



WIC Certification

- Pregnant (P)
- Postpartum (PP)
- Breastfeeding (BF)

Name: _____

ID Number: _____

or

Place PEF label here

Priority listed at end of line for each criterion.

Priority

1010.201 Low Hematocrit/Low Hemoglobin (check one of the following values if appropriate) P/BF-01 PP-3B

Pregnant	Postpartum/Breastfeeding
<input type="checkbox"/> a Hematocrit \leq 32.9% or Hemoglobin \leq 10.9 gm./dL. (1 st trimester) 0-13 wks	<input type="checkbox"/> d Hematocrit \leq 35.6% or Hemoglobin \leq 11.7 gm./dL. (age 12-15)
<input type="checkbox"/> b Hematocrit \leq 31.9% or Hemoglobin \leq 10.4 gm./dL. (2 nd trimester) 14-26 wks	<input type="checkbox"/> e Hematocrit \leq 35.8% or Hemoglobin \leq 11.9 gm./dL. (age 15-18)
<input type="checkbox"/> c Hematocrit \leq 32.9% or Hemoglobin \leq 10.9 gm./dL. (3 rd trimester) 27-40 wks	<input type="checkbox"/> f Hematocrit \leq 35.6% or Hemoglobin \leq 11.9 gm./dL. (age >18)

1020.211 Elevated Blood Lead (\geq 10 μ g/dL) within the past 12 months P/BF-01 PP-3B2061.111 Overweight a Overweight = PPW BMI \geq 25.0 P/BF-01 PP-3B
 c Current BMI \geq 25.0 (BF \geq 6 months delivery)2063.101 Underweight a Underweight = PPW BMI or Current BMI < 18.5 P/BF-01 PP-3B

2067 Inappropriate Weight Gain Pattern P/BF-01 PP-3B

Low maternal weight gain during 2 nd and 3 rd trimesters, singleton pregnancy: 2067.131 <input type="checkbox"/> Underweight women who gain < 4 lbs./month <input type="checkbox"/> Normal weight women who gain < 3.2 pounds/month <input type="checkbox"/> Overweight women who gain < 2 pounds/month (P only) <input type="checkbox"/> Obese (BMI \geq 30) women who gain < 1.6 pounds/month	P: Current Pregnancy BF/PP: Last Pregnancy High maternal weight gain during 2 nd and 3 rd trimesters, singleton pregnancy: <input type="checkbox"/> Underweight women who gain > 5.2 lbs./month - 2067.133f <input type="checkbox"/> Normal weight women who gain > 4 pounds/month - 2067.133g <input type="checkbox"/> Overweight women who gain > 2.8 pounds/month- 2067.133h <input type="checkbox"/> Obese (BMI \geq 30) women who gain > 2.4 pounds/month- 2067.133i
2067.132 Weight loss during pregnancy: (Pregnant only) <input type="checkbox"/> any weight loss below pregravid weight during first trimester (0-13 wks.) <input type="checkbox"/> \geq 2 lbs. second or third trimesters (14-40 wk.)	

3010 Substance Use (check all that apply) P/BF-01 PP-06

Pregnant 3010.372a	Postpartum 3010.372b	Breastfeeding 3010.372b
<input type="checkbox"/> Any daily smoking of cigarettes, pipes or cigars	<input type="checkbox"/> Any daily smoking of cigarettes, pipes or cigars 3010.371c	<input type="checkbox"/> Any daily smoking of cigarettes, pipes or cigars 3010.371b
<input type="checkbox"/> Any alcohol use	<input type="checkbox"/> Routine use of \geq 2 drinks per day: 1 drink = 1 (12 oz.) can beer or 5 oz. wine or 1 1/2 oz. liquor (1 jigger)	<input type="checkbox"/> Routine use of \geq 2 drinks per day: 1 drink = 1 (12 oz.) can beer or 5 oz. wine or 1 1/2 oz. liquor (1 jigger)
<input type="checkbox"/> Any illegal drug use	<input type="checkbox"/> Binge drinking \geq 5 drinks on the same occasion \geq 1 day in the past 30 days	<input type="checkbox"/> Binge drinking \geq 5 drinks on the same occasion \geq 1 day in the past 30 days
	<input type="checkbox"/> Heavy drinking \geq 5 drinks on the same occasion on \geq 5 days in the previous 30 days	<input type="checkbox"/> Heavy drinking \geq 5 drinks on the same occasion on \geq 5 days in the previous 30 days
	<input type="checkbox"/> Any illegal drug use	<input type="checkbox"/> Any illegal drug use

3011.904 Secondhand Smoke Exposure to smoke from tobacco products inside the home
4010.601a BF Infant/BF Woman at Nutritional Risk Breastfeeding infant has a nutritional risk which qualifies woman BF-01

4020.602 Breastfeeding Complications (BF woman only) (check all that apply) BF-01

<input type="checkbox"/> Severe engorgement	<input type="checkbox"/> Failure of milk to come in by 4 days after delivery	<input type="checkbox"/> Cracked, bleeding or severely sore nipples
<input type="checkbox"/> Mastitis (fever or flu-like symptoms with localized breast tenderness)	<input type="checkbox"/> Flat or inverted nipples	<input type="checkbox"/> \geq 40 years old
	<input type="checkbox"/> Tandem nursing (BF two siblings who are not twins)	<input type="checkbox"/> Recurrent plugged ducts

404.601b BF Infant/BF Woman with Dietary Concerns Breastfeeding infant qualifies based on dietary concern which qualifies woman BF-04

5011 Pregnancy Induced Conditions P/BF-01 PP-3B 5012 Delivery of Premature/LBW Infant P/BF-01 PP-3B

<input type="checkbox"/> Hyperemesis Gravidarum -P only 5011.301	P: History for any pregnancy BF/PP: Last pregnancy <input type="checkbox"/> Prematurity 5012.311 <input type="checkbox"/> LBW \leq 5 lb. 8 oz. (wt. _____) 5012.312
<input type="checkbox"/> Gestational Diabetes - P only 5011.302	
<input type="checkbox"/> History of gestational diabetes 5011.303	
<input type="checkbox"/> Preeclampsia or history of 5011.304	

5013 Fetal or Neonatal Death P/BF-01 PP-3B

P: History for any pregnancy BF/PP: Last pregnancy <input type="checkbox"/> Fetal death (death \geq 20 week gestation) 5013.321a <input type="checkbox"/> Neonatal death (death within first 28 days of life) 5013.321b	Pregnant only: 5013.321c <input type="checkbox"/> History of 2 or more spontaneous abortions (spontaneous termination of a gestation at < 20 weeks gestation or < 500 grams)
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5014 General Obstetrical Risk P/BF-01 PP-3B

P: Current Pregnancy BF/PP: Last Pregnancy <input type="checkbox"/> Conception \leq age 17 5014.331 <input type="checkbox"/> Conception before 16 mo. Postpartum 5014.332 <input type="checkbox"/> Age < 20 at conception with 3 or more previous pregnancies of \geq 20 weeks duration 5014.333 <input type="checkbox"/> Infant with congenital or birth defect 5014.339a <input type="checkbox"/> Multiple births 5014.335	Pregnant only <input type="checkbox"/> Prenatal care beginning after 13 th week 5014.334a <input type="checkbox"/> Breastfeeding woman now pregnant 5014.338 <input type="checkbox"/> Fetal Growth Restriction 5014.336 <input type="checkbox"/> History of Infant/Child with congenital or birth defect 5014.339a	Pregnant only 5014.334b <input type="checkbox"/> Prenatal care based on the following index: <table border="1"> <thead> <tr> <th>Weeks gestation</th> <th># prenatal visits</th> </tr> </thead> <tbody> <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>\geq 34</td> <td>4 or less</td> </tr> </tbody> </table>	Weeks gestation	# prenatal visits	14-21	0 or unknown	22-29	1 or less	30-31	2 or less	32-33	3 or less	\geq 34	4 or less
Weeks gestation	# prenatal visits													
14-21	0 or unknown													
22-29	1 or less													
30-31	2 or less													
32-33	3 or less													
\geq 34	4 or less													
Pregnant/Breastfeeding/Postpartum <input type="checkbox"/> LGA infant \geq 9 lbs./4000 grams or history of LGA infant 5014.337														

6010 Nutrition/Metabolic Conditions (check all that apply) P/BF-01 PP-3B

<input type="checkbox"/> Lactose Intolerance 6010.355	Nutrient Deficiency Diseases: 6010.341 <input type="checkbox"/> Scurvy
Glucose Disorders: <input type="checkbox"/> Pre-Diabetes 6010.363 (PP/BF only) <input type="checkbox"/> Diabetes Mellitus 6010.343 <input type="checkbox"/> Hypoglycemia 6010.356	<input type="checkbox"/> Hypocalcemia
Thyroid Disorders: <input type="checkbox"/> Hypothyroidism .344a <input type="checkbox"/> Hyperthyroidism .344b	<input type="checkbox"/> Rickets <input type="checkbox"/> Cheilosis <input type="checkbox"/> Beri Beri <input type="checkbox"/> Pellegra
Cancer: 6010.347 <input type="checkbox"/> Cancer <input type="checkbox"/> Treatment for Cancer	<input type="checkbox"/> Xerophthalmia <input type="checkbox"/> Vitamin K Deficiency <input type="checkbox"/> Osteomalacia
	<input type="checkbox"/> Protein Energy Malnutrition (PEM) <input type="checkbox"/> Menkes Disease

6010 Nutrition/Metabolic Conditions (continued) (check all that apply) P/BF-01 PP-3B

<p>Hypertension: <input type="checkbox"/> Chronic .345a <input type="checkbox"/> Prehypertension (130/80-139/89) 6010.345c <input type="checkbox"/> Gestational Hypertension .345b</p> <p>Central Nervous System Disorders: <input type="checkbox"/> Epilepsy 6010.348 <input type="checkbox"/> Cerebral Palsy <input type="checkbox"/> Spina Bifida <input type="checkbox"/> Myelomeningocele <input type="checkbox"/> Neural tube defects <input type="checkbox"/> Parkinson's disease <input type="checkbox"/> Multiple Sclerosis</p> <p>Renal disease: <input type="checkbox"/> Pyelonephritis <input type="checkbox"/> Persistent proteinuria 6010.346 <input type="checkbox"/> Any renal disease except UTI</p> <p>Genetic/Congenital Disorders: 6010.349 <input type="checkbox"/> Short bowel syndrome <input type="checkbox"/> Sickle Cell Anemia <input type="checkbox"/> Cleft lip/palate <input type="checkbox"/> Gastroschisis <input type="checkbox"/> Thalassemia Major <input type="checkbox"/> Down's syndrome <input type="checkbox"/> Omphalocele <input type="checkbox"/> Intestinal atresia <input type="checkbox"/> Esophageal atresia <input type="checkbox"/> Diaphragmatic hernia <input type="checkbox"/> Tracheo-esophageal fistula <input type="checkbox"/> Hirschsprung's Disease <input type="checkbox"/> Muscular Dystrophy</p> <p>Infectious Diseases (present in last 6 mo.):6010.352 <input type="checkbox"/> Parasitic infections <input type="checkbox"/> Hepatitis <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Pneumonia <input type="checkbox"/> Meningitis <input type="checkbox"/> Tuberculosis</p> <p><input type="checkbox"/> Food allergies - List: 6010.353</p> <p>Celiac Disease: <input type="checkbox"/> Celiac Sprue <input type="checkbox"/> Gluten Enteropathy <input type="checkbox"/> Non-tropical Sprue</p> <p>Other Medical Conditions:6010.360 <input type="checkbox"/> Juvenile Rheumatoid Arthritis (JRA) <input type="checkbox"/> Cardiorespiratory diseases <input type="checkbox"/> Heart disease <input type="checkbox"/> Cystic fibrosis <input type="checkbox"/> Lupus erythematosus <input type="checkbox"/> Persistent asthma requiring daily medication</p>	<p>GI Disorders:6010.342 <input type="checkbox"/> Crohn's disease <input type="checkbox"/> Ulcerative colitis <input type="checkbox"/> Liver disease <input type="checkbox"/> Inflammatory bowel disease <input type="checkbox"/> Pancreatitis <input type="checkbox"/> Gallbladder disease <input type="checkbox"/> Malabsorption syndromes <input type="checkbox"/> Small bowel enterocolitis/syndrome <input type="checkbox"/> Stomach/intestinal ulcers <input type="checkbox"/> Gastroesophageal reflux (GER) <input type="checkbox"/> Peptic ulcers <input type="checkbox"/> Post-bariatric surgery <input type="checkbox"/> Biliary tract diseases</p> <p>Inborn Errors of Metabolism: 6010.351 <input type="checkbox"/> PKU <input type="checkbox"/> MSUD <input type="checkbox"/> Galactosemia <input type="checkbox"/> Homocystinuria <input type="checkbox"/> Tyrosinemia <input type="checkbox"/> Histidinemia <input type="checkbox"/> Glutaric aciduria <input type="checkbox"/> Urea cycle disorders <input type="checkbox"/> Hyperlipoproteinemia <input type="checkbox"/> Fructoaldolase deficiency <input type="checkbox"/> Hypermethioninemia <input type="checkbox"/> Methylmalonic acidemia <input type="checkbox"/> Propionic acidemia <input type="checkbox"/> Glycogen storage disease <input type="checkbox"/> Galactokinase deficiency <input type="checkbox"/> Medium-chain acyl-CoA dehydrogenase</p> <p><input type="checkbox"/> Drug/Nutrient Interactions – Specify: 6010.357</p> <p>Recent Major Surgery, Trauma, Burns: 6010.359 <input type="checkbox"/> Any occurrence within past two (≤ 2) months severe enough to compromise nutritional status. <input type="checkbox"/> Occurrence > 2 months with continued need for nutrition documented by MD/DO/ARNP/PA</p> <p><input type="checkbox"/> Others – State Agency approval</p>
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6020 Impaired Ability to Prepare Food (check all that apply) P/BF-04 PP-06 **6030 Complications which Impair Nutrition (check all that apply)** P/BF-01 PP-3B

<p>Applicant's primary caregiver: <input type="checkbox"/> ≤ 17 years of age 6020.902a <input type="checkbox"/> Mentally disabled/delayed/mental illness/clinical depression 6020.902b <input type="checkbox"/> Physically disabled which restricts/limits food preparation abilities 6020.902c <input type="checkbox"/> Currently using or history of abusing alcohol/other drugs 6020.902d</p>	<p><input type="checkbox"/> Minimal brain function <input type="checkbox"/> Difficulty accepting new foods/↓ food selection <input type="checkbox"/> Head trauma <input type="checkbox"/> Restricted food intake due to color/texture/temperature <input type="checkbox"/> Brain damage <input type="checkbox"/> Delays/disabilities which restrict ability to chew/swallow/require tube feeding 6030.362 <input type="checkbox"/> Depression <input type="checkbox"/> Difficulty taking multivitamin/mineral supplement 6030.361 <input type="checkbox"/> Pervasive development disorder (PDD) <input type="checkbox"/> Autism <input type="checkbox"/> Difficulty with changes in mealtime environment</p>
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6040 Dental Problems P/BF 01/PP-3B

Tooth decay 6040.381a Periodontal disease 6040.381d Gingivitis of pregnancy (**Pregnant only**) 6040.381b
 Missing more than 7 teeth or ineffectively replaced teeth which impair ability to ingest food 6040.381c

7010.401 Presumed Dietary Risk **Only use this risk when no other risk is present** P/BF-04 PP-06

Women who meet the eligibility requirements of income, category and residency may be presumed to be at nutrition risk based on failure to meet the Dietary Guidelines.

7012 Feeding Practices P/BF-04 PP-06

<p>Do you eat such foods as: (Pregnant only) 7012.427.5a-j</p> <p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/> raw fish or shell fish</p> <p><input type="checkbox"/> <input type="checkbox"/> smoked seafood that has not been cooked</p> <p><input type="checkbox"/> <input type="checkbox"/> raw or undercooked meat or poultry</p> <p><input type="checkbox"/> <input type="checkbox"/> refrigerated paté or meat spreads</p> <p><input type="checkbox"/> <input type="checkbox"/> lightly cooked egg products; ie., sauces, homemade eggnog</p> <p><input type="checkbox"/> <input type="checkbox"/> raw sprouts (alfalfa, clover, radish)</p> <p><input type="checkbox"/> <input type="checkbox"/> unpasteurized fruit or vegetable juices</p> <p><input type="checkbox"/> <input type="checkbox"/> hot dogs, cold cuts, deli meats that have not been heated</p> <p><input type="checkbox"/> <input type="checkbox"/> raw/undercooked eggs such as in cookie dough or cake batter</p> <p><input type="checkbox"/> <input type="checkbox"/> unpasteurized milk/milk products or soft cheeses such as Camembert, bleu cheese, Stilton, queso blanco, queso fresco or Panela</p>	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>	<p>If pregnant, do you take < 30 mg. iron each day? 7012.427.4a</p> <p>If pregnant or breastfeeding, do you take < 150 µg of iodine each day? 7012.427.4c</p> <p>Do you take > 1 dose/day of a multivitamin, single vitamin, mineral supplement, herbal teas/remedies not recommended by MD/DO/ARNP/PA? 7012.427.1</p> <p>Do you eat ashes, baking soda, burnt matches, carpet fibers, chalk, cigarettes, clay, dirt, dust, laundry starch, cornstarch, large quantities of ice or freezer frost, paint chips or other non-food items? 7012.427.3</p> <p>If BF/PP do you take a multivitamin/supplement with 400 mcgs. folic acid every day? 7012.427.4b</p>
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7015 Inappropriate Nutrient Intake P/BF- 04 PP-06

7015.427.2a Do you avoid all animal products – meat (beef, pork, chicken, turkey), fish, eggs, milk, cheese, yogurt or other dairy products? Yes No
7015.427.2b Is your diet highly restrictive in calories or specific nutrients? Yes No

7015 Inappropriate Nutrient Intake P/BF- 04 PP-06

Do you avoid all animal products – meat (beef, pork, chicken, turkey), fish, eggs, milk, cheese, yogurt or other dairy products? Yes No 7015.402
Is your diet highly restrictive in calories or specific nutrients? Yes No 7015.403

7020.358 Eating Disorders a Anorexia Nervosa b Bulimia c Controls weight by self-starvation, vomiting, drugs, purgative abuse P/BF-1 PP-3B

7090.901 Recipient of Abuse Battering, physical assault within the past six months. P/BF-04 PP-06

7095 Foster Care Determine if during the previous six (6) months:
 has entered the foster care system 7095.903a has been moving from one foster home to another 7095.903b P/BF-04 PP-06

7098.801 Homelessness Homeless P/BF-04 PP-06

7099.802 Migrancy Migrant P/BF-04 PP-06

Signature: _____ **Date:** _____



WIC Certification Infant

Name: _____

ID Number: _____

or

Place PEF label here

Priority listed at end of line for each criterion

	Priority
1010.201g <input type="checkbox"/> Low Hematocrit/Low Hemoglobin Hematocrit ≤ 32.8% or Hemoglobin ≤ 10.9 gm./dL. (9 months or older)	01
1020.211 <input type="checkbox"/> Elevated Blood Lead ≥ 10 µg/dL. within past 12 months	01
2049/1030.152 <input type="checkbox"/> Low Head Circumference < 5 th percentile (age adjusted) Only if data is available from another source.	01
2040.142 <input type="checkbox"/> Prematurity Birth at ≤ 37 weeks gestation (age adjusted)	01
2050 Low Birth Weight/Very Low Birth Weight (age adjusted)	01
<input type="checkbox"/> Birth weight ≤ 5 lb. 8 oz./2500 grams (LBW) 2050.141a	<input type="checkbox"/> Birth weight ≤ 3 lb. 5 oz./1500 grams (VLBW) 2050.141b
2060 At Risk for Overweight	01
<input type="checkbox"/> biological mother reports BMI ≥ 30 at conception or during 1 st trimester	<input type="checkbox"/> biological father reports BMI ≥ 30
2062.103a <input type="checkbox"/> At Risk for Underweight 6 th through 10 th percentile weight/length	01
2063.103b <input type="checkbox"/> Underweight ≤ 5 th percentile weight for length	01
2064.121a <input type="checkbox"/> At Risk for Short Stature 6 th through 10 th percentile length for age	01
2065.121b <input type="checkbox"/> Short Stature ≤ 5 th percentile length for age (age adjusted)	01
2066.151 Growth Problems <input type="checkbox"/> a Small for Gestational Age (SGA) (age adjusted) <input type="checkbox"/> b Large for Gestational Age (LGA) birth weight ≥ 9 lbs/4,000 gm	01
2067 Inappropriate Weight Gain Pattern	01
<input type="checkbox"/> Failure to Thrive (FTT) (age adjusted) 2067.134	<input type="checkbox"/> Not back to birth weight by 2 weeks 2067.135
<input type="checkbox"/> Lost > 10% from birth to 1 month 2067.135	
3011.904 <input type="checkbox"/> Secondhand Smoke Exposure to smoke from tobacco products inside the home	
4010.601a <input type="checkbox"/> BF Infant/BF Woman at Nutritional Risk Breastfeeding woman has a nutritional risk which qualifies infant	01
4020.602 Breastfeeding Complications (check all that apply)	01
<input type="checkbox"/> Jaundice	<input type="checkbox"/> Weak or ineffective suck
<input type="checkbox"/> < 6 wet diapers per day	<input type="checkbox"/> Difficulty latching onto breast
Inadequate stooling for age: <input type="checkbox"/> ≤ 6 days old with < 2 stools/day <input type="checkbox"/> 7-28 days with < 5 stools/day <input type="checkbox"/> 29 days or older with < 1 every 4 days	
4040.601b <input type="checkbox"/> BF Infant/BF Woman with Dietary Concerns Breastfeeding woman qualifies based on dietary concern which qualifies infant	04
4070.701 <input type="checkbox"/> Infant of a WIC Mother/Mother at Risk Mother who had risk and could have qualified during this preg. (up to 6 mo. old)	02
4075.703 Infant of a Mother with Complications which Impair Nutrition <input type="checkbox"/> Mentally retarded <input type="checkbox"/> Alcohol/illegal drug use during last preg.	01
6010 Nutrition/Metabolic Conditions (circle/check one of the following if appropriate)	01
<input type="checkbox"/> Lactose Intolerance 6010.355 <input type="checkbox"/> Hypertension 6010.345	Nutrient Deficiency Diseases: 6010.341 <input type="checkbox"/> Scurvy <input type="checkbox"/> Hypocalcemia
<input type="checkbox"/> Prehypertension (90 th -95 th for blood pressure) 6010.345d	<input type="checkbox"/> Rickets <input type="checkbox"/> Cheilosis <input type="checkbox"/> Beri Beri <input type="checkbox"/> Pellegra
Glucose Disorders: <input type="checkbox"/> Diabetes Mellitus 6010.343 <input type="checkbox"/> Hypoglycemia.356	<input type="checkbox"/> Xerophthalmia <input type="checkbox"/> Vitamin K Deficiency <input type="checkbox"/> Osteomalacia
Thyroid Disorders: <input type="checkbox"/> Hypothyroidism .344a <input type="checkbox"/> Hyperthyroidism .344b	<input type="checkbox"/> Protein Energy Malnutrition (PEM) <input type="checkbox"/> Menkes Disease
Cancer: 6010.347 <input type="checkbox"/> Cancer <input type="checkbox"/> Treatment for Cancer	
Central Nervous System Disorders: 6010.348 <input type="checkbox"/> Epilepsy	GI Disorders: 6010.342 <input type="checkbox"/> Crohn's disease <input type="checkbox"/> Ulcerative colitis <input type="checkbox"/> GER
<input type="checkbox"/> Cerebral Palsy <input type="checkbox"/> Spina Bifida	<input type="checkbox"/> Liver disease <input type="checkbox"/> Inflammatory bowel disease <input type="checkbox"/> Pancreatitis
<input type="checkbox"/> Myelomeningocele <input type="checkbox"/> Neural tube defects	<input type="checkbox"/> Gallbladder disease <input type="checkbox"/> Malabsorption syndromes
<input type="checkbox"/> Parkinson's disease <input type="checkbox"/> Multiple Sclerosis	<input type="checkbox"/> Small bowel enterocolitis/syndrome <input type="checkbox"/> Stomach/intestinal ulcers
Renal Disease: 6010.346 <input type="checkbox"/> Pylonephritis <input type="checkbox"/> Persistent proteinuria	<input type="checkbox"/> Peptic ulcers <input type="checkbox"/> Post-bariatric surgery <input type="checkbox"/> Biliary tract diseases
<input type="checkbox"/> Any renal disease except UTI	
Infectious Diseases (present in last 6 mo.): 6010.352	Inborn Errors of Metabolism: 6010.351 <input type="checkbox"/> PKU <input type="checkbox"/> MSUD
<input type="checkbox"/> Parasitic infections <input type="checkbox"/> Hepatitis <input type="checkbox"/> Tuberculosis	<input type="checkbox"/> Galactosemia <input type="checkbox"/> Homocystinuria <input type="checkbox"/> Tyrosinemia
<input type="checkbox"/> Pneumonia <input type="checkbox"/> Meningitis <input type="checkbox"/> HIV/AIDS	<input type="checkbox"/> Histidinemia <input type="checkbox"/> Glutaric aciduria <input type="checkbox"/> Urea cycle disorders
<input type="checkbox"/> Bronchiolitis (3 episodes in last 6 months)	<input type="checkbox"/> Hyperlipoproteinemia <input type="checkbox"/> Fructoaldolase deficiency
<input type="checkbox"/> Food Allergies – List: 6010.353	<input type="checkbox"/> Hypermethioninemia <input type="checkbox"/> Methylmalonic acidemia
Genetic/Congenital Disorders: 6010.349 <input type="checkbox"/> Short bowel syndrome	<input type="checkbox"/> Propionic acidemia <input type="checkbox"/> Glycogen storage disease
<input type="checkbox"/> Sickle Cell Anemia <input type="checkbox"/> Cleft lip/palate <input type="checkbox"/> Gastroschisis	<input type="checkbox"/> Galactokinase deficiency <input type="checkbox"/> Medium-chain acyl-CoA dehydrogenase
<input type="checkbox"/> Thalassaemia Major <input type="checkbox"/> Down's syndrome <input type="checkbox"/> Omphalocele	
<input type="checkbox"/> Intestinal atresia <input type="checkbox"/> Esophageal atresia	<input type="checkbox"/> Drug/Nutrient Interactions – Specify: 6010.357
<input type="checkbox"/> Diaphragmatic hernia <input type="checkbox"/> Tracheo-esophageal fistula	
<input type="checkbox"/> Hirschsprung's Disease <input type="checkbox"/> Muscular Dystrophy	Other Medical Conditions: 6010.360 <input type="checkbox"/> Lupus erythematosus
Celiac Disease: <input type="checkbox"/> Celiac Sprue <input type="checkbox"/> Gluten Enteropathy	<input type="checkbox"/> Cardiorespiratory diseases <input type="checkbox"/> Heart disease
<input type="checkbox"/> Non-tropical Sprue	<input type="checkbox"/> Cystic fibrosis <input type="checkbox"/> Juvenile Rheumatoid Arthritis (JRA)
	<input type="checkbox"/> Persistent asthma requiring daily medication
<input type="checkbox"/> Others – State Agency approval	Recent Major Surgery, Trauma, Burns: 6010.359
	<input type="checkbox"/> Any occurrence within ≤ 2 months severe enough to compromise nutritional status.
	<input type="checkbox"/> Occurrence > 2 months with continued need for nutrition documented by MD/DO/ARNP/PA
6020 Impaired Ability to Prepare Food 04	6030 Complications which Impair Nutrition (check all that apply) 01
Applicant's primary caregiver is (check all that apply):	<input type="checkbox"/> Minimal brain function <input type="checkbox"/> Difficulty accepting new foods/↓ food selection
<input type="checkbox"/> ≤ 17 years of age 6020.902a	<input type="checkbox"/> Head trauma <input type="checkbox"/> Restricted food intake due to color/texture/temperature
<input type="checkbox"/> Mentally disabled/delayed/mental illness/clinical Depression 6020.902b	<input type="checkbox"/> Brain damage <input type="checkbox"/> Delays/disabilities which restrict ability to chew/swallow/require tube feeding 6010.362
<input type="checkbox"/> Currently using or history of abusing alcohol/other drugs	<input type="checkbox"/> Birth Injury <input type="checkbox"/> Difficulty taking multivitamin/mineral supplement
<input type="checkbox"/> Physically disabled which restricts/limits food preparation Abilities 6020.902d	<input type="checkbox"/> Pervasive development disorder (PDD) <input type="checkbox"/> Autism
	<input type="checkbox"/> depression 6030.361 <input type="checkbox"/> Difficulty with changes in mealtime environment
6040.381a Dental Problem <input type="checkbox"/> Baby Bottle Tooth Decay	6050.382 Other Health Risk <input type="checkbox"/> Fetal Alcohol Syndrome (FAS)

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Does the baby take formula? If yes, formula name: _____
<input type="checkbox"/>	<input type="checkbox"/>	Iron-fortified formula 7012.411.1a
<input type="checkbox"/>	<input type="checkbox"/>	Low iron formula without iron supplement 7012.411.1a
		Type of formula: <input type="checkbox"/> Concentrate <input type="checkbox"/> Ready-to-feed <input type="checkbox"/> Powder How is formula mixed? 7012.411.6a <input type="checkbox"/> Overdilution <input type="checkbox"/> Underdilution <input type="checkbox"/> By prescription
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Is the baby fed less than 16 ounces of formula in 24 hours? 7012.411.4d
<input type="checkbox"/>	<input type="checkbox"/>	Are cereals or other foods added to the baby's bottle? 7012.411.2e
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Does the baby drink milk (fresh, whole, skim, 1%, 2%, lowfat, nonfat, goat, sheep, imitation (Vitamite, Toddler's Best, nondairy creamer), substitute (Alba 77, Slim Fast), evaporated, sweetened condensed)? 7012.411.1c
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Does the baby drink sweetened drinks or other liquids: fruit juice, tea, kool aid, soda pop, jello water, Gatorade, Hi C, fruit punch, sweetened water (sugar, corn syrup, etc.)? Does the baby drink more than 6 ounces of juice in a day? 7012.411.3
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Does the baby eat high calorie/low nutrient foods such as desserts, cakes, cookies, candy, fried foods, lunch meat? 7012.411.8c
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Does the baby eat foods like hot dogs, pieces of fruit, nuts, raisins, hard candy, raw carrots? 7012.411.4a
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Is honey put in the foods or liquids which are fed to the baby or put on the baby's pacifier? 7012.411.5h
Age Group		Yes No Does baby consume:
Less than 4 months		<input type="checkbox"/> <input type="checkbox"/> Solid food such as cereals, mashed potatoes, eggs, gravy? 7012.428a
7 months old or more		<input type="checkbox"/> <input type="checkbox"/> Solid food from a spoon? 7012.428b
		<input type="checkbox"/> <input type="checkbox"/> Infant cereal? 7012.428c
		<input type="checkbox"/> <input type="checkbox"/> Meats? 7012.428d
		<input type="checkbox"/> <input type="checkbox"/> Vegetables? 7012.428e
8 months		<input type="checkbox"/> <input type="checkbox"/> Does the baby use fingers when eating? 7012.411.4d
9 months		<input type="checkbox"/> <input type="checkbox"/> Fruits? 7012.411.4d
Less than 12 months		<input type="checkbox"/> <input type="checkbox"/> Juices? 7012.411.4d
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Does the baby eat:
<input type="checkbox"/>	<input type="checkbox"/>	• Undercooked or raw tofu? 7012.411.5a
<input type="checkbox"/>	<input type="checkbox"/>	• Deli meats, hot dogs not cooked until steaming hot? 7012.411.5b
<input type="checkbox"/>	<input type="checkbox"/>	• Raw vegetable sprouts (alfalfa, clover, radish)? 7012.411.5c
<input type="checkbox"/>	<input type="checkbox"/>	• Raw or undercooked meat, fish, poultry or eggs? 7012.411.5d
<input type="checkbox"/>	<input type="checkbox"/>	• Unpasteurized milk or milk products? 7012.411.5e
<input type="checkbox"/>	<input type="checkbox"/>	• Soft cheeses such as Camembert, bleu cheese, Stilton, queso blanco, queso fresco or Panela? 7012.411.5f
<input type="checkbox"/>	<input type="checkbox"/>	• Unpasteurized vegetable juices? 7012.411.5g

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Is the baby breastfed? Taking <400 IU per day vitamin D (Exclusively breastfed infant or infant taking <32 oz of formula per day) 7012.411.11a
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Is the baby fed only breastmilk? If no, continue to next box.
<input type="checkbox"/>	<input type="checkbox"/>	under 2 months old, does the baby eat less than 8 times in 24 hours? 7012.411.7a
<input type="checkbox"/>	<input type="checkbox"/>	2 months old or older, does the baby eat less than 6 times in 24 hours? 7012.411.7b
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Is a bottle of water given in place of a bottle of formula or breastmilk or do you restrict the amount of foods? 7012.411.4c
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Do you or the baby's caretaker:
<input type="checkbox"/>	<input type="checkbox"/>	• Hold fresh breastmilk in refrigerator for > 72 hours? 7012.411.9i
<input type="checkbox"/>	<input type="checkbox"/>	• Add fresh breastmilk to already frozen breastmilk in a storage container? 7012.411.9j
<input type="checkbox"/>	<input type="checkbox"/>	• Feed previously frozen breastmilk thawed in refrigerator for more than 24 hours? 7012.411.9k
<input type="checkbox"/>	<input type="checkbox"/>	• Save breastmilk from a used bottle for another feeding? 7012.411.9l
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Does the baby take a bottle:
<input type="checkbox"/>	<input type="checkbox"/>	• Propped in the mouth? 7012.411.2a
<input type="checkbox"/>	<input type="checkbox"/>	• At nap or sleeps with bottle in mouth? 7012.411.2b
<input type="checkbox"/>	<input type="checkbox"/>	• With fruit juice? 7012.411.2c
<input type="checkbox"/>	<input type="checkbox"/>	• Without restriction? 7012.411.2d
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Does the baby drink more than a cup (8 ounces) of water in 24 hours?
Yes <input type="checkbox"/>	No <input type="checkbox"/>	If 6 months or older, does the baby drink city water, take a fluoride supplement or drink fluoridated water? 7012.411.11b
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Do you or the baby's caretaker:
<input type="checkbox"/>	<input type="checkbox"/>	• Have a safe water supply (documented)? 7012.411.9a
<input type="checkbox"/>	<input type="checkbox"/>	• Have a stove for sterilizing bottles and water? 7012.411.9b
<input type="checkbox"/>	<input type="checkbox"/>	• Have a refrigerator or freezer for storage of breastmilk or formula? 7012.411.9c
<input type="checkbox"/>	<input type="checkbox"/>	• Have limited knowledge on preparation, handling or storage of formula or breastmilk? 7012.411.9d
<input type="checkbox"/>	<input type="checkbox"/>	• Feed the baby formula held at room temperature > 2 hours? 7012.411.9e
<input type="checkbox"/>	<input type="checkbox"/>	• Feed the baby formula left in refrigerator >48 hours? 7012.411.9f
<input type="checkbox"/>	<input type="checkbox"/>	• Use leftover formula from an earlier feeding? 7012.411.9g
<input type="checkbox"/>	<input type="checkbox"/>	• Give the baby vitamin, multi-vitamin or mineral supplements, herbal teas/remedies not recommended by MD/DO/ARNP/PA? 7012.411.10
<input type="checkbox"/>	<input type="checkbox"/>	• Wash hands with soap and water after using the bathroom, changing diapers, and before meals or before preparing formula or bottles of breastmilk? 7012.411.9h
<input type="checkbox"/>	<input type="checkbox"/>	• Require the baby to eat a certain type and/or amount of food? 7012.411.4b
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Is the baby getting Well Child check-ups? If yes, list Doctor or facility:

7090.901 Recipient of Abuse Abuse (emotional or physical) and/or neglect within the past six months 04

7095.903 Foster Care Determine if during the previous six (6) months: 04
 a has entered the foster care system b has been moving from one foster home to another

7098.801 Homelessness Homeless 04

7099.802 Migrancy Migrant 04

Signature: _____ Date: _____



WIC Certification Child Age 1-5

Name: _____

ID Number: _____

or

Place PEF label here

Priority listed at end of line for each criterion.	Priority
1010 Low Hematocrit/Low Hemoglobin (check one of the following values if appropriate)	3A
<input type="checkbox"/> Age 1 to 2 1010.201g <input type="checkbox"/> Hematocrit \leq 32.8% or Hemoglobin \leq 10.9 gm./dL.	<input type="checkbox"/> Age 2 to 5 1010.201h <input type="checkbox"/> Hematocrit \leq 32.9% or Hemoglobin \leq 11.0 gm./dL.
1020.211 <input type="checkbox"/> Elevated Blood Lead (\geq 10 μg/dL) within the past 12 months	3A
2040.142 <input type="checkbox"/> Prematurity Birth at \leq 37 weeks or less gestation (up to age 2) (age adjusted)	3A
2050 Low Birth Weight/Very Low Birth Weight (age adjusted)	3A
<input type="checkbox"/> Birth weight \leq 5 lb. 8 oz./2500 grams(LBW)(up to age 2).141a	<input type="checkbox"/> Birth weight \leq 3 lb. 5 oz./1500 grams (VLBW) (up to age 2) 2050.141b
2060.114 At Risk for Overweight	3A
<input type="checkbox"/> \geq 85 th percentile or $<$ 95 th percentile BMI for \geq 24 months	<input type="checkbox"/> \geq 85 th percentile or $<$ 95 th percentile weight for length/ height/stature \geq 24 months
<input type="checkbox"/> biological parent reports BMI \geq 30	
2061.113 Overweight	3A
<input type="checkbox"/> current weight for length/height/stature \geq 95 th percentile (age 2 to 5)	<input type="checkbox"/> \geq 95 th percentile BMI (age 2 to 5)
2062 At Risk for Underweight	3A
<input type="checkbox"/> 6 th through 10 th percentile weight for length (age 1 to 2)	<input type="checkbox"/> 6 th through 10 th percentile BMI for age (age 2 to 5)
2063.103 Underweight	3A
<input type="checkbox"/> \leq 5 th percentile weight for length (age 1 to 2)	<input type="checkbox"/> \leq 5 th percentile BMI for age (age 2 to 5)
2064.121 At Risk for Short Stature	3A
<input type="checkbox"/> 6 th through \leq 10 th percentile length for age (age 1 to 2)	<input type="checkbox"/> 6 th through 10 th percentile height/stature for age (age 2 to 5)
2065.121 <input type="checkbox"/> Short Stature	3A
<input type="checkbox"/> \leq 5 th percentile length for age (age 1 to 2) (age adjusted)	<input type="checkbox"/> \leq 5 th percentile height/stature for age (age 2 to 5)
2066.151 <input type="checkbox"/> Growth Problems Small for Gestational Age (SGA up to age 2) (age adjusted)	3A
2067.134 <input type="checkbox"/> Inappropriate Weight Gain Pattern Failure to Thrive (FTT) (age adjusted)	3A
3011.904 <input type="checkbox"/> Secondhand Smoke Exposure to smoke from tobacco products inside the home	
6010 Nutrition/Metabolic Conditions (check one of the following if appropriate)	3A
<input type="checkbox"/> Lactose Intolerance 6010.355 <input type="checkbox"/> Hypertension 6010.345 <input type="checkbox"/> Prehypertension (90th-95th for blood pressure) 6010.345d	Nutrient Deficiency Diseases: 6010.341 <input type="checkbox"/> Scurvy <input type="checkbox"/> Hypocalcemia <input type="checkbox"/> Rickets <input type="checkbox"/> Cheilosis <input type="checkbox"/> Beri Beri <input type="checkbox"/> Pellegra <input type="checkbox"/> Xerophthalmia <input type="checkbox"/> Vitamin K Deficiency <input type="checkbox"/> Osteomalacia <input type="checkbox"/> Protein Energy Malnutrition (PEM) <input type="checkbox"/> Menkes Disease
Glucose Disorders: <input type="checkbox"/> Diabetes Mellitus .343 <input type="checkbox"/> Hypoglycemia .356 Thyroid Disorders: <input type="checkbox"/> Hypothyroidism .344a <input type="checkbox"/> Hyperthyroidism .344b Cancer: 6010.347 <input type="checkbox"/> Cancer <input type="checkbox"/> Treatment for Cancer	
Central Nervous System Disorders: 6010.348 <input type="checkbox"/> Epilepsy <input type="checkbox"/> Cerebral Palsy <input type="checkbox"/> Spina Bifida <input type="checkbox"/> Myelomeningocele <input type="checkbox"/> Neural tube defects <input type="checkbox"/> Parkinson's disease <input type="checkbox"/> Multiple Sclerosis	GI Disorders: 6010.342 <input type="checkbox"/> Crohn's disease <input type="checkbox"/> Ulcerative colitis <input type="checkbox"/> Liver disease <input type="checkbox"/> Inflammatory bowel disease <input type="checkbox"/> Pancreatitis <input type="checkbox"/> Gallbladder disease <input type="checkbox"/> Malabsorption syndromes <input type="checkbox"/> Small bowel enterocolitis/syndrome <input type="checkbox"/> Stomach/intestinal ulcers <input type="checkbox"/> Gastroesophageal reflux (GER) <input type="checkbox"/> Peptic ulcers <input type="checkbox"/> Post-bariatric surgery <input type="checkbox"/> Biliary tract diseases
Renal Disease: 6010.346 <input type="checkbox"/> Pyelonephritis <input type="checkbox"/> Persistent proteinuria <input type="checkbox"/> Any renal disease except UTI	
Genetic/Congenital Disorders: 6010.349 <input type="checkbox"/> Short bowel syndrome <input type="checkbox"/> Sickle Cell Anemia <input type="checkbox"/> Cleft lip/palate <input type="checkbox"/> Gastroschisis <input type="checkbox"/> Thalassemia Major <input type="checkbox"/> Down's syndrome <input type="checkbox"/> Omphalocele <input type="checkbox"/> Intestinal atresia <input type="checkbox"/> Esophageal atresia <input type="checkbox"/> Diaphragmatic hernia <input type="checkbox"/> Tracheo-esophageal fistula <input type="checkbox"/> Hirschsprung's Disease <input type="checkbox"/> Muscular Dystrophy	Inborn Errors of Metabolism: 6010.351 <input type="checkbox"/> PKU <input type="checkbox"/> MSUD <input type="checkbox"/> Galactosemia <input type="checkbox"/> Homocystinuria <input type="checkbox"/> Tyrosinemia <input type="checkbox"/> Histidinemia <input type="checkbox"/> Glutaric aciduria <input type="checkbox"/> Urea cycle disorders <input type="checkbox"/> Hyperlipoproteinemia <input type="checkbox"/> Fructoaldolase deficiency <input type="checkbox"/> Hypermethioninemia <input type="checkbox"/> Methylmalonic acidemia <input type="checkbox"/> Propionic acidemia <input type="checkbox"/> Glycogen storage disease <input type="checkbox"/> Galactokinase deficiency <input type="checkbox"/> Medium-chain acyl-CoA dehydrogenase
Infectious Diseases (present in last 6 mo.): 6010.352 <input type="checkbox"/> Parasitic infections <input type="checkbox"/> Hepatitis <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Pneumonia <input type="checkbox"/> Meningitis <input type="checkbox"/> Tuberculosis <input type="checkbox"/> Bronchiolitis (3 episodes in last 6 months) up to age 2	
<input type="checkbox"/> Food Allergies - List: 6010.353	Recent Major Surgery, Trauma, Burns: 6010.359 <input type="checkbox"/> Any occurrence within \leq 2 months severe enough to compromise nutritional status. <input type="checkbox"/> Occurrence $>$ 2 months with continued need for nutrition documented by MD/ARNP/PA
Celiac Disease: <input type="checkbox"/> Celiac Sprue <input type="checkbox"/> Gluten Enteropathy <input type="checkbox"/> Non-tropical Sprue	<input type="checkbox"/> Drug/Nutrient Interactions – Specify: 6010.357
Other Medical Conditions: 6010.360 <input type="checkbox"/> Heart disease <input type="checkbox"/> Cystic fibrosis <input type="checkbox"/> Cardiorespiratory diseases <input type="checkbox"/> Juvenile Rheumatoid Arthritis (JRA) <input type="checkbox"/> Lupus erythematosus <input type="checkbox"/> Persistent asthma requiring daily medication	<input type="checkbox"/> Others – State Agency approval:

6020 Impaired Ability to Prepare Food age 1-2 5A/age 2-5 5B	6030 Complications which Impair Nutrition (check all that apply) 3A
Applicant's primary caregiver is (check all that apply) : <input type="checkbox"/> ≤ 17 years of age 6020.902a <input type="checkbox"/> Mentally disabled/delayed/mental illness/clinical Depression 6020.902b <input type="checkbox"/> Currently using or history of abusing alcohol/other drugs c <input type="checkbox"/> Physically disabled which restricts/limits food preparation Abilities 6020.902d	<input type="checkbox"/> Minimal brain function <input type="checkbox"/> Difficulty accepting new foods/↓ food selection <input type="checkbox"/> Head trauma <input type="checkbox"/> Restricted food intake due to color/texture/temperature <input type="checkbox"/> Brain damage <input type="checkbox"/> Delays/disabilities which restrict ability to chew/swallow/require tube feeding 6030.362 <input type="checkbox"/> Birth Injury <input type="checkbox"/> Difficulty taking multivitamin/mineral supplement <input type="checkbox"/> Depression 6030.361 <input type="checkbox"/> Autism <input type="checkbox"/> Pervasive development disorder (PDD) <input type="checkbox"/> Difficulty with changes in mealtime environment

6040 Dental Problems	3A
<input type="checkbox"/> Baby Bottle Tooth Decay 6040.381a <input type="checkbox"/> Tooth decay 6040.381a <input type="checkbox"/> Periodontal disease 6040.381d <input type="checkbox"/> Missing more than 7 teeth or ineffectively replaced teeth which impair ability to ingest food 6040.381c	

6050.382 Other Health Risk <input type="checkbox"/> Fetal Alcohol Syndrome (FAS)	3A
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7010.401 Presumed Dietary Risk Only use this risk when no other risk is present for age 2 and older	age 2-5 5B
Children age 2 and older who meet the eligibility requirements of income, category and residency may be presumed at nutrition risk based on failure to meet the Dietary Guidelines	

7012 Feeding Practices (will qualify with one or more of the following shaded answers)			age 1-2 5A	age 2-5 5B
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Does your child eat or drink: • Raw fish or shellfish 7012.425.5a • Raw or undercooked meat or poultry 7012.425.5b • Raw or lightly cooked or undercooked egg products such as: sauces, homemade eggnog, cookie dough, cake batter 7012.425.5c • Raw sprouts (alfalfa, clover, radish) 7012.425.5d • Unpasteurized fruit or vegetable juices 7012.425.5e • Hot dogs, cold cuts, deli meats that have not been heated until steaming hot 7012.425.5f • Unpasteurized milk or milk products, soft cheeses such as feta, Camembert, bleu cheese, Stilton, queso blanco, queso fresco or Panela 7012.425.5g	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Yes <input type="checkbox"/>	No <input type="checkbox"/>	If under 2 years old, does the child drink fresh milk, skim, 1%, 2%, lowfat, nonfat, goat, sheep milk? 7012.425.1a	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Does your child drink more than 24 ounces of milk in a day? 7012.428b	<input type="checkbox"/>	<input type="checkbox"/>
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Does your child carry a training cup or bottle and drink from this all day long? 7012.425.3g	<input type="checkbox"/>	<input type="checkbox"/>
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Does the child drink city water, take a fluoride supplement or drink fluoridated water? 7012.425.8a	<input type="checkbox"/>	<input type="checkbox"/>
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Does the child eat foods like hot dogs, pieces of fruit, nuts, raisins, hard candy, raw carrots? 7012.425.4g	<input type="checkbox"/>	<input type="checkbox"/>
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Does your child drink imitation milk (Vitamite, Toddler's Best, nondairy creamer), substitute milk (Alba 77, Slim Fast), evaporated or sweetened condensed milk as the primary milk? 7012.425.1b	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Does the child eat clay, dirt, laundry starch, cornstarch, paint chips, ashes, baking soda or large quantities of ice or other non-food item? 7012.425.9	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Does your child carry a training cup or bottle and drink from this all day long? 7012.425.3g	<input type="checkbox"/>	<input type="checkbox"/>
			Yes <input type="checkbox"/>	No <input type="checkbox"/>
			Yes <input type="checkbox"/>	No <input type="checkbox"/>
			Yes <input type="checkbox"/>	No <input type="checkbox"/>
			Yes <input type="checkbox"/>	No <input type="checkbox"/>

7015 Inappropriate Nutrient Intake	age 1-2 5A	age 2-5 5B
7015.427.2a Does the child avoid all animal products - meat (beef, pork, chicken, turkey), fish, eggs, milk, cheese, yogurt/dairy products?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7015.427.2b Is the diet highly restricted in calories or specific nutrients?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

7090.901 Recipient of Abuse Abuse (emotional and/or physical) or neglect within past six months	age 1-2 5A	age 2-5 5B
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7095.903 Foster Care Determine if during the previous six (6) months:	age 1-2 5A	age 2-5 5B
<input type="checkbox"/> has entered the foster care system <input type="checkbox"/> has been moving from one foster home to another		

7098.801 Homelessness Homeless	age 1-2 5A	age 2-5 5B
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7099.802 Migrancy Migrant	age 1-2 5A	age 2-5 5B
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8030.501 Regression Priority III Certify to maintain health status based on last certification Priority III condition. Can only be used every other certification.	3A
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8050.501 Regression Priority V Certify to maintain dietary status based on last certification Priority V condition. Can only be used every other certification.	age 1-2 5A	age 2-5 5B
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Signature: _____ **Date:** _____