implemented concerning the specific types of pay excluded by this provision and is providing this guidance to address those questions.

Information on the amount and type of pay received by a service member may be found on the LESs for Marine Corps (attachment A) and Army, Navy, Air Force, and Coast Guard (attachment B) which are comprehensive statements of a service member's leave and earnings showing entitlements, deductions, allotments, leave information, tax withholding information, and Thrift Savings Plan (TSP) information. Combat pays given to deployed service members will be reflected in the **Entitlements column** of each of these LESs.

Allowable Exclusions

In order to be excluded from the WIC income eligibility determination, the pay:

- **(1) must have been received in addition to the service member's basic pay;**
(note: a service member who is currently serving as a member of the armed forces and is paid a monthly salary is eligible to receive any of the additional pay associated with combat pay.)
- **(2) must have been received as a result of the service member's deployment to or service in an area that has been designated as a combat zone;**
(note: a service member who is put on deployment orders to deploy to an area that has been designated by a Executive Order from the President as areas which U.S. Armed Forces are engaging or have engaged in combat is eligible to receive combat pay.) and
- **(3) must not have been received by the service member prior to his/her deployment to or service in the designated combat zone.**
(note: a service member who is paid only basic entitlements, such as Basic pay, Basic Subsistence Allowance (BAS), and Basic Housing Allowance (BAH), will receive additional entitlement pay, i.e. combat pay, once the service member is put on deployment orders. These pay will show as an additional payment in the entitlements column on a service member's Leave and Earning Statement (LES).)

There are two categories of entitlement pay that are typically considered to be combat pay and are easily recognizable on a service member's LES: Hostile Fire Pay/Imminent Danger Pay (HFP/IDP) and Hardship Duty Pay (HDP). However, other types of pay could be excluded if they meet the criteria above.

GUIDANCE FOR THE EXCLUSION OF COMBAT PAY FROM WIC INCOME ELIGIBILITY DETERMINATION

Types of Combat Pay

1. What is HFP/IDP and who is entitled to receive it?

Hostile Fire Pay/Imminent Danger Pay (HFP/IDP) is received by a member of a uniformed service when the individual is put on deployment orders and deployed to a combat zone. A service member may be paid HFP/IDP special pay for any month in which s/he was entitled to basic pay. The service member qualifies for an entire month of combat pay regardless of the total number of days spent in a designated combat zone.

2. What is HDP, HDP-L or –M and who is entitled to receive it?

Hardship Duty Pay (sometimes indicated on the LES as HDP, HDP-L or HDP-M) refers to special pay providing additional compensation for service members who are either serving in locations where living conditions create undue hardship or who are performing designated hardship missions.

HDP-M (mission) is a special pay entitled to service members for specific missions, at the monthly rate whenever any part of the month is served fulfilling a specific mission.

HDP-L (location) is a special pay entitled to service members that serve in a designated area for over 30 days and stops upon departure from that area.

Such locations may be, but are not necessarily, combat areas; the local agency will need to explore the circumstances under which an applicant household is receiving HDP-L or -M in more detail before the decision to include or exclude this particular payment from the WIC income eligibility determination assessment is made.

Other Allowances

In addition, there are other allowances for which service members are eligible while serving in a combat zone, but which are not directly related to being in combat, although they may be eligible for exclusion as income for WIC purposes. The local agency will need to explore the circumstances under which an applicant household is receiving each additional allowance in more detail before the decision to include or exclude this particular payment from the WIC household eligibility determination assessment is made.

They include, but are not limited to: Family Separation Pay (FSA); Foreign Language Proficiency Pay (FLPP); Special Duty Assignment Pay (SDAP); Combat Related Injury and Rehabilitation Pay (CIP); and Hazardous Duty Incentive Pay (HDIP). Each of these pays is further defined below.

Combat pays such as FLPP, SDAP, CIP and HDIP are affected differently when the service member is medically evacuated (medivac'ed). FLPP, SDAP and HDIP are each stopped when the service member is no longer performing that duty due to being medivac'ed out of the combat

GUIDANCE FOR THE EXCLUSION OF COMBAT PAY FROM WIC INCOME ELIGIBILITY DETERMINATION

area. CIP will be modified, not stopped, when the service member is medivac'ed. See CIP (Question 6) for a complete explanation on how the service member is paid.

3. What is FSA and who is entitled to receive it?

Family Separation Pay (FSA) is for service members with dependents who meet certain eligibility criteria. Service members will receive FSA pay from the day of departure from the home station and end the day prior to arrival at the home station. This payment may be excluded in some but not all cases. FSA is only excluded if the service member is enroute to a training location prior to deployment to a designated combat zone or on deployment orders to a designated combat zone.

4. What is FLPP and who is entitled to receive it?

An officer or enlisted member of the Armed Forces who has been certified as proficient in a foreign language within the past 12 months (or 12 months plus 180 days when called or recalled to active duty in support of contingency operations) may be paid Foreign Language Proficiency Pay (FLPP). FLPP that was not received by a service member prior to the time of deployment to a designated combat zone should be excluded from the WIC income eligibility determination.

5. What is SDAP and who is entitled to receive it?

All enlisted active duty service members who perform duties designated as extremely difficult or requiring a high level of responsibility in a military skill may be paid Special Duty Assignment Pay (SDAP). SDAP that was not received by a service member prior to the time of deployment to a designated combat zone should be excluded from the WIC income eligibility determination.

6. What is CIP and who is entitled to receive it?

Service members who are medivac'ed out of the combat zone and are considered "hospitalized" are entitled to Combat-Related Injury and Rehabilitation Pay (CIP). A service member is considered hospitalized if s/he is admitted as an inpatient or is receiving extensive rehabilitation as an outpatient while living in quarters affiliated with the military health care system. The monthly CIP payment equals a set amount less any HFP payment for the same month, and the hospitalized service member is eligible for CIP starting the month after the month of being evacuated. These payments also would be excluded for WIC eligibility purposes.

7. What is HDIP and who is entitled to receive it?

Service members who perform any of the following duties can earn Hazardous Duty Incentive Pay (HDIP):

GUIDANCE FOR THE EXCLUSION OF COMBAT PAY FROM WIC INCOME ELIGIBILITY DETERMINATION

- Parachute Duty
- Flight Deck Duty
- Demolition Duty
- Experimental Stress Duty
- Toxic Fuels (or Propellants) Duty
- Toxic Pesticides Duty
- Dangerous Viruses (or Bacteria) Lab Duty
- Chemical Munitions Duty
- Maritime Visit, Board, Search and Seizure (VBSS) Duty
- Polar Region Flight Operations Duty

A Service member can receive up to two different types of HDIPs during the same period if s/he performs more than one of these duties as required by the mission. HDIP begins on the day the member reports for duty and ceases on the termination date published in the orders or when the member is no longer required to perform the hazardous duty, whichever occurs first. The HDIP entitlement(s) is prorated based on the number of days the member spends performing these duties during a month. HDIP that was not received by a service member prior to deployment to a designated combat zone should be excluded from the WIC income eligibility determination.

Attachments -

- A: Sample Leave and Earnings Statement, with explanatory notes, for the Marine Corps**
- B: Sample Leave and Earnings Statement, with explanatory notes, for the Army, Navy, Air Force, and Coast Guard**



CONNECTICUT WIC PROGRAM

INCOME ELIGIBILITY*

FOR PERIOD OF APRIL 1, 2015 - JUNE 30, 2016

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

Family Size	Annual	Monthly	Twice-Monthly	Bi-Weekly	Weekly
1	21,775	1,815	908	838	419
2	29,471	2,456	1,228	1,134	567
3	37,167	3,098	1,549	1,430	715
4	44,863	3,739	1,870	1,726	863
5	52,559	4,380	2,190	2,022	1,011
6	60,255	5,022	2,511	2,318	1,159
7	67,951	5,663	2,832	2,614	1,307
8	75,647	6,304	3,152	2,910	1,455
For each additional family member, add:	7,696	642	321	296	148

For example, a family of four can make up to \$44,863 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 SWIS Update Participant Demographics, Screen 102 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 Screen 102 and on the back of the certification form. If applicable, document participation in TFA, SNAP and/or other public assistance programs in SWIS.

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 for self-employed)
- Letter from employer on letterhead stating gross income and frequency

- Unemployment benefit notification letter
- Unemployment check
- Tuition 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 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. Using the line titled *Adjusted Gross Income* is also acceptable as it accounts for the costs of doing business (business expenses) and the self-employed health insurance deduction.

http://www.ehow.com/info_8761755_difference-income-adjusted-gross-income.html

2. Then compare that annual or monthly (divided by 12) 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.

Indicate the type of proof shown for each applicant's income eligibility determination on SWIS screen #102. 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 SWIS.

If ineligible, complete and issue a Notice of Participant Action form. Give a copy to the applicant and keep a copy of the documentation on file at the local agency.

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 checks 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 a comment to SWIS, Screen 108 to ensure that additional checks 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 checks 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.



Date of Notice: _____

NAME	WIC ID or DOB
ADDRESS	
CITY/ZIP	PHONE # () -

Ineligibility and Termination Section:

- You or your infant/child **do not qualify** (ineligible) for the WIC Program because:
- You or your infant/child **no longer qualify** (terminated) from the WIC Program because:

<input type="checkbox"/> Your income is too high <input type="checkbox"/> Not in a category WIC serves: Pregnant, postpartum, breastfeeding woman infant or child up to 5 years old <input type="checkbox"/> Postpartum woman 6 months past your delivery date	<input type="checkbox"/> Breastfeeding woman that stopped breastfeeding before one year <input type="checkbox"/> Breastfeeding woman that reached WIC limit of 12 months <input type="checkbox"/> Child turning five (5) years old	<input type="checkbox"/> Do not have a medical/nutritional health problem <input type="checkbox"/> Missed your certification appointment for the Program <input type="checkbox"/> Voluntary removal from the Program <input type="checkbox"/> Other
---	--	--

Suspension Section: You are being suspended from the WIC Program for _____ because you broke the following rules(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, suspension 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, 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. 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.



Fecha de Notificación: _____

NOMBRE		Número de Identificación o Fecha de Nacimiento	
DIRECCIÓN			
CIUDAD/CODIGO POSTAL		TELÉFONO ()	
SECCIÓN PARA SOLICITANTES INELEGIBLES/TERMINACIÓN <input type="checkbox"/> Usted o su hijo(a) no son elegibles para el Programa WIC por las razones siguientes: <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"/> No pertenece a una categoría elegible de WIC: Mujer embarazada, postparto, madre lactante, hijo(a) de hasta 5 años de edad <input type="checkbox"/> Mujer postparto después de 6 meses de la fecha del parto.	<input type="checkbox"/> Interrumpió la lactancia antes del primer año. <input type="checkbox"/> Madre lactante que alcanzó el límite de 12 meses establecido bajo los requisitos del Programa WIC. <input type="checkbox"/> Hijo(a) que va a cumplir cinco (5) años de edad.	<input type="checkbox"/> No presenta una condición clínica ni trastorno de salud nutricional. <input type="checkbox"/> Faltó a la cita de certificación/re-certificación. <input type="checkbox"/> Se retiró voluntariamente del programa. <input type="checkbox"/> Otro:	
Sección Sobre Suspensión: Se le descalifica del programa WIC durante _____ porque usted infringió la(s) regla(s) del Programa WIC: <div style="text-align: center;">(periodo de tiempo)</div> <hr/> <hr/>			
Sección de Audiencia Imparcial 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 Attention: State WIC Director 410 Capitol Avenue MS #11 WIC P.O. Box 340308 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.			
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, 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. 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).

**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 filed with the WIC Certification form for the corresponding certification period.



Estado de Connecticut
Departamento De Salud Publica
Programa WIC

Formulario de Auto Declaración

Nombre del Beneficiario: _____ No. Familia: _____
Nombre

Del Participante _____ No. de Id. Del Participante _____

Para que un aplicante esté en el Programa WIC de Connecticut se requiere que muestre una prueba de identidad, residencia (dirección), e ingresos. Por favor lea la siguiente declaración antes de llenar este formulario.

Yo entiendo que al llenar, firmar y fechar este formulario, estoy certificando que la información proporcionada a continuación es correcta. Entiendo también que cualquier declaración falsa puede resultar en el pago, en efectivo, a la agencia estatal del valor de los beneficios alimenticios inapropiadamente recibidos.

1. Se llena este formulario para: Identificación Residencia Ingresos

3. Si este formulario es para identificación, mi nombre es: _____

3. Si este formulario es para residencia, mi dirección es: _____

4. Si este formulario es para ingresos, mi ingreso es: _____

5. La razón por la cual no puedo presentar una prueba es: _____

Participante / Padre / Guardián _____ (Firma) _____ (Fecha)

APROBADO

RECHAZADO

PARA INGRESOS SOLAMENTE: (Marque una)

- Barrera irrazonable – Ninguna documentación adicional es necesaria
- Se necesita de más documentación el mes siguiente.

Trabajador: _____ (Firma) _____ (Título) _____ (Fecha)

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



State of Connecticut
Department of Public Health
WIC Program

Verification Form

Payee Name _____ Family # _____

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 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

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:

Pregnant Women	During the current pregnancy.
Postpartum/Breastfeeding Women	Completion of the pregnancy, preferably 4-6 weeks post-delivery (An additional blood test is NOT required for breastfeeding women 6-12 months postpartum).
Infants	Between 9-12 months of age (A blood test done between 6-9 months can be used to meet this screening requirement).
Children 12-24 months	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).
Children 2-5 years	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).

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 checks 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 checks 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 SWIS, Woman's Visit tab (Screen 104) and Infant/Child Health tab (Screen 105), 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, SWIS 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.

**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.

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 SWIS 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 Health tab (Screen 105). Based on the data, SWIS auto-assigns the appropriate anthropometric risk factors. It is recommended that the CPA, verify the SWIS 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 (Screen 105).

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. SWIS will display both the BMI and BMI-for-age percentile after data is entered. See below for sample Visit History (Screen 207)

Infant 0-23 months

Visit Date /Type	Anthro Date /Age	Weight	Height	Percentiles BMI	Bloodwork Blood Lead	Risk Factors	Smoke	Drink
03/05/2012 Certification	03/02/2012 1y 7m	31 lb 2 oz 14.1 kg	2 ft 9 in 33 inches 83.8 cm	Wgt/Len: 99% Len/Age: 52%	01/18/2012 Hgb 12.5 gm/100ml Hct 0.0 %	58 D5	Smoking in Household	
12/09/2011 Follow-Up	12/02/2011 1y 4m	27 lb 4 oz 12.4 kg	2 ft 7 7/8 in 31 7/8 inches 81.0 cm	Wgt/Len: 96% Len/Age: 54%		32 D5	Smoking in Household	
09/02/2011 Certification	08/28/2011 1y 1m	24 lb 14 oz 11.3 kg	2 ft 6 1/2 in 30 1/2 inches 77.5 cm	Wgt/Len: 92% Len/Age: 53%		32 D5	Smoking in Household	

Age at Visit 1y 7m

Anthro Taken By REG

CPA HKK

Taking Medications Unknown

Risk Factor Descriptions

58 - High Weight-for-Length 0-23 mos.
D5 - Environmental tobacco smoke

Child 2-5 years

Visit Date /Type	Anthro Date /Age	Weight	Height	Percentiles BMI	Bloodwork Blood Lead	Risk Factors	Smoke	Drink
03/05/2012 Certification	02/27/2012 4y 5m	49 lb 3 oz 22.3 kg	3 ft 5 7/8 in 41 7/8 inches 106.4 cm	Wgt/Len: 97% Len/Age: 69% BMI/Age: 98%	02/27/2012 Hgb 12.5 gm/100ml Hct 33.4 %	56 37		
12/18/2011 Follow-Up	12/16/2011 4y 3m	43 lb 8 oz 19.7 kg	3 ft 5 1/4 in 41 1/4 inches 104.8 cm	Wgt/Len: 92% Len/Age: 67% BMI/Age: 94%	11/05/2010 Hgb 12.0 gm/100ml Hct 36.4 % Lead: 09/02/2011 11 ug/dl	13 28 34		
09/05/2011 Certification	09/02/2011 3y 11m	38 lb 11 oz 17.5 kg	3 ft 4 1/8 in 40 1/8 inches 101.9 cm	Wgt/Len: 83% Len/Age: 60% BMI/Age: 86%	11/05/2010 Hgb 12.0 gm/100ml Hct 36.4 % Lead: 09/02/2011 11 ug/dl	13 28 34		

Age at Visit 4y 6m

Anthro Taken By FTG

CPA TRG

Taking Medications Unknown

Risk Factor Descriptions

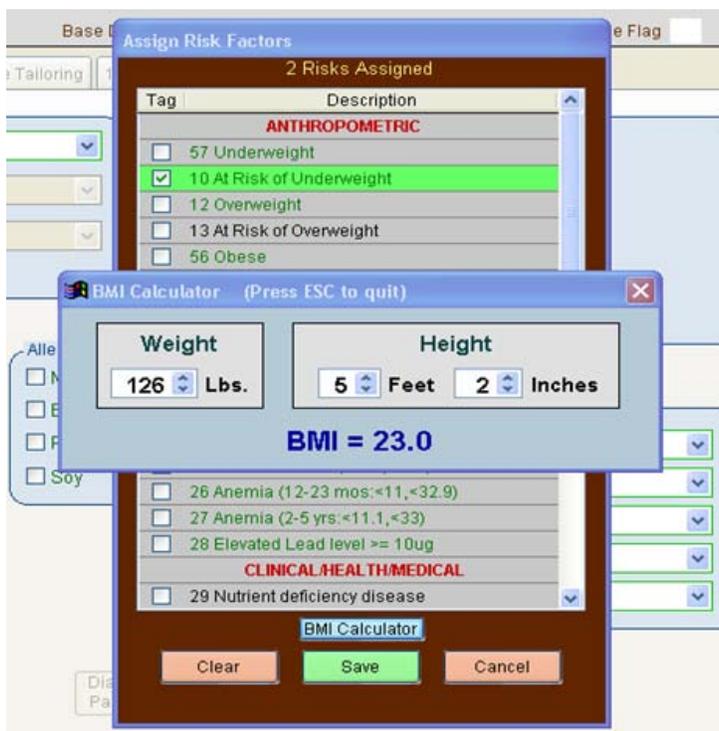
56 - Obese
37 - Oral Health Problems

The Visit History tab (Screen 207) will allow the CPA to view the history of anthropometric assessments including BMI calculation and percentiles, shown as numerical values. SWIS does not include 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 plot and maintain the appropriate paper growth chart in participant's file.

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 SWIS Risk Criteria 13 (Parent with BMI ≥ 30) is now system generated risk factor. If the mother's pre-pregnancy BMI is known, SWIS will automatically 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 tab (Screen 113) in the free text section or in the Office Use section of the infant's or child's Nutrition Questionnaire and Assessment form. A "Quick BMI Calculator" popup on the Assign Risk Factors tab (Screen 106) is available to assist the CPA in assigning SWIS Risk Criterion 13 *At Risk of Overweight*. To calculate the parent's BMI, the CPA enters the height and weight for a child's parent. SWIS will determine if the BMI is > 30.



Note: It is possible for an infant or child to have SWIS Risk Criteria 10 AND 13 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 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 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 Woman's Visit tab (Screen 104). To provide quality nutrition services, during follow-up appointments, prenatal weight gain in Woman's Visit (Screen 104) and click "Save". SWIS will auto-calculate weeks' gestation and incremental weight gain and assign any applicable weight-based risks once new information is saved.

Plot measurements of women on the Prenatal Weight Gain Grid chart at each prenatal visit. Discuss strategies to increase, decrease or maintain weight gain. Maintain grid in participant file.

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>

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

Name _____

WIC #ID _____ Date _____

Prepregnant Wt _____ Ht _____

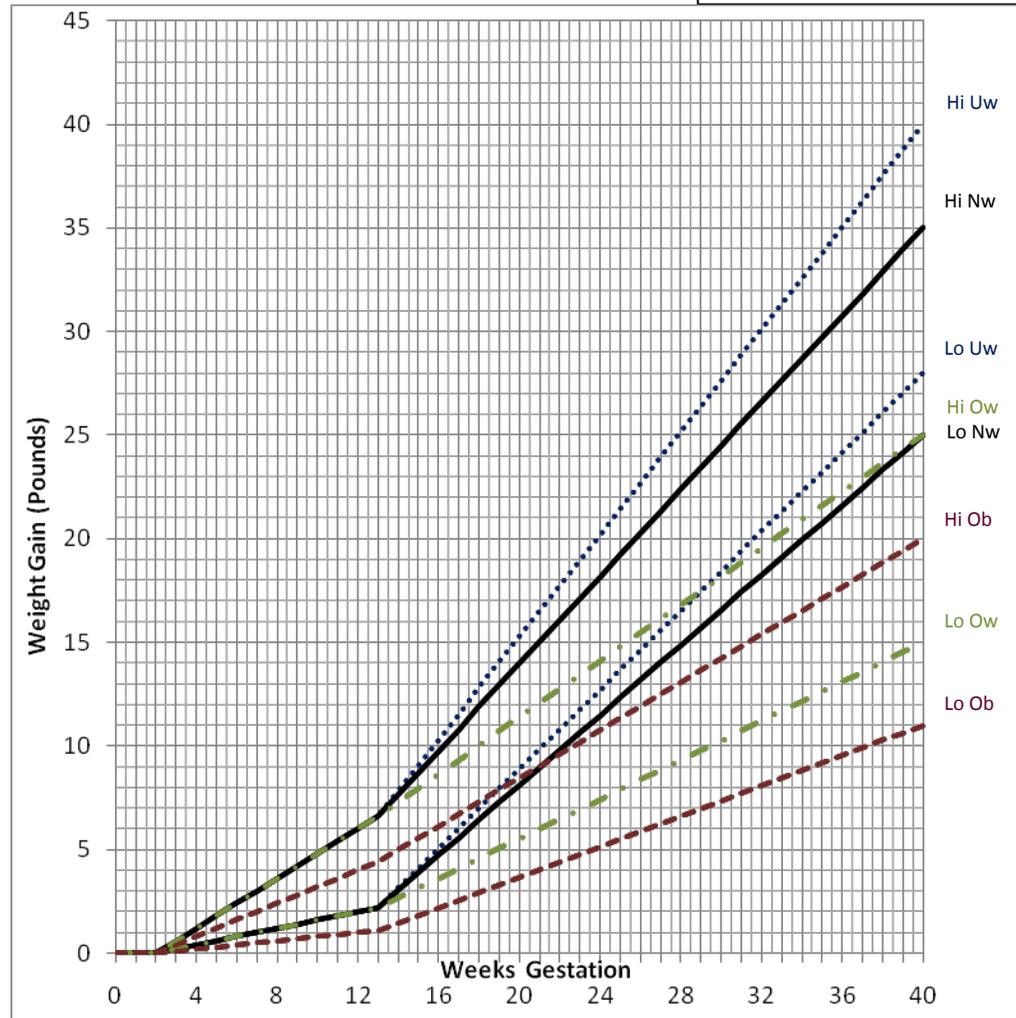
Prepregnant BMI _____ EDD _____

DOB _____

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

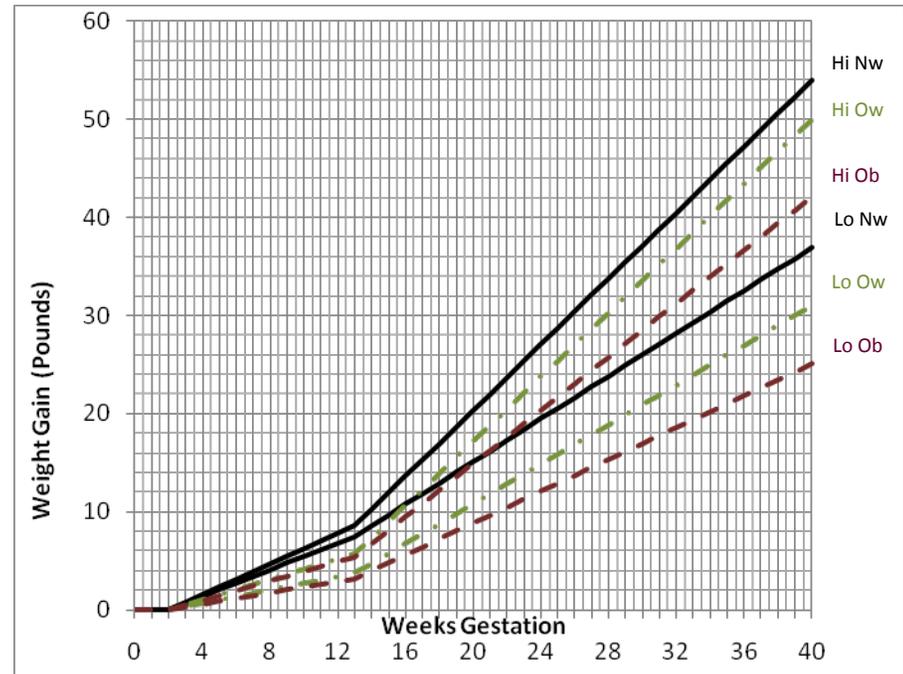
*IOM 2009, *Weight Gain During Pregnancy: Reexamining the Guidelines*. Washington, D.C.: National Academies Press.
 Twins - Consistent rate of weight gain with 1.5 pound/week gain in 2nd and 3rd trimesters
 Triplets - Overall weight gain of 50 pounds with 1.5 pound/week gain throughout the pregnancy

Prenatal Weight Gain Grid



Notes: _____

Multi-fetal Weight Gain Grid



BMI Table for Determining Weight Classification for Women*

Height (Inches)**	Underweight BMI <18.5	Normal Weight BMI 18.5 – 24.9	Overweight BMI 25.0 – 29.9	Obese 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.

Premature infants who have reached the equivalent of 40 weeks gestation shall be assessed for growth 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. 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.

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) SWIS Risk Criterion #14
- Low head circumference (until their second birthday) SWIS Risk Criterion #9

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, and
- 2) 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

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

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Calculating Gestation-Adjusted Age¹

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.

¹ 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.

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

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

Nutrition Services Standard: 7

VENA Guidance Document:

http://www.nal.usda.gov/wicworks/Learning_Center/VENA/VENA_Guidance.pdf

POLICY

The nutrition questionnaire and assessment form should be used to engage the client in dialogue regarding health, medical, clinical, and nutritional issues.

Bolded questions are required for SWIS processing and data collection; and are also relevant to collect 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.

Per professional judgment, all of the non-bolded questions on the nutrition assessment form do not have to be obtained for each client. A Value Enhanced Nutrition Assessment allows the Competent Professional Authority (CPA) to use the assessment form 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 SWIS and/or on the nutrition assessment form.

For participants with multiple risk factors, the CPA should document what risk factor(s) was/were discussed with the client at the time of certification (indicate if it was a client 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 (SWIS codes A6, 44 or D4) documentation in SWIS *must* include for continuity of care purposes what was discussed with the client 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

On the certification form and the nutrition questionnaire and assessment form record pertinent information. Enter all applicable data, criteria and CPA initials into appropriate SWIS screens.

If ineligible, complete and issue a Notice of Participant Action form. Give a copy to the applicant and keep a copy of the form on file.

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 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: _____

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

ANTHROPOMETRIC

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

- 1a. Underweight ($\leq 2.3^{\text{rd}}$ percentile wt/length)
- 1b. At Risk of Underweight ($>2.3^{\text{rd}}$ percentile and $\leq 5^{\text{th}}$ wt/length)
2. High Weight for Length ($\geq 97.7^{\text{th}}$ percentile wt/length)
- 2b. At Risk of Overweight- Parent with BMI ≥ 30
- 3a. Short Stature ($\leq 2.3^{\text{rd}}$ percentile length/age)
- 3b. At Risk for Short Stature ($> 2.3^{\text{rd}}$ & $\leq 5^{\text{th}}$ 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 (≥ 9 lbs) (up to 12 months)
9. Head circumference $\leq 2.3^{\text{rd}}$ percentile (up to 24 months)

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

- 1a. Underweight ($\leq 5^{\text{th}}$ percentile BMI-for-age)
- 1b. At Risk of Underweight ($>5^{\text{th}}$ and $\leq 10^{\text{th}}$ percentile BMI-for-age)
- 2a. Obese ($\geq 95^{\text{th}}$ percentile BMI-for-age)
- 2b. Overweight ($\geq 85^{\text{th}}$ or $<95^{\text{th}}$ percentile BMI-for-age)
- 2b. At Risk of Overweight- Parent with BMI ≥ 30
- 3a. Short Stature ($\leq 5^{\text{th}}$ percentile height/age)
- 3b. At Risk for Short Stature ($>5^{\text{th}}$ and $\leq 10^{\text{th}}$ 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 (≥ 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 problems. 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 SWIS or on WIC Nutrition Questionnaire and Assessment form)

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: _____

WIC OFFICE USE:	Physical Presence: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____	Waiver Code: MC/ ND/ OHC/ WPC
Priority group: 1 2 3 4 5 6	Signature/Initials of WIC CPA _____		
WIC Certification Date: _____			<input type="checkbox"/> 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** ____/____/____

Would you like to register to vote today? /¿Le gustaría registrarse para votar hoy? Yes/ Sí No/ No **Initials/Iniciales:**

WIC OFFICE USE ONLY:

Signature/Initials of WIC Staff verifying income, residency and identity **Date** ____/____/____

USDA is an equal opportunity provider and employer. El USDA es un proveedor y empleador que ofrece igualdad de oportunidades.

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. Determine physical presence, and record date. If participant is physically present in office, check "Yes". If participant is not physically in the office, but meets one of the waiver criteria check "No" and then circle the appropriate waiver code. Note: A waiver for physical presence cannot be used for consecutive certifications. Currently, SWIS determines the participant's priority group. It is an option for the WIC CPA to circle the SWIS indicated priority group on the hard copy certification form. Local agencies can choose to use this field for internal quality assurance processes. WIC CPA Signature and WIC Certification date is required to certify participant is **WIC eligible**. If the form is being used for a mid-certification, check the appropriate box.

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.

Opportunity to Register to Vote section:

Inquire if the applicant's parent/guardian (over 18 years of age) would like to register to vote. If opportunity to vote is declined, AT THE INITIAL WIC CERTIFICATION APPOINTMENT, complete a declination form and maintain in the participant's file. In the event of an address change, the opportunity to register should be offered to parents or guardians of infant or child participants. If the parent/guardian declines, have him/her initial in the space provided. You do not need to complete a declination form.

Documentation of Income, Residency and Identity section:

This section must be completed by a WIC staff member other than the person that certified nutritional risk eligibility. WIC staff should document proof of income, residency and identity in SWIS. Sign and date the form to certify WIC *income, residency and identity* eligibility conditions are met.

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%
EDD:	DATE COLLECTED (Wt/Ht):	Trimester 2: Hgb < 10.5 g/dl; Hct: <32%
<input type="checkbox"/> Postpartum	Weight: _____ Height: _____	Non-preg <15 yrs: Hgb < 11.8 g/dl; Hct: <33.7%
<input type="checkbox"/> Breastfeeding	DATE COLLECTED (Hgb/Hct):	Non-preg 15-17 yrs: Hgb < 12.0 g/dl; Hct: <35.9%
Actual delivery date:	Hemoglobin: _____ & /or Hematocrit: _____	Non-preg >18 yrs: Hgb < 12.0 g/dl; Hct: <35.7%
Medications/Medical Problems/Concerns:		

ANTHROPOMETRIC

1. Pre-pregnancy or postpartum underweight (Body Mass Index-BMI <18.5) _____ BMI
2. Pre-pregnancy or postpartum overweight (BMI ≥ 25) _____ BMI
3. Low maternal weight gain _____ or weight loss _____ during pregnancy
4. High maternal weight gain

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

BIOCHEMICAL (1998 CDC Standards)

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

CLINICAL/ HEALTH/ MEDICAL

7. Nutrient deficiency disease. Specify _____
8. Gastrointestinal disorder. Specify _____
9. Nutritionally significant genetic or congenital disorder. Specify _____
10. Nutrition related infectious disease. Specify _____
11. Nutrition related non-infectious chronic disease. Specify _____ / _____ mm Hg
12. Other nutrition related medical conditions. Specify _____
13. Smoking by a pregnant, breastfeeding or postpartum woman
14. Alcohol use or drug abuse
15. Oral health problems. Specify _____

OBSTETRICAL:

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

DIETARY (Document in SWIS or on WIC Nutrition Questionnaire and Assessment form)

33. Specify code(s) _____

OTHER NUTRITIONAL RISKS

34. Possible regression in nutritional status if removed from the program non-dietary; dietary
35. Homelessness or migrancy
36. Other risks. Specify _____

Health Care Provider Signature and Title: _____ **Date:** _____

Address: _____

WIC OFFICE USE:	Physical Presence: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:	Waiver Code: MC/ ND/ OHC/ WPC
Priority group: 1 2 3 4 5 6	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** ____/____/____

Would you like to register to vote today? /¿Le gustaría registrarse para votar hoy? Yes/ Sí No/ No **Initials/Iniciales:** _____

WIC OFFICE USE ONLY:

Date of Application _____

Date ____/____/____

Signature/Initials of WIC Staff verifying income, residency and identity

USDA is an equal opportunity provider and employer. El USDA es un proveedor y empleador que ofrece igualdad de oportunidades.

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. Determine physical presence and record date. Currently, SWIS determines the participant's priority group. It is an option for the WIC CPA to circle the SWIS indicated priority group on the hard copy certification form. Local agencies can choose to use this field for internal quality assurance processes. Local agencies will be notified by the State if and when the priority group is required to be completed on the certification form. WIC CPA Signature and WIC Certification date is required to certify participant is **WIC eligible**.

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.

Opportunity to Register to Vote section:

Inquire if the applicant (over 18 years of age) would like to register to vote. If opportunity to vote is declined, AT THE INITIAL WIC CERTIFICATION APPOINTMENT, complete a declination form and maintain in the participant's file as outlined by policy in the State Plan. At recertification or in the event of an address change, the opportunity to register should be offered. If declined, have the participant initial in the space provided. You do not need to complete a declination form.

Documentation of Income, Residency and Identity section:

This section must be completed by a WIC staff member other than the person that certified nutritional risk eligibility. WIC staff should document proof of income, residency and identity in SWIS. Sign and date the form to certify WIC *income, residency and identity* eligibility conditions are met. Record the date of application for new pregnant applicants for quality assurance purposes. Refer to the State Plan for more details on what constitutes an "application date".

**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 ½ 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 Form Guidance

Question	Suggested Action
<p>Tell Me About You and Your Pregnancy...</p> <p>Do you have any questions or concerns about your pregnancy?</p>	<p>Use this question to assess what concerns the client has regarding her pregnancy. This allows you to focus in the counseling portion of the visit on her concerns. Briefly address the issue raised by the client 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 client 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, clients' 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>Is this your first pregnancy? If no, how many times have you been pregnant?</p> <p>Did you have any problems during any pregnancy or delivery? Have you had any miscarriages _____ or were any of your babies stillborn _____?</p> <p>Were any of your babies born premature (less than 38 weeks)?</p> <p>Did any of your babies weigh less than 5 ½ pounds at birth?</p> <p>Did any of your babies weigh 9 or more pounds at birth?</p> <p>When did your last pregnancy end? Month____ Day____ Year _____</p>	<p>The bold questions are required for SWIS but also give valuable information to the nutritionist on several objective obstetrical risk factors including history of miscarriage, still births, prematurity, low birth weight and high birth weight.</p> <p>Often times, this information is on the medical referral form or certification form the client brings to her appointment, verify and document health/clinical/medical and obstetrical risk factors. See SWIS 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>For this pregnancy, how many months pregnant were you when you first visited the doctor?</p> <p>When is your next doctor's appointment?</p> <p>What has your doctor told you about your pregnancy?</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>Assign the appropriate risk (94- Prenatal care > 1st 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>

Question	Suggested Action										
	<p>High maternal weight gain: Assign SWIS risk factor 70 if weight gain is:</p> <p>1. A high rate of gain such that in the 2nd and 3rd trimesters, for singleton pregnancies: * Underweight women gain more than 1.3 pounds per week; * Normal weight women gain more than 1 pound per week; * Overweight women gain more than .7 pounds per week and; * 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 pre-pregnancy weight category:</p> <table border="0" data-bbox="678 695 1528 884"> <thead> <tr> <th>Pre-pregnancy Weight Groups Definition (BMI)</th> <th>Cut-off value (lbs)</th> </tr> </thead> <tbody> <tr> <td>Underweight <18.5</td> <td>> 40</td> </tr> <tr> <td>Normal Weight 18.5 to 24.9</td> <td>> 35</td> </tr> <tr> <td>Overweight 25.0 to 29.9</td> <td>> 25</td> </tr> <tr> <td>Obese 30.0</td> <td>> 20</td> </tr> </tbody> </table> <p>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>Maternal weight loss: Assign SWIS risk factor 69 if woman has any weight loss below prenatal weight during the first trimester OR if there is weight loss of ≥ 2 lbs. in the 2nd or 3rd trimesters.</p> <p>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>If she was pregnant before, find out what her weight gain was for previous pregnancy(ies).</p> <p>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>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 style="list-style-type: none"> 1. weight gained during pregnancy may become weight she will have difficulty losing after her pregnancy, increasing the risk of later overweight/obesity. 2. high rate of weight gain increases the risk for having a high birth weight infant. This can lead to delivery complications. <p>Discuss strategies for increasing nutrient-rich foods while limiting empty calorie foods in her diet.</p> <p>Examples include: substitute soda with 1% or skim milk; replace empty</p>	Pre-pregnancy Weight Groups Definition (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 Weight Groups Definition (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
	calorie snacks such as chips or candy bars with fresh fruit or vegetables; replace fried food items with baked or broiled foods; increase vegetable intake at meals with salads, stir fry, or cut up vegetables.
<p>Do you have any medical conditions or health concerns I should know about?</p> <p>Do you go to the dentist? Who is your dentist?</p>	<p>If yes /responded or selected— Find out more information and assign risk as appropriate. Ask for medical documentation when appropriate.</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. 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. 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 not 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. Do you have any of the following? Please check all that apply.</p> <p>Constipation, Diarrhea, Nausea, Vomiting, 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"> ▪ Constipation: 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. ▪ Diarrhea: 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 include: 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. ▪ Nausea/vomiting: Reassure that this is very common during the

Question	Suggested Action
	<p>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: <i>get out of bed slowly in the morning; keep crackers or dry cereal at the bedside to eat before getting up; eat small amounts frequently, even every 2-3 hours; drink a lot of fluids, especially if solid food will not stay down; avoid cooking smells, foods with strong odors or highly spiced foods, or any other odors that lead to nausea; avoid brushing teeth immediately after eating, as this may lead to vomiting.</i></p> <ul style="list-style-type: none"> ▪ Heartburn: 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> ▪ Non-food cravings. Find out if non-food items are an issue. Ask, “Often pregnant women have cravings for non-food items. Have you experienced anything like that?” If pica (ingestion of non-food items such as ice, dirt, clay, cornstarch, laundry soap or starch, ashes, paint chips, baking soda, paper), reassure her that this is not unusual and that it may be a sign of dietary deficiencies. Encourage replacement behaviors, including: <i>when craving a non-food item, try chewing sugarless gum, take a short walk or read to a child; or try freezing fruit juice cubes to chew instead of ice.</i> Refer woman to physician if needed. <p>For other problems like headaches or dizziness: refer to physician. Headaches: 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. Dizziness: 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 2nd trimester; wear loose comfortable clothing that will not constrict circulation.</p>
<p>Do you take? Check all that apply.</p> <p>Prenatal Vitamin, Minerals, Herbs, Herbal Supplements, Prescription medications, Over-the-counter medications</p>	<p>This question provides an opportunity to learn about various supplements, vitamins and medications the client is taking. Ask about prenatal vitamin intake. If taking prenatal vitamin, affirm the behavior. 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>). Refer woman to discuss prenatal vitamin usage with her physician.</p>

Question	Suggested Action
	<p>Ask about use of any other supplements, including herbal preparations and teas. If necessary, refer to the NIH website http://nccam.nih.gov/health/supplements.htm to get information on specific herbal supplements and their safety for use in pregnancy.</p> <p>Ask about any prescribed medications—record name of medication and dosage. Ask what the medication(s) have been prescribed for, and fill in the medical condition. Refer to <u>Medications and Mother’s Milk</u> or the <u>University of Rochester hotline</u> (585-275-0088—call and leave message if necessary; someone will call you back) to find out if medication is contraindicated in pregnancy and/or breastfeeding. <i>Women receiving methadone therapy can 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.</i></p> <p>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.</p>
<p>Lifestyle Questions: In the 3 months before this pregnancy, did you: Smoke cigarettes Smoke marijuana? Use other drugs? Drink alcohol?</p> <p>Do you currently? Smoke cigarettes If yes, have you changed the amount you smoke?</p> <p>Do you currently? Smoke marijuana? Use other drugs? Drink alcohol?</p> <p>Does anyone living in your household smoke inside the home?</p>	<p>These questions are required for SWIS and CDC data collection. It is also in the Federal regulations 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 client when using probing questions.</p> <p>Approach smoking issues using the 3 A’s: --Ask about tobacco use. <i>If woman is smoking, ask if smoking has changed since she found out about being pregnant.</i> --Advise all pregnant women who smoke to stop smoking. <i>One way to begin the discussion is to say, “The recommendation for you and your baby is for you to quit smoking.” 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, including: more energy; able to breathe more easily; more money to spend on other things; clothes, hair, home will smell better; food will taste better; 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); less risk for her baby of SIDS and asthma; she will feel good that she has done this for herself and her baby.</i> --Assist her with a cessation plan—provide support, self-help materials and refer to the Connecticut QUITLINE-1-866- END-HABIT (1-866-363-4224). Follow up at each visit.</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</p>

Question	Suggested Action
	<p>wash hands and change clothes prior to holding baby to avoid exposing infant to second hand smoke.</p> <p>In keeping with providing information on behaviors that can impact a positive health outcome for the infant, inquire about 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. If there is <i>any</i> alcohol use, discuss risk of Fetal Alcohol Spectrum Disorders (FASD). Emphasize that no amount of alcohol is <i>safe</i>. Refer to substance abuse counselor as needed.</p> <ul style="list-style-type: none"> ▪ 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. A baby will never outgrow FASD—it will be with the child for a lifetime. This disorder is 100% preventable. <p>Provide referrals as appropriate.</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- pre-contemplating (doesn't want any information), contemplating (will think about it and will be willing to take information) or preparation (wants information, ready to read whatever you will give her). If appropriate, refer to behavioral health/ recovery program. Follow up on referrals made.</p>
<p>Infant Feeding Choice:</p> <p>Have you ever breastfed? What was that like for you? What do you know about breastfeeding? What is your personal breastfeeding experience?</p> <p>How long did you breastfeed? Why did you stop?</p> <p>What are your plans for feeding this baby?</p>	<p>Bolded questions are required for SWIS processing and CDC data collection. The additional questions provide an opportunity to approach the topic of breastfeeding in a more neutral manner. Asking about the client's level of knowledge and personal experience with breastfeeding allows the nutritionists to assess where to begin the conversation about infant feeding with this individual mother-to-be.</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"> ▪ 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. ▪ 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—pre-contemplating (doesn't want any information), contemplating (will think about it and will be willing to take information) or preparation (wants information, ready to read whatever you will give her).

Question	Suggested Action
<p>Foods, Drinks and Mealtimes</p> <p>What changes have you made in what you eat, now that you are pregnant?</p> <p>Are there any foods you avoid or can't eat? If yes, what are they?</p> <p>How is your appetite?</p> <p>Do you feel you are eating enough of these foods?</p> <p>Do you drink any of these fluids?</p> <p>How often are you eating meals/snacks away from home?</p> <p>Are you eating any of these food items?</p> <ul style="list-style-type: none"> ▪ 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) 	<p>This series of questions now replace the traditional food frequency/ 24 recall. 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 become pregnant.</p> <p>If indicated, discuss food cravings. Emphasize that cravings are normal and that they are different for every woman. Give reassurance that some day's food intake will be better than others, and that she should strive to eat to the best of her ability on most days.</p> <p>If needed, offer strategies that may assist her in improving dietary quality. Some examples include:</p> <ul style="list-style-type: none"> ▪ 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. ▪ If vegetables are not a favorite, talk about eating a variety of colors. Include salads with several colored veggies; shred vegetables into casseroles; try home made vegetable soups; snack on cut up vegetables. <ul style="list-style-type: none"> --include fresh fruits for snacks. --look for whole grain items, including cereals with whole grains, whole wheat bread and brown rice. <p>If any of these items are checked assess frequency and assign appropriate SWIS risk code, D1. Provide current recommendations for consumption of these foods during pregnancy.</p> <p>Based on the information gathered, you may provide information/resources to address the client's concerns, questions or identified barriers to positive health outcomes.</p>
<p>Does your family have enough food? Would you like to know about? Do you have access to refrigerator and stove/hot plate?</p>	<p>This question allows the nutritionist to gauge household food security, ability to prepare foods safely and provide appropriate referrals. If referrals are made, document in SWIS.</p>

**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 Form Guidance

Question	Suggested Action
<p>How are You and Your Baby Doing...? How have you been feeling since your pregnancy ended?</p>	<p>Use this question to inquire how woman feels now that she has delivered. 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. Only assign SWIS risk code 36- Other Medical Conditions if a <i>medical provider or psychologist has documented clinical depression.</i></p> <p>Acknowledge the client'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 client 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, clients' 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>When did this pregnancy end? Month ___ Day ___ Year ___</p> <p>Did you have any problems during this pregnancy or delivery? How did your birth or delivery go? Stillbirth, miscarriage or abortion? Neonatal death</p> <p>Did you have one baby, twins, triplets or more?</p> <p>How is (are) your baby(ies) doing?</p>	<p>The bold questions are required for SWIS processing and CDC data collection but also give valuable information on several current objective obstetrical risk factors including miscarriage, stillborn, prematurity, low birth weight and high birth weight.</p> <p>If this information is on the certification form or other medical referral form that the client brings to her appointment, verify and document health/clinical/medical and obstetrical risk factors. See SWIS Nutritional Risk Codes listing for more details.</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 client 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><i>New clients:</i> Do you have any medical conditions/ health concerns? Do you go to the dentist?</p>	<p>If yes /responded or selected— Find out more information and assign risk as appropriate. Ask for medical documentation when appropriate.</p>

Question	Suggested Action
<p><i>Returning clients:</i> Have you changed your doctor or had any changes in your health or medical conditions?</p> <p>Do you take? Please check all that apply.</p> <p>Prenatal Vitamins (w/ Folic Acid), Herbs/Minerals, Herbal Supplements/Teas, Prescription medications (including birth control), Over-the-Counter medications</p>	<p>This question provides an opportunity to update information received previously. 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. 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. Refer to dental provider as needed.</p> <p>Folic acid: 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. Vitamin or supplement intake, including herbal supplements: Refer to the NIH website http://nccam.nih.gov/health/, <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.</p> <p>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.</p> <p><i>Women receiving methadone therapy can 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>If woman had a C-section this delivery, ask if there are any problems with healing of the incision. Refer to MD as necessary.</p>
<p>How much did you weigh just before you delivered your baby?</p>	<p>The bold question is required for SWIS processing and CDC data collection. It also provides information on weight and obstetrical related risk factors- SWIS risk codes 67, 68 and 70.</p>

Question	Suggested Action
<p>What do you feel about your weight now?</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></p> <p>If she desires a change ask, <i>“What change with your weight would you like to see happen?”</i> And 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>If her current BMI is high and she does not desire a change, she is precontemplative. Encourage her to contact you should she want to discuss this subject in the future.</p>
<p>Lifestyle Questions: In the last 3 months of your pregnancy, did you: Smoke cigarettes? Smoke marijuana? Use other drugs? Drink alcohol?</p> <p>Do you currently? Smoke cigarettes</p> <p>Do you currently? Smoke marijuana? Use other drugs? Drink alcohol?</p> <p>Does anyone living in your household smoke inside the home?</p>	<p>These questions are required for SWIS and CDC data collection.</p> <p>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 client when using probing questions.</p> <ul style="list-style-type: none"> ▪ Ask about tobacco use, and desire and/or plans to quit. Ask about methods to quit that have been used. Refer to available resources. ▪ 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. ▪ 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. <p>If any street drugs are being used, refer as appropriate.</p>
<p>Infant Feeding: Did you ever breastfeed your baby? How are you feeding your baby now?</p> <p>How is feeding your baby going? If breastfeeding, do you have questions about...?</p>	<p>Bolded questions are required for SWIS processing and CDC data collection on initiation, duration and type of breastfeeding behaviors. 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"> ▪ Ask mom what her breastfeeding duration plans are and who she has for support. ▪ 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. ▪ 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"> 1. How often is baby breastfeeding in 24 hours? 2. How long does baby stay at breast for each feeding?

Question	Suggested Action
<p>If you are using formula: How old was your baby when you started to use formula? Why did you add formula?</p> <p>Do you have questions about...?</p>	<ol style="list-style-type: none"> 3. Is there active suck/swallowing (milk transfer) at feedings if baby stays at the breast for extended periods of time? 4. Ask about the number of wet/dirty diapers per day and assess for adequacy. 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. 6. Ask if baby has been weighed since hospital discharge. Find out what the weight was and MD/health professional's assessment of weight. <ul style="list-style-type: none"> ▪ Ask her about any plans to return to work or school and how she plans to feed her baby. Discuss pumping if needed, including the type of pump to meet her needs. ▪ If there are specific breastfeeding concerns assessed/detected, assign appropriate SWIS risk factor- A5, document in SWIS and refer as appropriate. Develop a plan for follow-up. ▪ If referred for lactation assistance, follow-up. <p>Refer to the Connecticut WIC Program Guidelines for Breastfeeding Promotion and Support 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>Foods, Drinks and Mealtimes</p> <p>Have you made any changes to what you are eating since having your baby? Tell me more. How is your appetite?</p> <p>Are there any foods you avoid or can't eat? If yes, what are they? Are you on a special diet or meal plan?</p> <p>Do you feel you are eating enough of these foods on most days?</p>	<p>This series of questions now replace the traditional food frequency/ 24 recall. 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"> ▪ Ask what changes have been made in her eating habits since delivery. Many common things that happen to moms after delivery include: 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> ▪ Query about special diet Rx or foods that are being avoided. If appropriate tailor food package. ▪ Ask about <u>habits that will lead to healthy feeding relationships with child/children</u> ▪ Query about <u>variety of foods</u>—Ask a question such as

Question	Suggested Action
<p>Do you drink any of these fluids?</p> <p>How often are you eating meals/snacks away from home?</p> <p>Are you eating any of these food items?</p> <p>Have you made any changes to your activity level since having your baby? Tell me more.</p>	<p>“What are the vegetables you usually eat during a typical week?” Discuss need for including a variety of colors with fruits and vegetables.</p> <ul style="list-style-type: none"> ▪ Ask about <i>family meals</i>. Discuss importance they play in good eating habits for children. ▪ Ask how she <i>plans for meals and snacks</i>. Discuss how important planning is in ensuring healthy habits and food budgeting. <p>If any of these items are checked assess frequency and assign appropriate SWIS risk code, D1. Provide current recommendations for consumption of these foods during pregnancy.</p> <p>Ask about physical activity—type and frequency. Remind her to discuss any physical activity plans with her MD if she is <6 weeks PP.</p> <p>Based on the information gathered, you may provide information/resources to address the client’s concerns, questions or identified barriers to positive health outcomes.</p>
<p>Does your family have enough food? Would you like to know about?</p>	<p>This question allows the nutritionist to gauge household food security and provide appropriate referrals. If referrals are made, document in SWIS.</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.

- Vitamins/Minerals
 Herbs
 Herbal Supplements/Teas
 Medications
 Why?

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

Yes No

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

- Breastfeeding only Pumped breast milk only
 Breastfeeding and formula 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?**

- Daily
 Some days
 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.
- | | | |
|--|---|--------------------------------------|
| <input type="checkbox"/> Baby cereal | <input type="checkbox"/> Baby vegetables | <input type="checkbox"/> Baby fruits |
| <input type="checkbox"/> Strained/baby meats | <input type="checkbox"/> Eggs | <input type="checkbox"/> Yogurt |
| <input type="checkbox"/> Mashed beans | <input type="checkbox"/> Table/Finger foods | <input type="checkbox"/> 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 Form Guidance

Question	Suggested Action
<p>Tell Me About Your Baby...</p> <p>Do you have any questions or concerns about your baby's? Please check all that apply.</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>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. http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5909a1.htm?s_cid=rr5090a1_w</p> <p>Refer to specific risks related to infant growth in electronic WIC Nutrition Risk Manual- FNS risk codes: 103, 114, 115, and 121.</p> <ul style="list-style-type: none"> ▪ 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. ▪ 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: <ul style="list-style-type: none"> ✓ 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. <p>Sharing growth information with parents:</p> <ul style="list-style-type: none"> ▪ 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 plot <p>Infant (Birth-24 months) with SWIS Risk #58 or 13 (High Weight for Length or At Risk for Overweight) Review <i>Implications for WIC Nutrition Services</i> sections of 115 High Weight for Length or 114 At Risk for Overweight for counseling tips and how to discuss with families what these risks may imply. Parents or 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>If measurements obtained are different than what parent reports MD obtained:</p> <ul style="list-style-type: none"> ▪ 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) ▪ Scales are routinely calibrated

Question	Suggested Action
	<p data-bbox="430 281 1446 415">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 reviews appropriate anthropometric equipment selection, calibration and measurement techniques.</p> <p data-bbox="430 453 1414 516">Infant with inconsistent growth (increase or decrease of >2 channels on growth chart):</p> <ul style="list-style-type: none"> <li data-bbox="479 522 1000 554">▪ Refer to pediatrician as appropriate. <p data-bbox="430 592 1479 898">Head Circumference: WIC staff doesn't routinely measure head circumference in clinic. However, if head circumference measurements are available from the provider or if the risk factor, "Low Head Circumference" (SWIS Risk #23; #9 on Certification form) is selected on the certification form the Nutritionist should follow up with the provider. 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 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 data-bbox="430 936 1479 1138">It is also a good practice to give the client 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, clients' situations can be complicated requiring more time than originally planned. If an appointment is running long, you may want to check in with the client 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>

Question	Suggested Action
<p>Baby's Health</p> <p>Does your baby have any medical conditions? Please check all that apply.</p> <p>What medicines or supplements do you give your child? Check all that apply.</p> <p>Did you ever breastfeed your new baby How are you feeding your baby now?</p> <p>If you stopped breastfeeding: How old was your child when you stopped? Why did you stop?</p> <p>If you added</p>	<p>The bold questions in this section on Baby's Health related to infant feeding status and household smoking are required for SWIS processing and data collection. The nutritionist can choose the order these questions are asked to facilitate conversational flow. Non-bolded questions are also important and should be used to provide more information on baby's health.</p> <p>Based on what is checked, find out more information and assign risk as appropriate. Ask for medical documentation when appropriate. If this information about child's pediatrician and/or medical conditions is found on the medical referral form or certification form the client brings to the appointment verify and document the appropriate health/ clinical/ or medical factors. See SWIS Nutritional Risk Codes listing for more details. If no MD, refer as appropriate.</p> <p>This question provides an opportunity to learn about various supplements, vitamins and medications the client is giving to her baby.</p> <p>Record relevant information and reason why supplements, vitamins and medications are prescribed or provided. 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 for exclusively breastfed infants or infants who are ingesting less than 1 liter per day of vitamin D-fortified formula.</p> <p>Ask about use of any supplements, including herbal preparations and teas. Apply risk factors as appropriate. Refer to health care provider if using any non-prescribed items.</p> <p>These questions are required for SWIS data collection. They also give you valuable information on baby's intake. They should be used in combination with the other infant feeding questions to complete the infant nutrition assessment.</p>

Question	Suggested Action
<p>formula: How old was your baby when you started to use formula? Why did you add formula?</p> <p>Do you currently smoke cigarettes?</p> <p>Does anyone living in your household smoke inside the home?</p> <p>Does your baby eat any foods that contain honey?</p> <p>How do you clean your baby's teeth or gums? How often?</p>	<p>These questions are required for SWIS data collection. It is also in the Federal regulations and 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 client when using probing questions.</p> <ul style="list-style-type: none"> ▪ 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 QUITLINE 1-866 END-HABIT (1-866-363-4224). ▪ 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. <p>If yes selected, assign appropriate SWIS risk code D1.</p> <p>This question provides an opportunity to discuss the importance of oral health. Share information with parent on the following:</p> <ul style="list-style-type: none"> ▪ Washing baby's gums with soft washcloth after every feeding ▪ Tooth brushing as soon as first tooth appears ▪ Avoid use of any sweetener on pacifiers, nipples ▪ Avoid putting baby to bed with bottle or spill-proof cup <p>Offer only plain water after teeth have been brushed before bedtime.</p>

Question	Suggested Action
<p>Infant Feeding How do you know if your baby is hungry?</p> <p>How many times in 24 hours are you feeding your baby? Breastfeeding and Formula</p> <p>How do you know if your baby is full/satisfied?</p> <p>If breastfeeding, how do you feel it is going? How many wet diapers does your baby have in 24 hours? How many bowel movements in 24 hours?</p> <p>If your baby is formula-fed, how do you feel it is going? What formula are you feeding your baby? How are you mixing/preparing</p>	<p>This series of questions assess for adequacy of intake, <i>especially in newborns</i>. Also, this series of questions also can help determine mother’s perception of how infant feeding is going regardless of method.</p> <ul style="list-style-type: none"> ▪ It is important to assess the mother’s knowledge of hunger cues- 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. ▪ Satiety cues—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> ▪ Counsel on need to have all caregivers sensitive to baby’s hunger/satiety cues. ▪ Discuss importance of holding baby for every feeding. <p>These questions related to infant output can help assess adequate intake in newborns. Specifically, questions 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>Assess for special needs: Assess pumping needs (if necessary—includes sick babies, mother returning to work, other separation situations); Refer mom to IBCLC or CLC in local agency as needed. Assess for other lactation issues (including <i>pain, perceived insufficient milk supply, poor positioning, engorgement, sleepy baby</i>); refer mom to outside IBCLC or IBCLC or CLC in local agency as needed.</p> <ul style="list-style-type: none"> ▪ If baby is nursing for long time periods (45-60 min/feeding), refer mom to outside IBCLC or IBCLC or CLC in local agency as needed. <p>Reassurance for BF mom:</p> <ul style="list-style-type: none"> ▪ Feeding frequency normally decreases as baby gets older ▪ It is normal to feed as often as every 2 hours throughout the day and night. <p>Formula—</p> <ul style="list-style-type: none"> ▪ Inquire about type and <u>how</u> the formula is being mixed. ▪ Assess for correct mixing technique and review proper formula dilution if needed. ▪ Review importance of checking formula can appearance and product expiration date before purchasing ▪ Address food safety issues (unsafe to feed infants prepared infant formula that has been held in refrigerator longer than 48 hours for concentrated or RTF formula or more than 24 hours for powdered formula) Formula is

Question	Suggested Action
<p>the formula?</p> <p>Do you hold your baby while he/she drinks for the bottle?</p> <p>What do you do with formula left in the bottle after a feeding?</p> <p>Do you put any other foods or fluids in your baby's bottle?</p>	<p>unsafe if it has been held at room temperature longer than 1 hour or longer than recommended by the manufacturer.</p> <ul style="list-style-type: none"> ▪ Adequate formula intake varies. Refer to age-appropriate Infant Feeding Guide for typical intakes. ▪ Discuss importance of holding baby for every feeding. <p>Juice—</p> <ul style="list-style-type: none"> ▪ Advise delay of juice until at least 6 months ▪ Discuss avoidance of substituting juice for formula or breast milk feedings ▪ After 6 months, when juice is initiated, limit to no more than 4 ounces/day in a cup ▪ Offer juice in small open-mouth cups <p>Other—</p> <ul style="list-style-type: none"> ▪ Counsel parent to provide breast milk or formula only in bottles. ▪ Sodas, fruit beverages, or teas are not appropriate for infants • 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>New Foods, Drinks and Healthy Habits:</p> <p>Is your baby drinking? Water, 100% Juice, or Other?</p> <p>Have you offered your baby a cup? If yes, what do you put in the cup?</p> <p>Does your baby take a bottle at naptime or bedtime? If yes, what do you put in the bottle?</p>	<p>This series of questions now replace the traditional food frequency/ 24 recall. The goal is to use these questions to engage the client in conversation about her baby's developmental progression and mealtime behaviors</p> <p>Refer to the age appropriate ReNEW Feeding Guides and Guidelines for Use for specific information.</p> <p>Use this series of questions in conjunction with previous questions to find out more information on age-appropriate feeding practices.</p>

Question	Suggested Action
<p>Has your baby started? Check all that apply.</p>	<p>This question allows you to assess for age-appropriate foods being offered to baby.</p> <p><i>If baby is developmentally ready for cereal, counsel parent to begin with spoon-feeding of smooth, thin cereal (1 tsp dry infant cereal mixed with 1 Tb breast milk or iron-fortified formula).</i></p> <p>Discuss importance of breast milk or formula as main part of baby's food intake and the need to delay introduction of all other foods until 6 months.</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>6-8 months— Discuss developmental readiness for progressing solid food textures. Baby is ready for <u>more texture</u>, when:</p> <ul style="list-style-type: none"> ▪ Able to sit alone easily ▪ Can bite off food ▪ Can chew with rotary motion ▪ Can move food side-to-side in mouth <p>Baby is ready for <u>finger foods</u>, when:</p> <ul style="list-style-type: none"> ▪ Palmar (whole hand) grasp changes to pincer grasp (thumb and forefinger) <p>Discuss progression of feeding solid foods:</p> <ul style="list-style-type: none"> ▪ Offer one new food each week ▪ Offer plain foods rather than mixtures ▪ Offer new foods along with familiar foods ▪ As solid food intake increases, breastfeeds or formula intake <u>may</u> decrease <p>Discuss parent's job and infant's job in feeding:</p> <ul style="list-style-type: none"> ▪ Parent offers healthy choices, and offer food in family-style meal settings. ▪ Infant decides whether to eat and how much; if infant refuses new food, wait and try that food again in a few weeks. <p>9-12 months— Discuss skills baby can be expected to develop:</p> <ul style="list-style-type: none"> ▪ Picking up small pieces of table foods ▪ Drinking from open-mouth cup ▪ Controlling food in mouth ▪ Improved chewing <p>Talk about meal schedule:</p> <ul style="list-style-type: none"> ▪ Offer 3 meals and 2-3 small snacks/day ▪ Offer meals in family-style setting <p>Discuss what to offer at meals and snacks:</p> <ul style="list-style-type: none"> ▪ Offer variety of table foods—soft meats and vegetables; cheese; eggs; mashed cooked legumes; small slices of bread, tortilla or cracker; dry cereals.

Question	Suggested Action
<p>Does your baby eat with the rest of the family? What do you do if your baby doesn't try/eat a new food you've offered?</p>	<ul style="list-style-type: none"> ▪ Offer expressed breast milk, iron-fortified formula or water in a cup at each meal and snack. ▪ Limit juice to 4 ounces/day in an open-mouth cup ▪ Avoid using spill-proof cups. <p>Discuss parent's job and infant's job in feeding:</p> <ul style="list-style-type: none"> ▪ Parent offers healthy choices in a family-style meal setting ▪ Baby decides whether to eat food that's offered, and if so, decides how much to eat. <p>Based on the information gathered, you may provide information/resources to address the client's concerns, questions or identified barriers to positive health outcomes.</p>
<p>Does your family have enough food? Would you like to know about?</p>	<p>This question allows the nutritionist to gauge household food security and provide appropriate referrals. If referrals are made document in SWIS.</p>

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 Form Guidance

Question	Suggested Action
<p>Did you ever breastfeed your child? Are you currently breastfeeding your child? Is your child taking expressed breast milk? If yes, what amount?</p> <p>If you stopped breastfeeding: How old was your child when you stopped? Why did you stop? If you added formula: How old was your baby when you started to use formula? Why?</p>	<p>These questions are required for SWIS and CDC data collection. However, these should only be asked and answered if this is the FIRST WIC visit for the child.</p>
<p>Household Smoking</p> <p>Do you currently smoke cigarettes?</p> <p>Does anyone living in your household smoke inside the home?</p>	<p>These questions are required for SWIS and CDC data collection. 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 client when using probing questions.</p> <ul style="list-style-type: none"> ▪ 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 QUITLINE 1-866 END-HABIT (1-866-363-4224) ▪ 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.
<p>What Are Your Concerns Today? Tell Me About Your Child...</p> <p>Do you have any questions or concerns about your child's? Please check one or more.</p> <p>Weight/ Growth, Eating habits, Appetite, Health, No concerns, Other</p>	<p>Use this question to assess what concerns the parent has regarding her/his child. This allows you to 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>Sharing growth information with parents:</p> <ul style="list-style-type: none"> ▪ 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 plot. ▪ 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.

http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5909a1.htm?s_cid=rr5909a1_w

Refer to specific risks related to infant/child growth in electronic WIC Nutrition Risk Manual- FNS risk codes: 103, 113, 114, 115, and 121.

- 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.
- 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 \leq 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 flat surface for head and feet; child undressed to dry diaper; child weighed without heavy clothing, shoes)
- Scales routinely calibrated
- Growth corrected for gestational age until 24 months

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 review of appropriate anthropometric equipment selection, calibration and measurement techniques.

Infant (Birth-24 months) with SWIS Risk #58 or 13 (High Weight for Length or At Risk for Overweight) Review *Implications for WIC Nutrition Services* sections of 115 High Weight for Length or 114 At Risk for Overweight 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 or play.

Child (2-5 years) with SWIS Risk #56, 12 or 13 (Obese, Overweight or At Risk for Overweight) Review *Implications for WIC Nutrition Services* 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 discussions on recognition of satiety cues, promotion of healthy eating and age appropriate physical activity or play.

	<p>Child with inconsistent growth (increase or decrease of >2 channels in wt/length <u>or</u> BMI/age over 6 mo):</p> <ul style="list-style-type: none"> ▪ Send a nutrition assessment to the physician which communicates concern, stating plan and requesting feedback ▪ NOTE: Inconsistent growth is <u>not</u>: <5th%ile weight/height, >95th%ile weight/height, or single growth plots at >95th%ile or <5th%ile. <p>Child with inadequate growth (average weight gain < 2.7 oz/month <u>or</u> < 1# over 6 month period):</p> <ul style="list-style-type: none"> ▪ Apply SWIS risk factor 16 ▪ Refer nutrition assessment to physician with concerns and areas addressed with parent <p>Head Circumference: WIC staff doesn't routinely measure head circumference in clinic. However, if head circumference measurements are available from the provider or if the risk factor, "Low Head Circumference" (SWIS Risk #23) is selected on the certification form; the 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, Birth 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>It is also a good practice to give the client 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, clients' situations can be complicated requiring more time than originally planned. If this happens, you may want to check in with the client to reassure the information gathered is important and to determine if the additional time can be accommodated. If not, make appropriate follow-up plans.</p>
<p>Does your have any medical conditions or changes to health since the last visit? Please describe. <i>For new clients:</i> Who is your child's doctor? When was his/her last appointment?</p> <p>How often are your child's teeth brushed? Has your child been to the dentist? <i>For new clients:</i> Who is your child's dentist? Does your child have any dental problems? If yes, please describe.</p>	<p>If yes /responded or selected— Find out more information 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. If no MD, refer as appropriate. Demographics tab (Screen 102) in SWIS has a field that records medical provider information.</p> <p>If child has seen a dentist, affirm parent for taking care of child's oral health. Include date of last hygiene visit. If no dentist, make appropriate referrals.</p> <p>General oral health guidelines:</p> <ul style="list-style-type: none"> ▪ Encourage parent to brush the child's teeth a minimum of twice/day. Children are not capable of doing an adequate job of brushing by themselves until they are about 7 or 8 years old. After mealtimes, if a toothbrush is not available, have child drink water to rinse the mouth.

	<p>The following questions/guidance can be asked/provided in conjunction with beverage/fluid questions in the diet-related section.</p> <ul style="list-style-type: none"> ▪ Ask parent what, if anything, the child drinks to fall asleep. If a beverage is provided to child when he is falling asleep: <ol style="list-style-type: none"> 1. Ask what it is provided in (bottle, sippy cup) 2. Remind parent that, after brushing the teeth at night before bedtime, the only beverage that should be offered is plain water.
<p>What medicines or supplements do you give your child? Check all that apply. Vitamins/Minerals, Herbs, Herbal Supplements, Medications, Other</p> <p>Why?</p>	<p>This question provides an opportunity to learn about various supplements, vitamins and medications 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 (2008.)</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 2 cups of milk per day for pre-school children, most children will require a supplement. Children consuming more than the recommended 2 cups of milk per day on a consistent basis should be assessed for overall dietary 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, research nutrition implications of specific medications as well as vitamins or supplements. Apply risk factors as appropriate. Refer to health care provider as needed.</p>
<p>Does your child regularly eat things that are not food? Check all that apply.</p>	<p>If yes selected, assign risk and provide information/ referrals as appropriate.</p>
<p>Mealtimes Tell me about your child's meals and snacks. How would you describe feeding time with your child?</p> <p>How often do you have family meals? How often does your child eat the same foods as the rest of the family?</p>	<p>This series of questions now replace the traditional food frequency/24 recall. The goal 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.</p> <p>Some general guidelines for mealtimes:</p> <ul style="list-style-type: none"> ▪ Children thrive with structure in all areas of their lives. Regular feeding routines are an example of this. ▪ 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. ▪ 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.

<p>What do you do, if your child won't eat what you've offered?</p> <p>How many times a week does your child eat: Fast foods/restaurant foods? At daycare/school? At family/friends' house?</p>	<ul style="list-style-type: none"> ▪ Parents can role model for their child by eating a variety of foods and practicing desired mealtime behaviors. <i>If necessary, ask about the parent's food preferences and eating habits.</i> ▪ If the child is aware of the parent's specific food likes/dislikes, the child has too much information. ▪ Because mealtime is also a social time, children eat better when they eat with others. ▪ Impose limits on unacceptable mealtime behavior without controlling amount of food child wants to eat. ▪ Use non-food items to reward or discipline child, such as stickers, trips to the playground, a new game, etc. ▪ It is normal for children to be wary of trying new foods—they may need to touch, smell, feel and <i>then</i> taste before eating. Be prepared to offer new/challenging foods many times before they agree to eat it. Offer new food even if child has rejected it in the past. ▪ Reassure parent that it's ok for toddler to get familiar with new food by putting it into and taking it back out of the mouth—this is the process of becoming familiar with a food. ▪ Introduce new food in a neutral way. Talk about the color, shape, aroma and texture, but not how it tastes. ▪ Trying new foods takes time, so mealtimes should be relaxed but never prolonged. ▪ Well balanced meals and snacks + Positive eating environment = Well-nourished child. Children need a pleasant, structured mealtime environment. ▪ Avoid letting child eat/drink in the car ▪ Pull high chair up to the table to include young toddler in family meal. <p>Based on the information gathered, you may provide information/resources to address the client's concerns, questions or identified barriers to positive health outcomes.</p>
<p>Foods, Drinks and Healthy Habits</p> <p>Do you feel your child is eating or are you offering these types of foods on most days?</p> <p>What are some foods you think</p>	<p>This series of questions now replace the traditional food frequency or 24 recall. The goal is to use 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 Project ReNEW Feeding Guide and accompanying Guidelines for Use 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"> ▪ 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. 4-6 oz of milk at each meal and snack, and 4 oz of juice all day is plenty. ▪ Because toddler growth is slowing down, appetites will naturally decrease. Preschoolers have an increased appetite and interest in

<p>your child eats too much of?</p> <p>Are there any foods you avoid feeding to your child or he/she cannot eat? If yes, what foods?</p> <p>What do you like/dislike about your child's eating?</p> <p>Does your child feed him/herself? How? Check all that apply? Fingers, Spoon, Fork, Other</p> <p>Does your child drink any of these fluids? Check all that apply...</p>	<p>foods.</p> <ul style="list-style-type: none"> ▪ It's normal for amounts eaten to vary from meal to meal and day to day. Offer small servings 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 for those especially sensitive) for toddlers. ▪ Toddlers' bowel movements have no "normal" number or schedule, individual patterns depends on what he/she eats and drinks, activity level, speed of digestion and removal of waste. Common reasons for constipation include: <ul style="list-style-type: none"> Eating too many low-fiber foods such as milk, cheese, yogurt, or peanut butter and not enough fruits, vegetables, and whole grains. Toilet anxiety 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 colon 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. Dehydration. 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. Lack of activity. Movement helps blood flow to your toddler's digestive system. ▪ Refer parent who is concerned re: chronic constipation to the pediatrician. ▪ An occasional loose stool is generally not a problem but if a toddler's bowel movements <i>suddenly</i> change- i.e. has increased stools and passes looser, more watery stools — then it's probably diarrhea. Preventing dehydration is key. If the child is otherwise healthy and is 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. It might also be the result of a parasite, a course of antibiotics, or something the child ate. ▪ Too much juice Too much juice (especially fruit juice containing sorbitol and high levels of fructose) or too 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 <u>American Academy of Pediatrics</u> (AAP) recommends that you give your toddler no more than one small glass (about 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:
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<p>Does your child eat? Check all that apply.</p> <ul style="list-style-type: none"> -Uncooked hot dogs or deli meats -Soft cheeses including, feta or Mexican style cheeses- queso blanco <p>Does your child drink from the following? Check all that apply.</p> <p>Baby bottle, Sippy cup, Regular cup or 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>How many hours a day does your child spend watching TV, playing video games or on the computer?</p>	<ul style="list-style-type: none"> -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 <u>fever</u> — 103 degrees Fahrenheit (39.4 degrees Celsius) or higher <ul style="list-style-type: none"> ▪ <i>Dessert</i>—Children do not understand why dessert items come after the rest of a meal. When 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 <i>as long as parents will not give in to “hunger cries” soon after the meal.</i> 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 ok to trust that he/she is full. <p>If any of these items are checked assess frequency and assign appropriate SWIS Risk # D1. Provide current recommendations for consumption of these foods during childhood.</p> <p>Reminder to review choking hazard foods:</p> <ul style="list-style-type: none"> ▪ 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) <p>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.</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: http://www.nal.usda.gov/wicworks/Sharing_Center/gallery/foodfunfamilies.htm</p>
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Does your family have enough food?
Would you like to know about?

This question allows the nutritionist to gauge household food security and provide appropriate referrals. If referrals are made, document in SWIS.

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

Cert Form# /SWIS	USDA #	Certification form Risk Criterion	USDA Definition and Cutoff Value	Category/ Priority Infants	Category/ Priority Children
1a 10	103	Underweight	Underweight (Infants and Children Birth- < 24 months) \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. (Children 2-5 years of age) \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 10	103	At Risk of Underweight	At Risk of Underweight (Infants and Children Birth- < 24 months) \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. (Children 2-5 years of age) $>$ 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 58	115	High Weight for Length	High Weigh- for-Length (Infants and Children Birth- < 24 months) \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. http://www.cdc.gov/growthcharts/	I	III (12m-24m)
2a 56	113	Obese	Overweight (Children 2-5 years of age) Body Mass Index (BMI) \geq 95th percentile based on NCHS/CDC, 2000 age/gender specific growth charts. <i>If recumbant length in a 2-3 year old, use weight/length \geq 95th percentile. Cannot be used for risk assignment, for assessment and counseling only.</i>		III
2b 12	114	Overweight	Overweight (Children 2-5 years of age) BMI \geq 85th percentile and $<$ 95th BMI for age based on NCHS/CDC, 2000 age/gender specific growth charts.		III
2b 13	114	At Risk Of Overweight	<p>Infant $<$ 12 months of a biological mother (BMI \geq 30) at the time of conception or at any point in the first trimester. at the time of certification. + 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 \geq 12 months of a biological mother with a (BMI \geq 30) at the time of certification. + 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 $>$ 30) at the time of certification. This risk assignment is based on self-reported, by the father, 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# /SWIS	USDA #	Certification form Risk Criterion	USDA Definition and Cutoff Value	Category/ Priority Infants	Category/ Priority Children
3a/ 3b 59/ 14	121	Short Stature/ At Risk for Short Stature	<p>Short stature (Infants Birth- 24 months) \leq 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. (Children 2-5 years) \leq 5th percentile stature-for-age based on the 2000 NCHS/CDC age/gender specific growth charts.</p> <p>At Risk for Short Stature. (Infants Birth- 24 months) \geq 2.3 rd percentile and \leq 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. (Children 2-5 years) \geq 5th percentile and \leq 10th 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 15	134	Failure to thrive	** Presence of Failure to thrive diagnosed by a physician	I	III

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

Cert Form# /SWIS	USDA #	Certification form Risk Criterion	USDA Definition and Cutoff Value	Category/ Priority Infants	Category/ Priority Children																																																												
5 16	135	Inadequate growth	<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 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="1"> <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="1"> <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="1"> <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>< 7</td> </tr> <tr> <td>9</td> <td>< 5</td> </tr> <tr> <td>12</td> <td>< 3</td> </tr> <tr> <td>18-60</td> <td>< 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
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6 17;18	141	Low birth weight (<5.5 pounds or <2500 grams)	Low birth weight: (<5.5 pounds or <2500 grams): For infants and children <2 years of age.	I	III																																																												
7 19	142	Prematurity: infant born at <37 weeks gestation	Prematurity: infants and children <2 years of age born at <38 weeks gestation	I	III																																																												
8a 20; 21	151	Small for gestational age	** Small for gestational age: for infants and children <2 years of age (based on medical diagnosis)	I	III																																																												

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8b 22	153	Large for gestational age	** Large for gestational age: birth weight >9 pounds (> 4000g)	I	
9 23	152	Low Head Circumference	Low head circumference. (Infant and Children Birth-24 months) ≤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 24-27	201	Anemia	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 28	211	Elevated blood lead level	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 29	341	Nutrient deficiency disease	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 30	342	Gastrointestinal disorder(s)	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 31	349	Nutritionally significant genetic or congenital disorder	Genetic or congenital disorder. 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 31	351	Nutritionally significant genetic or congenital disorder	Inborn errors of metabolism. 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

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15 32; 33	352	Nutrition related infectious disease	Infectious Disease. 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 34	343	Nutrition related non-infectious chronic disease	Diagnosis of Diabetes mellitus	I	III
16 34	344	Nutrition related non-infectious chronic disease	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.	I	III
16 34	345	Nutrition related non-infectious chronic disease	Hypertension (chronic) and Prehypertension.	I	III
16 34	346	Nutrition related non-infectious chronic disease	Any renal disease Including pyelonephritis, persistent proteinuria but excluding urinary tract infections (UTI) involving the bladder.	I	III
16 34	347	Nutrition related non-infectious chronic disease	Cancer. A chronic disease whereby populations of cells have acquired the ability to multiply and spread without the usual biologic restraints. The current condition, or the treatment for the condition, must be severe enough to affect nutritional status.	I	III
16 34	356	Nutrition related non-infectious chronic disease	Diagnosis of Hypoglycemia.	I	III
16 34	354	Nutrition related non-infectious chronic disease	Celiac disease. Celiac Disease (CD) is an autoimmune disease precipitated by the ingestion of gluten (a protein in wheat, rye, and barley) that results in damage to the small intestine and malabsorption of the nutrients from 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 34	355	Nutrition related non-infectious chronic disease	Lactose intolerance 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 34	353	Nutrition related non-infectious chronic disease	Food allergies. 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

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18 36	348	Other nutrition related medical conditions	Central nervous system disorders. 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 36	357	Other nutrition related medical conditions	Drug nutrient interaction. 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 36	358	Other nutrition related medical conditions	Eating disorders. 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 36	359	Other nutrition related medical conditions	Recent major surgery, trauma, burns (including C-sections) severe enough to compromise nutritional status. Any occurrence: Within past (≤ 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 36	360	Other nutrition related medical conditions	Other medical conditions. 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 36	361	Other nutrition related medical conditions	Presence of clinical depression. May also be diagnosed by a psychologist.	I	III
18 36	362	Other nutrition related medical conditions	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	III
19 37	381	Oral Health Conditions	Oral Health Conditions. Must be diagnosed by a physician or health care provider working under the orders of a physician or by adequate documentation by the CPA. 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: https://www.perio.org/consumer/types-gum-disease.html . Tooth loss, and/or ineffectively replaced teeth or oral infections which impair the ability to ingest food in adequate quantity or quality.	I	III

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20 38	382	Fetal Alcohol Syndrome	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 39	703	Infant born to a woman with mental retardation	Infant born to a woman with mental retardation diagnosied by a physician or licensed psychologist.	I	
22 40	703	Infant born to a woman who abused drugs or alcohol during most recent pregnancy	Infant born to a woman with documentation or self report of any use of alcohol or illegal drug during most recent pregnancy.	I	
23 41	603	Breastfeeding complications or potential complications	Breastfeeding complications or potential complications. A breastfed infant with any of the following complications of breastfeeding: a. jaundice; b. waek or ineffective suck; c. difficulty latching to mother's breast; 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 42; 43	702	Breastfeeding infant of a mother at nutritional risk	Breastfeeding infant of a mother at nutritional risk. Infant and mother must be at the same priortiy level.		
	411	Dietary risks- Inappropriate nutrition practices for infants.	The conditions or behaviors below fall under dietary risk factors and should be specided on the certification form.	IV	
25 47	411.1	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.	Examples of substitutes: 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 53	411.2	Routinely using nursing bottles or cups improperly.	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	

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25 46	411.3	Routinely offering complementary foods* or other substances that are inappropriate in type or timing. <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 45	411.4	Routinely using feeding practices that disregard the developmental needs or stage of the infant	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 D1	411.5	Feeding foods to an infant that could be contaminated with harmful microorganisms or toxins.	Examples of potentially harmful foods: Unpasteurized fruit or vegetable juice; Unpasteurized dairy products or soft cheeses such as feta, Brie, Camembert, blue-veined, and Mexican-style cheese; Honey (added to liquids or solid foods, used in cooking, as part of processed foods, on a pacifier, etc.); Raw or undercooked meat, fish, poultry, or eggs; Raw vegetable sprouts (alfalfa, clover, bean, and radish); and Deli meats, hot dogs, and processed meats (avoid unless heated until steaming hot).	IV	
25 49	411.6	Routinely feeding inappropriately diluted formula	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 52	411.7	Routinely limiting the frequency of nursing of the exclusively breastfed infant when breast milk is the sole source of nutrients.	Examples of inappropriate frequency of nursing: Scheduled feedings instead of demand feedings; Less than 8 feedings in 24 hours if less than 2 months of age; and Less than 6 feedings in 24 hours if between 2 and 6 months of age.	IV	
25 A8	411.8	Routinely feeding a diet very low in calories and/or essential nutrients.	Examples: Vegan diet; Macrobiotic diet; and Other diets very low in calories and/or essential nutrients	IV	

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25 51	411.9	Routinely using inappropriate sanitation in preparation, handling, and storage of expressed human milk or formula	<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. Human Milk- 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>Formula- 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>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.</p> <p>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.</p>	IV	
25 B4	411.10	Feeding dietary supplements with potentially harmful consequences	<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 B3	411.11	Routinely not providing dietary supplements recognized as essential by national public health policy when an infant's diet alone cannot meet nutrient requirements.	<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; 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"> 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. 2. All nonbreastfed infants who are ingesting less than 1 liter (or 1 quart) per day of vitamin D-fortified formula. 	IV	
D4	428	Dietary risks associated with complementary feeding	<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"> -Consume complementary foods and beverages -Eat independently -Wean from breast milk or infant formula 	IV 4-12m	

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25 44	401	Failure to meet USDA/DHHS Dietary Guidelines (DG) For Americans.	Applies to children \geq 2 years of age. 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 \geq 2 yrs
	425	Dietary risks- Inappropriate nutrition practices for children.	The conditions or behaviors below fall under dietary risk factors and should be specified on the certification form.		
25 D2	425.1	Routinely feeding inappropriate beverages as the primary milk source.	Examples of inappropriate beverages as primary milk source: Non-fat or reduced-fat milks (between 12 and 24 months of age only) or sweetened condensed milk; and Imitation or substitute milks (such as inadequately or unfortified rice- or soy-based beverages, non-dairy creamer), or other "homemade concoctions."		V
25 D3	425.2	Routinely feeding a child any sugar-containing fluids.	Examples of sugar-containing fluids: Soda/soft drinks; Gelatin water, Corn syrup solutions and Sweetened tea.		V
25 53	425.3	Routinely using nursing bottles, cups, or pacifiers improperly.	Using a bottle to feed: -Fruit juice, or -Diluted cereal or other solid foods. Allowing the child to fall asleep or be put to bed with a bottle at naps or bedtime. Allowing the child to use the bottle without restriction (e.g., walking around with a bottle) or as a pacifier. Using a bottle for feeding or drinking beyond 14 months of age. Using a pacifier dipped in sweet agents such as sugar, honey, or syrups. Allowing a child to carry around and drink throughout the day from a covered or training cup.		V
25 54	425.4	Routinely using feeding practices that disregard the developmental needs or stages of the child	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); Feeding foods of inappropriate consistency, size, or shape that put children at risk of choking; Not supporting a child's need for growing independence with self-feeding (e.g., solely spoon-feeding a child who is able and ready to finger-feed and/or try self-feeding with appropriate utensils); Feeding a child food with 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 D1	425.5	Feeding foods to a child that could be contaminated with harmful microorganisms	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

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25 A8	425.6	Routinely feeding a diet very low in calories and/or essential nutrients	Examples: Vegan diet; Macrobiotic diet; and Other diets very low in calories and/or essential nutrients.		V
25 B4	425.7	Feeding dietary supplements with potentially harmful consequences.	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 B3	425.8	Routinely not providing dietary supplements recognized as essential by national public health policy when a child's diet alone cannot meet nutrient requirements	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 B1	425.9	Compulsively ingesting non-food items (pica)	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 D4	428	Dietary risks associated with complementary feeding	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: -Consume complementary foods and beverages -Eat independently -Wean from breast milk or infant formula -Transition from a diet based on infant/toddler foods to one based on the DGAs		V 12m-23m
26 55	701	Infant (0-6 months) of a WIC mother or of a woman who would have been eligible during pregnancy	Infant up to 6 months old of a WIC mother or of a woman who would have been WIC eligible during pregnancy. 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 B5,B6	501	Possible regression in the nutritional status if removed from the program	Possibility of Regression. A participant who has previously been certified eligible for the program may be considered to be at nutritional risk in the next certification period if the competent professional authority determines there is a possibility of regression in nutritional status without the benefits that the WIC program provides. 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

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Cert Form# /SWIS	USDA #	Certification form Risk Criterion	USDA Definition and Cutoff Value	Category/ Priority Infants	Category/ Priority Children
28 B7	801	Homelessness or Migrancy	Homelessness. 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 B8	802	Homelessness or Migrancy	Migrancy. 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 B9	901	Other nutritional risks	Receipt of abuse. 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 C3	902	Other nutritional risks	Infant or child of primary caregiver with limited ability to make feeding decisions and/or prepare food. 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 C2	903	Entering or moving within the foster care system during the previous six months.	Foster care. 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 D5	904	Other nutritional risks	Environmental Tobacco Smoke Exposure (ETS). 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

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Cert Form#/ SWIS	USDA #	Certification form Risk Criterion	USDA Definition and Cutoff Value	Category/ Priority Pregnant	Category/ Priority Breastfeeding	Category/ Priority Postpartum										
1 65,67	101	Pre-pregnancy or postpartum underweight (BMI <18.5)	Pre-pregnancy or current postpartum Body Mass Index (BMI) <18.5.	I	I	VI										
2 68	111	Pre-pregnancy or postpartum overweight (BMI ≥25)	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 69	131	Low maternal weight gain	<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"> -Underweight women gain less than 1 pound per week; -Normal weight women gain less than .8 pounds per week; -Overweight women gain less than .5 pounds per week and; -Obese women gain less than .4 pounds per week. <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"> <thead> <tr> <th>Prepregnancy Weight Groups Definition (BMI)</th> <th>Total Weight Gain Range (lbs)</th> </tr> </thead> <tbody> <tr> <td>Underweight <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>	Prepregnancy Weight Groups Definition (BMI)	Total Weight 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	I		
Prepregnancy Weight Groups Definition (BMI)	Total Weight 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															
3 69	132	Maternal weight loss	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												

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Cert Form#/ SWIS	USDA #	Certification form Risk Criterion	USDA Definition and Cutoff Value	Category/ Priority Pregnant	Category/ Priority Breastfeeding	Category/ Priority Postpartum										
4 70	133	High maternal weight gain	<p>Defined as:</p> <p>1. A high rate of gain such that in the 2nd and 3rd trimesters, for singleton pregnancies: * Underweight women gain more than 1.3 pounds per week; * Normal weight women gain more than 1 pound per week; * Overweight women gain more than .7 pounds per week and; * 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>Prepregnancy Weight Groups Definition (BMI)</td> <td>Cut-off value (lbs)</td> </tr> <tr> <td>Underweight <18.5</td> <td>> 40</td> </tr> <tr> <td>Normal Weight 18.5 to 24.9</td> <td>> 35</td> </tr> <tr> <td>Overweight 25.0 to 29.9</td> <td>> 25</td> </tr> <tr> <td>Obese 30.0</td> <td>> 20</td> </tr> </table> <p>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>	Prepregnancy Weight Groups Definition (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	I	I	VI
Prepregnancy Weight Groups Definition (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															
5 71-75	201	Anemia	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 76	211	Elevated blood lead level	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 29	341	Nutrient deficiency disease	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 30	342	Gastrointestinal disorder(s)	**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										

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Cert Form#/ SWIS	USDA #	Certification form Risk Criterion	USDA Definition and Cutoff Value	Category/ Priority Pregnant	Category/ Priority Breastfeeding	Category/ Priority Postpartum
9 31	349	Nutritionally significant genetic or congenital disorder	**Genetic or congenital disorder: 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 31	351	Nutritionally significant genetic or congenital disorder	**Inborn errors of metabolism. 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	I	IV
10 32-33	352	Nutrition related infectious disease	**Infectious Disease. 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 34	343	Nutrition related non-infectious chronic disease	**Diagnosis of Diabetes mellitus	I	I	IV
11 34	344	Nutrition related non-infectious chronic disease	**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.	I	I	IV
11 34	345	Nutrition related non-infectious chronic disease	**Hypertension (chronic) and Prehypertension. Now, includes pregnancy- induced hypertension. Use #18 for History of Preeclampsia.	I	I	IV
11 34	346	Nutrition related non-infectious chronic disease	**Any renal disease Including pyelonephritis, persistent proteinuria but excluding urinary tract infections (UTI) involving the bladder.	I	I	IV
11 34	347	Nutrition related non-infectious chronic disease	**Cancer. A chronic disease whereby populations of cells have acquired the ability to multiply and spread without the usual biologic restraints. The current condition, or the treatment for the condition, must be severe enough to affect nutritional status.	I	I	IV
11 34	353	Nutrition related non-infectious chronic disease	**Food allergies. 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

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Cert Form#/ SWIS	USDA #	Certification form Risk Criterion	USDA Definition and Cutoff Value	Category/ Priority Pregnant	Category/ Priority Breastfeeding	Category/ Priority Postpartum
11 34	354	Nutrition related non-infectious chronic disease	**Celiac Disease (CD) is an autoimmune disease precipitated by the ingestion of gluten (a protein in wheat, rye, and barley) that results in damage to the small intestine and malabsorption of the nutrients from 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 34	355	Nutrition related non-infectious chronic disease	**Lactose intolerance 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 34	356	Nutrition related non-infectious chronic disease	**Diagnosis of Hypoglycemia.	I	I	IV
12 36/66	348	Other nutrition related medical conditions	**Central nervous system disorders. 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 36/66	357	Other nutrition related medical conditions	Drug nutrient interaction. 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 36/66	358	Other nutrition related medical conditions	**Eating disorders. 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 36/66	359	Other nutrition related medical conditions	**Recent major surgery, trauma, burns (including C-sections) severe enough to compromise nutritional status. Any occurrence: Within past (≤ 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

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Cert Form#/ SWIS	USDA #	Certification form Risk Criterion	USDA Definition and Cutoff Value	Category/ Priority Pregnant	Category/ Priority Breastfeeding	Category/ Priority Postpartum
12 36/66	360	Other nutrition related medical conditions	**Other medical conditions. 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 36/66	361	Other nutrition related medical conditions	**Presence of clinical depression. May also be diagnosed by a psychologist.	I	I	VI
12 36/66	362	Other nutrition related medical conditions	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 36/66	363	Other nutrition related medical conditions	**Pre-Diabetes. Impaired fasting glucose (IFG) and/or impaired glucose tolerance (IGT) are referred to as pre-diabetes. These conditions are characterized by hyperglycemia that does not meet the diagnostic criteria for diabetes mellitus.		I	VI
13 77,78	371	Smoking by a pregnant, breastfeeding or postpartum woman	Maternal Smoking. Any daily smoking of tobacco products.	I	I	IV
14 79,80	372	Alcohol use or drug abuse	Alcohol and illegal drug use. For pregnant women: Any alcohol use. Any illegal drug use. For breastfeeding and non-breastfeeding postpartum women <u>Routine current use</u> >2drinks/day. <u>Binge drinking:</u> ≥5 drinks /1 occasion/1 day in the past 30 days. <u>Heavy drinking:</u> ≥5 drinks on same occasion on 5 or more days in the previous 30 days. Any illegal drug use.	I	I	IV
15 37	381	Oral health conditions	Oral Health Conditions. Must be diagnosed by a physician or health care provider working under the orders of a physician or by adequate documentation by the CPA. 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: https://www.perio.org/consumer/types-gum-disease.html . 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

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Cert Form#/ SWIS	USDA #	Certification form Risk Criterion	USDA Definition and Cutoff Value	Category/ Priority Pregnant	Category/ Priority Breastfeeding	Category/ Priority Postpartum
16 82	301	Hyperemesis gravidarum	**Hyperemesis gravidarum. Nausea/vomiting severe enough to cause dehydration and acidosis.	I	I	
17 83	302	Gestational Diabetes	**Diagnosed presence of gestational diabetes	I		
17 84	303	History of Gestational Diabetes	**History of diagnosed gestational diabetes mellitus (GDM)	I	I	VI
18 85	304	History of Preeclampsia	**History of diagnosed preeclampsia. 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 86,87	311	History of preterm (<37 weeks gestation) delivery.	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 88	312	History of low birth weight (<2500 gms or 5.5 pounds) delivery	History of low birth weight: Birth of an infant weighing <5lbs 8oz (<2500gms) <u>Pregnant women:</u> any history of low birth weight; <u>Breastfeeding /non-breastfeeding:</u> most recent pregnancy	I	I	IV
21 89	321	History of spontaneous abortion, fetal or neonatal death	**History of spontaneous abortion, fetal or neonatal death. 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. <u>Pregnant women:</u> any history of fetal or neonatal death or ≥2 spontaneous abortions; <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; <u>Non-breastfeeding:</u> most recent pregnancy	I	I	IV
22 90	331	Age at conception < 17 years of age	Pregnancy at a young age: Conception ≤17 years of age. Pregnant women: current pregnancy; Breastfeeding/ non-breastfeeding: most recent pregnancy	I	I	IV
23 91,92	332	Conception <16 months postpartum	Closely spaced pregnancies. Conception at <16 months postpartum or within 16 mos. After a spontaneous abortion. Pregnant women: current pregnancy; Breastfeeding/ non-breastfeeding: most recent pregnancy	I	I	VI
24 93	333	High parity and young age	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. Pregnant women: current pregnancy; Breastfeeding/ non-breastfeeding: most recent pregnancy	I	I	VI

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Cert Form#/ SWIS	USDA #	Certification form Risk Criterion	USDA Definition and Cutoff Value	Category/ Priority Pregnant	Category/ Priority Breastfeeding	Category/ Priority Postpartum												
25 94	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: <table border="0"> <tr> <td>Weeks of gestation</td> <td>Number of prenatal visits</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>	Weeks of gestation	Number of prenatal visits	14-21	0 or unknown	22-29	1 or less	30-31	2 or less	32-33	3 or less	34 or more	4 or less			
Weeks of gestation	Number of prenatal visits																	
14-21	0 or unknown																	
22-29	1 or less																	
30-31	2 or less																	
32-33	3 or less																	
34 or more	4 or less																	
26 95,96	335	Multifetal gestation	More than one fetus in current pregnancy. Breastfeeding/ non-breastfeeding: most recent pregnancy	I	I	VI												
27 97	336	Fetal Growth Restriction	**Fetal Growth Restriction (FGR) (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 th percentile for gestational age.	I														
28 98	337	History of birth of a large for gestational age infant (> 9 pounds or > 4000 grams)	**Any history of giving birth to an infant weighing greater than or equal to 9 lbs. (4000 grams). Breastfeeding/Non-breastfeeding women: 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 99	339	History of birth with nutrition-related congenital or birth defect	**A woman who has given birth to an infant who has a congenital or birth defect linked to inappropriate nutritional intake, e.g., inadequate zinc, folic acid, excess vitamin A.	I		VI												
30 A1	338	Pregnant woman currently breastfeeding	Pregnant woman current breastfeeding	I														
31 A2, A3	601	Breastfeeding mother of an infant at nutritional risk	Breastfeeding mother of an infant at nutritional risk. Infant and mother must be at the same priority level.		I, II, IV													
32 A5	602	Breastfeeding complications or potential complications	Breastfeeding complications or potential complications. Any of the following complications of breastfeeding: a. severe breast engorgement; b. recurrent plugged ducts; c. mastitis; d. flat or inverted nipples; e. cracked, bleeding or sore nipples; f. age ≥ 40 years; g. no milk at 4 days postpartum; h. tandem nursing (breastfeeding 2 siblings who aren't twins)		I													

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Cert Form#/ SWIS	USDA #	Certification form Risk Criterion	USDA Definition and Cutoff Value	Category/ Priority Pregnant	Category/ Priority Breastfeeding	Category/ Priority Postpartum
33		Dietary risks	The conditions or behaviors below fall under dietary risk factors and should be specified on the certification form.			
A6	401	Failure to meet USDA/DHHS Dietary Guidelines for Americans (DGAs)	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. 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		Inappropriate Nutrition Practices for Women are listed below as subsets of USDA Risk #427	IV	IV	
B4	427.1	Consuming dietary supplements with potentially harmful consequences.	Examples of dietary supplements which when ingested in excess of recommended dosages, may be toxic or have harmful consequences: Single or multiple vitamins; mineral supplements; and herbal or botanical supplements or teas.	IV	IV	VI
A8	427.2	Consuming a diet very low in calories and/or essential nutrients or impaired caloric intake or absorption of essential nutrients following bariatric surgery.	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
B1	427.3	Compulsively ingesting non-food items (pica)	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
B3	427.4	Inadequate vitamin/mineral supplementation recognized as essential by national public health policy	Consumption of less than 27 mg of supplemental iron per day by pregnant woman. Consumption of less than 150 µg of supplemental iodine per day by pregnant and breastfeeding women. Consumption of less than 400 mcg of folic acid from fortified foods and/or supplements daily by non-pregnant woman.	IV	IV	VI

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Cert Form#/ SWIS	USDA #	Certification form Risk Criterion	USDA Definition and Cutoff Value	Category/ Priority Pregnant	Category/ Priority Breastfeeding	Category/ Priority Postpartum
D1	427.5	Pregnant women ingesting foods that could be contaminated with pathogenic microorganisms.	Raw fish or shellfish, including oysters, clams, mussels, and scallops; Refrigerated smoked seafood, unless it is an ingredient in a cooked dish, such as a casserole; Raw or undercooked meat or poultry; Hot dogs, luncheon meats (cold cuts), fermented and dry sausage and other deli-style meat or poultry products unless reheated until steaming hot; Refrigerated pâté or meat spreads; Unpasteurized milk or foods containing unpasteurized milk; Soft cheeses such as feta, Brie, Camembert, blue-veined cheeses and Mexican style cheese such as queso blanco, queso fresco, or Panela unless labeled as made with pasteurized milk; Raw or undercooked eggs or foods containing raw or lightly cooked eggs including certain salad dressings, cookie and cake batters, sauces, and beverages such as unpasteurized eggnog; Raw sprouts (alfalfa, clover, and radish); or Unpasteurized fruit or vegetable juices.	IV		
34 B5,B6	501	Possible regression in the nutritional status if removed from the program	Possibility of regression. 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 B7	801	Homelessness or Migrancy	Homelessness. 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 B8	802	Homelessness or Migrancy	Migrancy. 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

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Cert Form#/ SWIS	USDA #	Certification form Risk Criterion	USDA Definition and Cutoff Value	Category/ Priority Pregnant	Category/ Priority Breastfeeding	Category/ Priority Postpartum
36 B9	901	Other nutritional risks	Recipient of abuse. 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 C1	902	Other nutritional risks	Woman with limited ability to make feeding decisions and/or prepare food. Assessed to have limited ability to make decisions around feeding and/or prepare food. This includes women who are ≤ 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 C2	903	Other nutritional risks	Foster care. 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 D5	904	Other nutritional risks	Environmental Tobacco Smoke Exposure (ETS) 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>**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.</p> <p>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.</p>			

SECTION: Certification**SUBJECT: Separation of Duties and Completion of WIC Certification/ Medical Referral Form**

Federal Regulations: §246.4 (a)(26) (i)-(iii) and §246.7 (i) and (j)

POLICY**Separation of Duties and Completion of the Certification/Medical Referral Form**

At least two people shall be involved in the certification process for each participant. This must be reflected on the WIC Certification/Medical Referral Form (See also WIC 200-12) by having the Competent Professional Authority (CPA) complete and sign/countersign the medical/nutritional assessment form and another WIC local agency staff member responsible for 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).

If the WIC Certification/ Medical Referral Form is completed by a CPA not on staff of the local agency i.e. physician, nurse practitioner, the form must be reviewed and countersigned by a WIC CPA on staff of the local agency.

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.

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.

Completion of the Applicant/Participant Authorization Section:

All applicants/participants must complete this section. 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.

An applicant or a participant can decline to allow WIC 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 section 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.

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 SWIS, Screen 102 and 106.

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

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.



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.



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.

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

<i>SITE</i> <i>(See map for towns covered)</i>	<i>IMMUNIZATION COORDINATOR</i>	<i>TELEPHONE NUMBER</i>	<i>FAX NUMBER</i>	<i>E-MAIL ADDRESS</i>	<i>WEBSITE FACEBOOK</i>
Bridgeport (Southwestern Area Health Education Center)	Joan Lane	(203) 372-5503 Ext 15	513-2834	jlane@swctahec.org	www.swctahec.org
Danbury Area (Western CT Home Care)	Irene Litwak	(203) 730-5240 alt: 792-4120	730-5238	irene.litwak@wchn.org	
Hartford Health Department	Tish Ricks-Lopez	(860) 757-4807	722-6719	RICKP001@hartford.gov	http://hhs.hartford.gov/webfiles/immun.aspx https://www.facebook.com/HartfordHealth
Naugatuck Valley Health District	Elizabeth Green	(203) 881-3255	881-3261	egreen@nvhd.org	http://nvhd.org/
New Britain Health Department	Melanie Gedraitis	(860) 612-2777	826-3475	mgedraitis@newbritainct.gov	
New Haven Health Department	Jennifer Hall	(203) 946-7257	946-6508	Jhall@Newhavenct.net	
Norwalk Health Department	Pam Bates	(203) 854-7728	854-7963	ptb50@aol.com	www.norwalkct.org/health https://www.facebook.com/norwalkhealth
Stamford Health Department	Cynthia Vera	(203) 977-5098	977-4230	cvera@ci.stamford.ct.us	www.cityofstamford.org
Torrington Area Health District	Anatasiya Domnich- Kovalevsky	(860)-489-0436 Ext 314	496-8243	ADomnich-Kovalevsky@tahd.org	http://tahd.org/childhood-immunization.html
Waterbury Health Department	Randy York	(203) 346-3907	574-8625	ryork@waterburyct.org	http://www.waterburyct.org
West Haven Health Department	Christine DePierro- Gacek	(203) 937-3660 Ext 2045	937- 3976	cdepierro@westhaven-ct.gov	http://www.facebook.com/WestHavenIAP
All other areas of the state <i>(no home visits)</i>	Summer Payne	(860) 509-7503	509-8370	summer.payne@ct.gov	www.ct.gov/dph/immunizations

For more information, please contact:

Ramona Anderson
State IAP Coordinator
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 List 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 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 baby's 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 on WIC checks in certain amounts that are right for you and/or your children. WIC also provides cash value checks 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 checks. Local agencies can choose to review frequency of check issuance, how to get families on a single visit cycle and how to use WIC checks 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 Wait 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 Participant Identification booklet, which doubles as the **WIC Food List**. **These are expensive to print**. Please make sure that you take care of this booklet because it costs money to replace it. The Food List provides you with information on WIC foods you can buy with WIC benefits. Remember to take the Food List 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 check issuance, how to get families on a single visit cycle and how to use WIC checks 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.*
- *Treat your WIC checks like you would cash. Unfortunately, we cannot replace checks that were lost or stolen. For checks that are damaged, in a fire or if you are the victim of a natural disaster we have exceptions to replace WIC checks. (See WIC 400-08)*
- **If you do not pick up checks for two (2) months in a row you will be automatically removed from the Program. You may need to reapply (recertify) to restart/receive WIC benefits. 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 will be responsible for repaying any program benefits that you obtained improperly. (See WIC 100-04 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 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 member on WIC will receive their own WIC checks; these foods should only be eaten by that family member. Family members not on WIC should not be drinking or eating those WIC foods.
- 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 checks 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 WIC checks?

- 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 WIC provides and we find out, receipts are needed to show the formula or foods sold online were not bought using WIC checks. 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.**





WIC (Programa Especial de Nutrición Suplementaria para Mujeres, Infantes y Niños) de Connecticut Preguntas que puede tener sobre los beneficios de alimentos del WIC

El WIC es un programa de nutrición suplementaria. Suplementario significa que la fórmula o los alimentos que el WIC proporciona pueden no cumplir con todas sus necesidades de fórmula o alimentos mensuales. Deberá comprar más alimentos o fórmula para alimentarse y alimentar a sus familiares elegibles.

¿Cuáles son las reglas sobre el uso de la fórmula y los alimentos del WIC?

- El WIC les brinda fórmula y alimentos a usted o sus familiares que califican para el programa.
- Cada familiar que participe en el WIC recibirá sus propios cheques del WIC; estos alimentos solo deben ser consumidos por ese familiar. Los familiares que no participen en el WIC no deben beber ni comer los alimentos del WIC.
- Si usted o su familiar no pueden consumir la totalidad de los alimentos o la fórmula que obtienen del WIC, no puede donarlos, regalarlos, comercializarlos por otros alimentos o servicios ni venderlos. Esto va contra las reglas del programa.

¿Si me sobran fórmula o alimentos, qué debo hacer?

- Si tiene fórmula que no puede usar, 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, puede devolverlas 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 los cheques del WIC para darle una cantidad menor de los alimentos que no puede consumir en un mes. En algunos casos, puede obtener otro alimento en lugar de aquel que no puede utilizar.

¿Por qué debo guardar los recibos de la fórmula o los alimentos que compre sin usar los cheques del WIC?

- Si no venderá o no planea ofrecer para la venta fórmula o alimentos similares 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 similares 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 los cheques del WIC. 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 similares a los que el WIC proporciona.



WIC de Connecticut
www.ct.gov/dph/wic

El USDA (Departamento de Agricultura de los Estados Unidos) es un empleador que ofrece igualdad de oportunidades.

SECTION: Certification**SUBJECT: Certification periods**

Federal Regulations: §246.7(g)

http://edocket.access.gpo.gov/cfr_2010/janqtr/pdf/7cfr246.7.pdfgulations:

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.

Pregnant women	shall be certified only once for the duration of their pregnancy and up to six weeks postpartum.
Postpartum women	shall be certified once after the six-week postpartum visit and up to six months after the date pregnancy ended.
Breastfeeding women	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.

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.

SWIS automatically assigns priority based on entered data and selected risk criteria. The Competent Professional Authority (CPA) should carefully review the SWIS Screen 106, 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)

POLICY

The WIC local agency shall issue a Verification of Certification (VOC) card or Statewide WIC Information System (SWIS) 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.

Relocating outside of State

For participants relocating to another service area outside of the state:

- Complete and issue paper VOC of SWIS generated printout report #WICPR136, including the date of income determination, last check issuance and nutritional risk conditions
- Explain to participant the use of VOC as proof of eligibility for continued program benefits
- Terminate the participant after issuance of the VOC
- Complete a Notice of Participant Action Form and check box, "Other", write in the space provided *Out of State Transfer* or "OST" and keep one copy in the participant file.

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
- Nutritional Risk Criteria
- Date Certification Expires
- Date of Income Determination
- Signature and printed/typed name of the local agency official in the originating jurisdiction
- Certifying local agency name and address
- An Identification number

- 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 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 checks.
- 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

Providing Confidential Participant Information to other WIC State or local agencies

Federal regulations at 246.26(d) 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.

However, Connecticut local agency staff should secure a written request (fax) from the requesting (out-of State) local WIC agency prior to releasing any participant information. If it is not possible to receive a fax at a satellite or remote site, but the participant is available at the out-of-State agency, the participant can give a verbal consent to share the information to reduce barriers to participation.

In this case, document the verbal participant consent in the participant's file. The out-of- State local agency should provide its request via fax to the main site within 24 hours or ask the out-of-State local agency to fax the request to the main office that same day. Satellite staff can confirm the fax has been received via phone contact with the main site.

VOC CARDS

PARTICIPANT NAME
ID
FAMILY NUMBER

DATE OF BIRTH

CATEGORY

PRIORITY

CERTIFICATION DATES

INCOME DETERMINATION

NUTRITIONAL RISK REASON

NEXT CHECKS DUE
FOOD PACKAGE CSTAN:

LOCAL AGENCY
INFORMATION

PRINTED NAME OF OFFICIAL: _____

SIGNATURE OF OFFICIAL: _____

WIC is an equal opportunity program. If you feel that you have been discriminated against on the basis of race, color, national origin, age, sex or disability, write immediately to the Secretary of Agriculture, USDA, Washington, DC 20250.

OR

State of Connecticut Department of Health Services Connecticut WIC Program Verification of Certification	Certification No. No 629833
	Date of Birth
Name	
Participant's Signature	
Agency	
Street Address and City	
State	Telephone No.

Certification Record	
Certification Dates	Income Determination
From: _____ To: _____	Date: _____
Nutritional Risk Reason	
Dates Food Package Issued	
Local Agency Official's Signature	
Local Agency Official's Name (Print or Type)	

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 will the 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 participant can 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.

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 fifth 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 checks (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 automatically terminated by SWIS due to failure to pick up checks for two consecutive months or 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.



Date of Notice: _____

NAME	WIC ID or DOB
ADDRESS	
CITY/ZIP	PHONE # () -

Ineligibility and Termination Section:

- You or your infant/child **do not qualify** (ineligible) for the WIC Program because:
- You or your infant/child **no longer qualify** (terminated) from the WIC Program because:

<input type="checkbox"/> Your income is too high <input type="checkbox"/> Not in a category WIC serves: Pregnant, postpartum, breastfeeding woman infant or child up to 5 years old <input type="checkbox"/> Postpartum woman 6 months past your delivery date	<input type="checkbox"/> Breastfeeding woman that stopped breastfeeding before one year <input type="checkbox"/> Breastfeeding woman that reached WIC limit of 12 months <input type="checkbox"/> Child turning five (5) years old	<input type="checkbox"/> Do not have a medical/nutritional health problem <input type="checkbox"/> Missed your certification appointment for the Program <input type="checkbox"/> Voluntary removal from the Program <input type="checkbox"/> Other
---	--	--

Suspension Section: You are being suspended from the WIC Program for _____ because you broke the following rules(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, suspension 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, 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. 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.



Fecha de Notificación: _____

NOMBRE		Número de Identificación o Fecha de Nacimiento	
DIRECCIÓN			
CIUDAD/CODIGO POSTAL		TELÉFONO ()	
SECCIÓN PARA SOLICITANTES INELEGIBLES/TERMINACIÓN			
<input type="checkbox"/> Usted o su hijo(a) no son elegibles para el Programa WIC por las razones siguientes: <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.	
<input type="checkbox"/> Otro:			
Sección Sobre Suspensión: Se le descalifica del programa WIC durante _____ porque usted infringió la(s) regla(s) del Programa WIC: _____ (periodo de tiempo)			
<hr/> <hr/>			
Sección de Audiencia Imparcial			
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 Attention: State WIC Director 410 Capitol Avenue MS #11 WIC P.O. Box 340308 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.			
_____ 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, 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. 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: Disposition of Certification files**

Federal Regulations: §246.45

POLICY

The WIC local agency shall maintain on file at the WIC local agency all certification and program forms for active and terminated "inactive" participants and ineligible applicants.

Active WIC participant files must include the following:

- Request for Alternate or Caretaker form
- Certification form(s)
- Pre-natal weight gain grid for pregnant women
- Growth charts for children
- Nutrition questionnaire and assessment form
- Medical Documentation form (if applicable)
- Prescriptions for non-contract or special formula (if applicable)
- Notice of Participant Action form
- Request for Fair Hearing Notice

The file may also include the following:

- Application form required by the local agency
- Health care verification
- Referral from health care provider
- Laboratory slips

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.

Retain files for three years for audit purposes.

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
- Copy of completed, dated, and signed Notice of Participant Action form

*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 was determined over the phone. Applicants should be advised to call back and re-apply if their situation changes.

SECTION: Certification**SUBJECT: Request for Alternate or Caretaker**

Federal Regulations: §246.2 & 246.12 (r) (1)

See also WIC 400-04

POLICY

A payee may request in writing designation of an *alternate* to redeem WIC checks at the store. A payee may request in writing designation of a *caretaker* to participate in mid-certification and nutrition education visits, sign required forms in absence of the payee and perform all the duties of an "alternate" (see below definitions).

Basis for Policy

Federal WIC Regulations at 246.2 *Definitions-Proxy* and 246.12 (r) (1), Requests from local agencies and recent monitoring findings. In Connecticut we are using the term "alternate" rather than "proxy". Further, we are adjusting this policy to reflect the fact that a nutrition education contact is expected at each WIC clinic visit. Therefore, this policy now limits the duties of an alternate to shopping for WIC foods. Since implementation of one-year certifications for children, we are adjusting caretaker's scope. A caretaker can no longer represent a payee at the annual re-certification appointment. However, a caretaker can represent a payee at the mid-certification and second nutrition education contacts.

Definitions

An alternate is defined as any person designated by the payee to obtain and transact food instruments or to obtain supplemental foods on behalf of a participant/payee. An "alternate" **cannot** certify or participate in nutrition education on behalf of an infant or child however, a "caretaker" can.

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 (duty of an "alternate").

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".

An "Alternate or Caretaker Request and Authorization Form" must be completed when an "alternate"/"caretaker" is designated and the respective responsibilities of each are listed as follows:

For clarification:

An Alternate

- must be at least fifteen (15) years of age
- can serve no more than two families
- should be trusted by the participant/payee
- can shop for WIC Foods
- **cannot** represent a payee at any nutrition assessment or education sessions (certification, mid-certification or second contacts)

A payee may only have one authorized alternate at a time.

A Caretaker

- must be able to provide information on the eating habits and medical conditions of the participant's/payee's child(ren) and the payee.
 - can shop for WIC Foods
 - **can** represent a payee at mid-certification and nutrition education session
- A payee may only have one authorized caretaker at a time

Local agency staff must ensure that only three individuals, the payee, the alternate and/or the caretaker, may use WIC checks.

Procedures for Authorizing an Alternate or Caretaker in Person

1. A payee may request in writing designation of an alternate to redeem WIC checks. If an alternate is not desired or not authorized, **cross out or otherwise invalidate** the "Alternates Name" & "Alternate's Signature".
 - If, at a later date the payee is interested in designating an alternate place an appropriate "alternate sticker" over the invalidated section and follow procedures to authorize an alternate.
2. A payee may request in writing designation of a caretaker to participate in mid-certification and nutrition education, sign required forms in absence of the payee and perform all the duties of an "alternate" (see above definitions). If a caretaker is not desired or not authorized, **cross out or otherwise invalidate** and/or "Caretaker's Name" and "Caretaker's Signature boxes".
 - If, at a later date the payee is interested in designating caretaker, place an appropriate "caretaker sticker" over the invalidated section and follow procedures to authorize a caretaker.
3. Inform the payee that it is her/his responsibility to explain to the alternate the correct use of WIC checks at the store. If an alternate has been authorized, tell the payee that if she/he is unable to shop for WIC foods, the alternate must present the payee's WIC ID folder at the store for proof of identity.

4. Inform the payee 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 including how to sign for WIC checks and shop for WIC foods at the store. If a caretaker has been authorized, tell the payee that if the caretaker is representing her/him at a nutrition education or mid-certification appointment or while shopping for WIC foods the caretaker must present the payee's WIC ID folder for proof of identity.

Note: It is also acceptable to ask a caretaker for proof of identification if the WIC staff person assisting the caretaker at the time of the WIC visit isn't familiar with that person.

5. Encourage the payee/alternate/caretaker to report all problems with a WIC vendor to the local WIC office.
6. The selection of an alternate/or caretaker by a payee should be documented in the participant's file using the Request for Alternate/Caretaker form. The form **MUST** be retained by the local program and shall clearly indicate the individuals authorized to use each set of WIC checks and participate in WIC certification and nutrition education and shall include the individuals' signatures. However, **non-selection** of an alternate and/or caretaker should be documented in SWIS, screen #111. It is at the discretion of the Program Coordinator to choose to document selection/non-selection of an alternate/caretaker in both the participant's file and in SWIS.

In summary:

- Complete the Request for Alternate/Caretaker form. (Note: If the payee requests that an alternate/caretaker be authorized until further notice, complete the form accordingly.)
- Complete the appropriate information on the WIC ID folder.
- Retain the completed Request for Alternate/Caretaker form in the participant's file.

Procedures for Authorizing an Alternate or Caretaker when the Alternate and/or Caretaker is/are NOT present:

- Complete the Request for Alternate/Caretaker form. (Note: If the payee requests that an alternate be authorized until further notice, complete the form accordingly.)
- Provide the request form and WIC ID folder if necessary to the participant.
- Have the participant return the completed ID and form to the WIC office and compare the alternate's and/or caretaker's signature.
- Retain the completed Request for Alternate/Caretaker form in the participant's file.

Authorization of a Caretaker When Payee is Not Present

If the payee sends the proposed caretaker to pick up WIC checks, participate in a mid-certification or nutrition education session along with the WIC ID and a signed note requesting authorization of the caretaker.

- Verify the payee signature on the note with the payee's signature on file and on the WIC ID folder.
- 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.
- Complete the appropriate information on the WIC ID folder. Limit the duration of alternate/caretaker authorization to one month unless the payee in the note specifies a longer.
- Retain the completed note in the participant's file.

Reviewing Requests for Alternate or Caretaker

When reviewing a request for an alternate or caretaker, verify the individual's identity *before* completing the authorization. The alternate or caretaker must be either an adult or an emancipated minor (parenthood, marriage, court decree, self-sufficiency with relinquishment of parental rights and duties).

The authorized alternate and/or caretaker must sign on a currently valid WIC ID folder, which the payee has previously signed.

The alternate and/or caretaker must present a valid WIC ID folder in order to be able to pick up checks. **If the WIC ID is lost, the payee must appear in person to obtain a new card or folder unless the WIC Coordinator or CPA on staff documents special hardship.**

A WIC staff member shall not serve as an alternate or caretaker for a WIC payee 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 payee. This should be documented in the SWIS file and a hold placed on future issuance of WIC checks in order to complete necessary paperwork.

In instances of special hardship (For example: payee is hospitalized):

- On a Request for Alternate/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.
- Complete the alternate information on the WIC ID folder.

Retain the signed Request for Alternate/Caretaker form in the participant's file.

Guidance for Common Scenarios

As a reminder, the caretaker option is an exception for convenience and flexibility for the family but our expectation is that the payee 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 payee, 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/payee in this manner.

Mom (payee) 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 payee to avoid the problem of the Mom coming in one time a year for the certification visit? Explain that if the WIC payee is shifted to Dad what that means for the family. Let the Mom know that if at any point she wants to become the payee again, the Dad will have to approve the change by completing a new alternate/caretaker form in which the Dad reverts back to the alternate or caretaker role. The only exception is when she becomes pregnant then she will revert back to the payee without approval from Dad.

Dad is the Payee and the Mom (caretaker) becomes pregnant. The Mom must revert to the payee. 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 (payee) 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 payee to avoid the problem of the Mom coming in one time a year for the certification visit? Explain that if the WIC payee is shifted to grandmother what that means for the family. Let the Mom know that if at any point she wants to become the payee again, the grandmother will have to approve the change by completing a new alternate/caretaker form in which the grandmother reverts back to the alternate or caretaker role. The only exception is when the Mom becomes pregnant then she will revert back to the payee without approval from the grandmother.

Grandmother is the Payee and the Mom (caretaker) becomes pregnant. The Mom must revert to the payee. 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 Payee" form will be required in order to lessen the amount of paperwork for WIC local agency staff. In most cases, the payee will either be the mother, father of child or grandmother. When a family decides to make a payee change, the expectation is that an updated alternate/caretaker form would be completed with the former payee as either the alternate or caretaker. The change of payee should also be documented in SWIS in comments. When a family decides to change back to the original payee (mother), complete a new alternate/caretaker form as described above.

Program Abuse by Alternate or Caretaker

Abuse of the program by an alternate or caretaker shall, as a minimum, result in the alternate's /caretaker's disqualification from serving as an alternate/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.

STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH WIC PROGRAM

ALTERNATE OR CARETAKER REQUEST AND AUTHORIZATION FORM

Family ID # _____

Name of Payee _____

Valid dates of form:

From _____ to _____

Date voided:
Participant's Initials
WIC Staff's Initials

There may be times when you are unable to shop for WIC foods, attend a mid-certification appointment or nutrition education session. You may choose an alternate or caretaker to represent you at these times. There are differences between an alternate and caretaker. Please read descriptions carefully. **You are not required to have an alternate or caretaker.**

<p>Alternate:</p> <ul style="list-style-type: none"> can serve no more than two families should be someone you know well and trust can shop for you 	<p>Caretaker (can be parent or guardian):</p> <ul style="list-style-type: none"> must be able to provide information on the eating habits and medical conditions of your child or you. can represent you at mid-certification and at nutrition education sessions can perform all duties of an alternate
---	--

<p>Please check one of the following for the person below:</p> <p><input type="checkbox"/> Alternate <input type="checkbox"/> Caretaker</p> <hr/> <p>Signature _____ Date _____</p> <hr/> <p>Name (please print) _____</p> <hr/> <p>Address _____ Apt # _____</p> <p>_____ CT, _____ City _____ Zip Code _____</p> <hr/> <p>Telephone # _____</p>	<p>Please check one of the following for the person below:</p> <p><input type="checkbox"/> Alternate <input type="checkbox"/> Caretaker</p> <hr/> <p>Signature _____ Date _____</p> <hr/> <p>Name (please print) _____</p> <hr/> <p>Address _____ Apt # _____</p> <p>_____ CT, _____ City _____ Zip Code _____</p> <hr/> <p>Telephone # _____</p>
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It is your responsibility to instruct your alternate/caretaker in the proper use of the WIC Program. You must notify the WIC Program of any changes.

Signature of Payee/Participant/Parent/Guardian **Date**

Signature Local WIC Staff **Date**

Office Use:

**ESTADO DE CONNECTICUT
DEPARTAMENTO DE SALUD PÚBLICA
PROGRAMA WIC**

Formulario para asignar un tutor o sustituto

Número de Identificación de familia _____

Nombre de identificación del beneficiario _____

Fechas válidas: Desde _____ Hasta _____

Se vence en:
Iniciales del Participante:
Iniciales del oficial de WIC:

Puede haber momentos en los que no pueda ir a comprar alimentos del programa WIC, asistir a las citas de mid-certificación o sesiones educativas. Usted puede elegir un sustituto o tutor para que le represente en estos tiempos. Hay diferencias entre un sustituto y tutor. Por favor, lea cuidadosamente las descripciones.

No es necesario que tenga un sustituto o tutor.

<p>Sustituto:</p> <p>Puede servir a no más de dos familias</p> <p>Debe ser alguien que usted le tenga confianza</p> <p>Puede comprar los alimentos de WIC por usted</p>	<p>Tutor (Puede ser el padre o guardián legal):</p> <p>Debe ser capaz de proporcionar información sobre los hábitos de alimentación y las condiciones médicas de su niño(a) o usted.</p> <p>Puede representarle en las citas para mid-certificación y en sesiones educativas de nutrición</p> <p>Puede realizar las funciones de un sustituto</p>
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<p>Por favor marque una de las siguientes para la persona a continuación:</p> <p style="text-align: center;"><input type="checkbox"/> Sustituto <input type="checkbox"/> Tutor</p> <hr/> <p>Firma _____ Fecha _____</p> <hr/> <p>Nombre (en letra de molde) _____</p> <hr/> <p>Dirección _____ Apt # _____</p> <p>_____ CT, _____</p> <p>Ciudad _____ Código Postal _____</p> <hr/> <p># de Teléfono _____</p>	<p>Por favor marque una de las siguientes para la persona a continuación:</p> <p style="text-align: center;"><input type="checkbox"/> Sustituto <input type="checkbox"/> Tutor</p> <hr/> <p>Firma _____ Fecha _____</p> <hr/> <p>Nombre (en letra de molde) _____</p> <hr/> <p>Dirección _____ Apt # _____</p> <p>_____ CT, _____</p> <p>Ciudad _____ Código Postal _____</p> <hr/> <p># de Teléfono _____</p>
--	--

Es su responsabilidad instruir su sustituto/tutor en el uso adecuado del Programa WIC. En todo momento, la firma del tutor/sustituto deberá aparecer en el folleto de identificación del participante. Usted debe notificar al Programa WIC de cualquier cambio.

Firma del beneficiario/Participante/Padre/Guardián Legal *Fecha*

Firma del empleado del Programa WIC *Fecha*

Para uso oficial:

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.
- The 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 sends 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.
- The local agency Program Nutritionist shall develop a nutrition care plan for women and children with PKU.
- The WIC local agency shall establish and maintain certification records for all WIC/PKU participants.
- Copies of the certification form, a current nutrition/questionnaire assessment form and growth chart will be on file at the medical facility. The original forms will be mailed to the WIC local agency.
- 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 checks, 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 Screen 102, document participation in TFA, HUSKY A, and the SNAP Program. All referrals must be documented in Screen 102 and/or Screen 106.

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 (SWIS codes 77-78); alcohol use (SWIS codes 79-80); illegal drug use (SWIS codes 79-80); and/or Environmental Tobacco Smoke (ETS) (SWIS code D5).

The WIC local agency shall also make the list available to the parent of a child on WIC with the SWIS code C3, 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/Food Stamps), 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. Refer to SWIS Manual Appendix A Referral Code Values and Descriptions for a comprehensive list.

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 Screen 102.

- During the intake process to determine category, residency, identity and income eligibility (Screen 102) 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 intake 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 client 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 intake 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 Screen 102 and if necessary include additional details in the comments screen to ensure nutrition staff is aware of the referral and can document details as appropriate in Screen 113 or 115.
- 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 Screen 106. See the referral code listing for more information on which referrals are expected to have additional details provided in progress notes Screen 115 or Main Concerns Screen 113.
- 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

 Clothing	Phone #	 Info Lines	Phone #
Salvation Army Thrift Shop 129 Main Street	203-792-9799	City of Danbury	311
Thrift Mart of New Milford 146 Danbury Road	860-350-2153	Info line	211
 Food Resources	Phone #	 Housing	Phone #
CACD Neighborhood Services	203-744-4700	ARC	
Daily Bread (St. James) Food Pantry 25 West Street	203-748-3561	325 Main Street	203-792-9450
Dorothy Day Hospitality House 11 Spring Street	203-743-7988	CACD Housing Services	203-744-4700
Food Stamps (Social Services) 342 Main Street, Danbury	203-207-8900	Catholic Charities 30 Main St, Danbury	203-743-4412
Salvation Army 15 Foster St.	203-792-7505	CT Dept of Social Services 342 Main St.	203-207-8900
WIC Program 80 Main St.	203-797-4629	City Homeless Shelter 254 Main St.	203-796-1661
		Danbury Housing Authority 98A Elm Street & 2 Mill Ridge Rd	203-744-2500
		Domestic Violence Shelter 2 West St.	203-731-5206
		Harmony House 5 Harmony St.	203-743-3843
		Housing Mediation	203-748-4941 x107
		Housing Resource Center 8 West St. Suite 202	203-798-6527
		Salvation Army Jumpstart Threshold (Amos House) 34 Rocky Glen Rd	203-791-0012 203-791-9277
 Health	Phone #	 Income Assistance	Phone #
HUSKY Health Insurance	211 or 203-207-8900	CACD Energy Asst.	203-748-5422
Americares Free Clinic of Danbury 76 West St.	203-748-6188	CT Dept of Social Services 342 Main St.	203-207-8900
CIFC Comm. Health Center of Greater Danbury. 57 North Street, Danbury	203-743-0100	City of Town Services:	
Community Health Center 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 70 Main St, Danbury	203-791-5010	• Danbury	203-797-4569
Kevin's Comm. Ctr Free Medical Clinic 153 S. Main St, Newtown	203-426-0496	• Kent	860-927-1586
New Milford VNA 68 Park Lane Road (Rte 202)	860-354-2216	• Ridgefield	203-431-2777
Pediatric Health Center 70 Main St.	203-791-5020	• Newtown	203-270-4330
Regional Hospice	203-702-7400	• New Fairfield	203-312-5669
Samaritan Center 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		
		 Mental Health	Phone #
		Newtown Youth & Family Srv. 17 Church Hill Rd.	203-426-8103
		Family Children's Aid 75 West St.	203-748-5689
		KIDHELP Crisis Hotline	203-327-5437
		Women's Center 2 West St.	203-731-5200

 Danbury WIC Program  80 Main St. Danbury, CT 203-797- 4629		 Danbury WIC Program  80 Main St. Danbury, CT 203-797- 4629	
 New Milford Services	Phone #	 Parent Support	Phone #
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.	203-791-8773
Litchfield County Head Start		Families Network of Western	203-748-5689
355 Goshen Rd, Litchfield	860-567-0863	CT.....5 Library Place	203-792-3540
	Ext.145	Family & Children's Aide	800-842-1508
Loaves & Fishes Hospitality House		WeCAHR Parent Support Grp	
40 Main St, Richmond Center	860-350-6612	Child support Resource center	
Richmond Center, Social Service			
40 Main St	860-355-6079		
 Preschool	Phone #	 Pregnancy Resources	Phone #
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		 Breastfeeding Resources Phone #.	
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	www.lll.usa.org/ct/webgreaterdanburyct.html	
YMCA, Brookfield			
2 Huckleberry Hill Rd	203-775-4444		
YMCA, Bethel			
57 Grassy Plain St	203-744-4890		
 Other	Phone #	 Other	Phone #
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

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.



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.

SECTION: Certification**SUBJECT: Transfer of Foster Children Between Households**

Federal Regulations: §246

See Also: CT WIC Policy: 200-16

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 from one foster family to a different foster family, follow the steps below to complete a transfer.

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.

Document the placement information in the individual participant's progress notes.

- Enter the infant or child's information into the new foster parent's family ID, and update the demographic information in SWIS Screen 102-Demographics.
- Determine if or what food benefits or checks have been issued for the month.
- Contact food delivery/vendor unit staff at the State agency at 1-800-741-2142, to determine the status of previously issued WIC checks.
- Determine if new checks need to be issued or if redeemed foods need to be transferred to the new foster parent.
- Inform the DCF Social Worker that any formula remaining from checks that have been cashed must be transferred to the new foster parent. Also, any remaining checks must be turned over to the WIC office. If unsuccessful attempts have been made by the Social Worker to retrieve checks or foods/formula, existing checks may be voided as used and reissued to the foster parent.
- 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.
- 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 SWIS 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 clients shall be given an Extension for 1 month or may be recertified and only issued 1 month's worth of checks.
- 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) values your participation.

However, we regret to inform you that due to cuts in Federal WIC Program funding we are forced to place certain categories of participants on a waiting list for WIC Program services.

If you are a postpartum woman or have a child age 12 months through age 5, you have been selected as the first and second groups of participants to be placed on a waiting list.

The following member (s)

of your family are affected and are now placed on a waiting list, which means that their benefits will temporarily end. However, you and your family members will continue to receive WIC nutrition services and checks and until the end of your current certification (eligibility) period.

This letter also has 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 the hardship that has been placed on you and your family. However, we hope that this situation will be temporary. Please check back with us in three months to see if there are changes.

Should any change occur before that time, you will be notified immediately.

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

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, 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.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. 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).
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 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. The following policy applies: 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 Discrimination Complaint Form (PDF), found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested on 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. 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).

USDA is an equal opportunity provider and employer.

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 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: _____

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. Las normas para participar en el WIC son las mismas para todas las personas, independientemente de raza, color, género, discapacidad u origen nacional.
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

Marque las casillas de verificación del método de contacto para que el WIC se comunice con usted.

Teléfono Dejar mensaje: sí

Correo electrónico

Texto

El USDA es un proveedor y empleador que ofrece igualdad de oportunidades.