



Special Supplemental  
Nutrition Program for  
Women, Infants and Children

# 2020 COLORADO WIC MINI MANUAL

Nutrition Services Branch/WIC Program  
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# Financial Eligibility



# Screening Tool

## How to use this Tool

Use this tool to help determine if a participant is eligible for WIC based on income and household size. For more information, refer to Policies & Procedures, Section 8: Certification, Eligibility and Coordination, Household Size.

**ASK:** How many people (related or not related) live in your household ?

## Determining Household Size



For purposes of determining income eligibility for WIC, a household is defined as a person or group of people, related or not, who usually (though not necessarily) live together and whose income and consumption of goods and services are shared.

### Include:

- Their partner and any other people they share income or resources with.
- Children who live with them.
- Each baby a pregnant mom is carrying if she is initially over income. See *Pregnant Woman* in the table below for more information.

### Do Not Include:

- Foster children in their care. (WIC counts foster children as their own household).

<b>Pregnant Woman</b>	If she is initially over income, then you can increase the household size by the number of babies she is carrying if okay by the mom.
<b>Foster Child</b>	Count as a household size of one. Use only the payment the foster family receives for the childcare as the income.
<b>Adopted Child</b>	Include the child as a member of the family. Use the size and total income of the family to determine the child's income eligibility for WIC. Ask if the adopted child has Medicaid.
<b>Split or Joint Custody</b>	The child can only qualify for WIC in one parent's household. Do not take sides or make decisions regarding endorserhip. In difficult situations, you can refer caregivers to the Department of Human Services for assistance.
<b>Child in Boarding School/Institution</b>	A child who resides in a school/institution and the child's support is being paid for the parent or guardian may count the child in the family size of that parent/guardian.

Minor	If a minor receives any support, such as shelter or meals, she should not be considered a separate household. If the minor pays all expenses on her own, it is possible that the minor may then be considered a separate household.
Active Duty Military	If the military person is living overseas or assigned to a military base, even though they are not living with the family, should be considered members of the household when sharing financial resources with the household. When counting a military individual as a member of the household, include their income.
Child Support	If a family pays child support for a child that does not live with them, the child may NOT be considered as part of the household (unless the child lives in an institution or school). The family also may not deduct the cost of the child support when reporting their gross income to WIC.

**ASK:** How many people in your household receive an income?  
 What is the monthly income before anything is taken out for taxes or other deductions?

### Determining Household Income



For WIC purposes, use the total gross income for all household members before taxes, health insurance or other deductions are taken out. Usually you'll look at current income received in the last 30 days, but you may also use annual income for certain situations. For more information read the income [policy](#).

Count as Income	Do NOT Count as Income
Monetary compensation for services, including wages, salary, commissions, tips or fees - before taxes	Certain military allowances
Social security benefits, including SSI payments for disabled individuals	Federal child care programs
Dividends or interest on savings, bonds, incomes from trust, net rental income, or royalty income	Federal job training or volunteer program payments (example, Job Corps)
Public assistance or welfare payments, foster care payments (example TANF)	SNAP food benefits
Unemployment compensation	Federal or state housing & energy assistance programs
Pension or retirement income (civilian or military)	Federal compensation to Native Americans
Alimony or child support	Federal compensation for other claims, relocation, disaster, or injury
Regular contributions from people not living in the Household	In-Kind Benefits: any benefit which is of value, but which is not provided in the form

	of cash money, is considered in-kind benefit and is not counted as income.
Student financial assistance, such as grants and scholarships, except those from programs funded under Title IV of the Higher Education Act of 1965.	Student loans and grants funded by under Title IV of the Higher Education Act of 1965 (examples Pell grants, Direct Graduate PLUS loan, Direct PLUS Loan, SEO loan)
Money received from the G.I. Bill for educational purposes is considered income	Federal old age assistance
<p>Other Cash Income:</p> <ul style="list-style-type: none"> <li>• Cash amounts received or withdrawn from any source including savings, investments, trust accounts.</li> <li>• Gifts, inheritances, lottery winnings, workers' compensation for lost income, and severance pay</li> </ul>	<ul style="list-style-type: none"> <li>• Mileage reimbursements</li> <li>• Money from insurance companies (for loss or damage to property, reimbursement of medical bills resulting from accident or injury).</li> </ul>

## Homeless Individual

A homeless individual is defined as a woman, infant, or child who lacks a fixed and regular nighttime residence, or whose primary nighttime residence is:

- A publicly supervised or privately operated shelter.
- A public or private place not designed for or used as a regular sleeping place.
- Temporarily living with another individual not exceeding 365 days.

If the participant is living in a temporary situation in a shelter or friend’s home, they can be considered a household of one. A woman with her 2-year old child would be a household of two. If after 365 days the participant continues to live in the same home, then the entire household is considered a household and the total household income should be used for WIC income screening.



## Military Income

The military Leave & Earning Statement (LES) is the pay stub military clients use for income documentation. This table lists military pay codes abbreviations and if the pay is included or excluded for the WIC income assessment.

✓ = Count as Income

? = Ask Questions to see  
if the pay is combat related

X = Don't Count as Income

LES Code	Count as Income	Type of Pay
BAH	X	Basic Allowance for Housing
BAS	✓	Basic Allowance for Subsistence
BAQ	X	Basic Allowance for Quarters
Base Pay or BASE	✓	Base Pay
BCP	✓	Board Certified Pay Special Pay
CCA	✓	Civilian Clothing Allowance
CCCA	✓	Continuing Civilian Clothing Allowance
CCRA	✓	Cash Clothing Replacement Allowance
CIP	X	Combat-related Injury & Rehabilitation
CMA or CLOTHING	✓	Clothing Maintenance Allowance or Clothing Allowance
CMAI	✓	Civilian Clothing Maintenance Allowance
CONUS COLA or COLA	✓	Continental U.S. Cost of Living Allowance
Combat Duty or Combat Zone Pay	X	Combat Duty or Combat Zone Pay
CRA	✓	Clothing Replacement Allowance
DLA	X	Dislocation Allowance
DSCT Meal	X	Discount Meal
FSA	?	Family Separation Allowance
FSH	X	Family Separation Housing
FSSA	X	Family Subsistence Supplemental Allowance
HDIP	?	Hazardous Duty Incentive Pay
HZD	?	Hazardous Duty Pay
LQA	X	Living Quarters Allowance
Maternity Clothing Allowance	✓	Maternity Clothing Allowance
MIHA – Miscellaneous, Rent, or Security	X	MIHA – Miscellaneous, Rent, or Security
OCONUS COLA	X	Overseas Continental United States Cost of Living Allowance
OLA	X	Overseas Living Allowance
OVERSEAS COLA	X	Overseas Cost of Living Allowance
TLA	X	Temporary Living Allowance

**Questions to ask to determine if pay is combat related**

WIC doesn't count Combat Related Pay in the income assessment. Ask the following questions to see if the pay is related to combat:

1. Does the person receive this pay in addition to the base pay?
2. Is this pay the result of deployment to a designated combat zone? See the list of Designated Combat Zones on page 10.
3. Does the person only receive this pay while deployed to the combat zone?

If Yes to all 3 questions don't count as income. This qualifies as combat related pay.

**Designated Combat Zones**

Combat pay doesn't count for the WIC income assessment. Ask questions above to see if certain types of pay are combat related. The President designates [combat zones](#) by an Executive Order as areas in which the U.S. Armed Forces are engaging or have engaged in combat. It also takes an Executive Order to remove the combat zone designation. Here is a list of the current designated combat zones:

Adriatic Sea	Afghanistan	Albania	Arabian Sea
Bahrain	Federal Republic of Yugoslavia	Gulf of Aden	Gulf of Oman
Ionian Sea	Iraq	Kuwait	Oman
Persian Gulf	Qatar	Red Sea	Saudi Arabia
United Arab Emirates			

**How to read a military month's LES (Leave & Earnings Statement)**

ENTITLEMENTS				DEDUCTIONS				ALLOTMENTS				SUMMARY				
Type	Amount			Type	Amount			Type	Amount			+Armt Fwd				
A	BASE PAY	4860.90		FEDERAL TAXES	621.49			TRICARE DENTAL	34.68			+Tot Ent 7637.53				
B	BAS	253.63		FICA-SOC SECURITY	301.38							-Tot Ded 4703.99				
C	BAH	2523.00		FICA-MEDICARE	70.48							-Tot Allt 34.68				
D				SGLI	29.00							+Net Amt 2898.86				
E				SGLI FAM/SPOUSE	5.00							-Cr Fwd .00				
F				TRADITIONAL TSP	777.74							+EOM Pay 2898.86				
G				MID-MONTH-PAY	2898.90											
H																
I																
J																
K																
L																
M																
N																
O																
TOTAL		7637.53		4703.99		34.68										
LEAVE	BF Bal	Emd	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	
	38.0	10.0	19	29.0	.0	.0	.0	.0	4083.16	4083.16				.00	621.49	
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				
	4860.90	4860.90	301.38	4860.90	70.48		AK	.00	.00			.00				
PAY DATA	BAQ Type	BAQ Depn	VHA Zip	Rent Amt	Share	Stat	JFTR	Depns	2D JFTR	BAS Type	Charity YTD	TPC	PACIDN			
	WIDEP	SPOUSE	20755	.00	1	R		0			.00		310C95A0			
TRADITIONAL PLAN (TSP)	Base Pay Rate	Base Pay Current	Spec Pay Rate	Spec Pay Current	Inc Pay Current	Inc Pay Current	Bonus Pay Rate	Bonus Pay Current								
	16	.00	0	.00	0	.00	0	.00								
ROTH PLAN	Base Pay Rate	Base Pay Current	Spec Pay Rate	Spec Pay Current	Inc Pay Current	Inc Pay Current	Bonus Pay Rate	Bonus Pay Current								
	0	.00	0	.00	0	.00	0	.00								
CONTRIBUTIONS TOTALS	YTD Deductions				YTD TSP Deferred				YTD TSP Exempt				YTD ROTH			
	777.74				777.74				.00				.00			

Base Pay= 4860.90 + BAS 253.63 = \$5,114.53 monthly income

## When to use Annual Income

- For a family with temporarily low income. Such as:
  - Construction workers
  - Seasonal agricultural workers such as farmers
  - Self-employed persons
  - Teachers, and persons on extended leave due to childbirth or illness
- When the members of a family become unemployed their income while unemployed should be used for income determination.
- If a family's receives a temporary increase in income (e.g. military personnel overseas), annual income should be used.
- Bonuses

If an individual's income increases and this increase is expected to be sustained, current income should be used for income determination.

## Lump Sum Payments

When a person receives a lump sum of money once a year, like a clothing allowance or re-enlistment bonus for a military person, annualize the lump sum when you're assessing WIC income eligibility. When you "annualize" income, you document the amount as "annual" income in Compass.

## When Zero Income is Reported

### **ASK: "How do you obtain basic living necessities such as food, housing, and medical care?"**

Asking how an applicant about their living situation will help you determine if they are part of a larger household and whose income to include or if the applicant truly has no income.

- If the applicant is sharing resources with another person, proof of income from the person(s) providing resources will be needed.
- If the applicant is truly has no income, the applicant shall sign and affidavit in Compass stating what they say is true. This signature is collected in the Income panel. In the Income Determination table of the Income panel, the Proof is be "Affidavit." Once "Affidavit" is chosen, a signature must be collect from the participant and an Affidavit Reason must be picked from the drop down.
- If there was missing documentation of proof of income

# How to Check Health First Colorado Eligibility

Depending on what you have access to in your clinic, there are two ways to check Health First Colorado participation.

You will need to check to see if a participant is receiving Health First Colorado (Colorado's Medicaid Program) benefits to use as automatic WIC income eligibility purposes, also known as ***adjunct eligibility***.

Follow these steps to help you determine if a participant is receiving Health First Colorado.

1. Phone: **1-844-235-2387**
2. Online: Health First Colorado Online Provider Portal: <https://colorado-hcp-portal.xco.dcs-usps.com/hcp/provider/Home/tabid/135/Default.aspx>

## To Verify by Phone



1. Call the Health First Colorado Provider Service Center toll-free at **1-844-235-2387**
2. **Press 1** to request Member Eligibility Verification.
3. Enter WIC's non-billing provider number: **83037331** followed by # - *or*- the provider number for your local public health department or nursing service.
4. To verify member eligibility you will need the client's Member ID (Medicaid number) - *or*- social security number **and** date of birth.
  - a. **To verify by Member ID, press 1.** Enter the client's 7-Digit Member ID followed by #. NOTE: Member IDs contain both letters and numbers. To enter letters, you must use the star (\*) key and the position of the letter on the key pad.

*Example:* For Member ID Y0123456, enter \*930123456#. \*93 represents the letter Y. The star is a placeholder, the 9 means where the letter X is located on the key pad and the 3 means the position of the letter under the number 9. The exceptions are the letters Q and Z. Please see chart below.

Letter	Enter
A	*21
B	*22
C	*23
D	*31
E	*32
F	*33
G	*41
H	*42
I	*43
J	*51
K	*52
L	*53
M	*61

Letter	Enter
N	*62
O	*63
P	*71
Q	*11
R	*73
S	*74
T	*81
U	*82
V	*83
W	*91
X	*92
Y	*93
Z	*12

- b. **To verify eligibility using the client’s social security number and date of birth.** Enter the member’s social security number followed by #. Then enter in the date of birth.

## Income Eligibility Determination Scenarios

**Types of Eligibility Documentation (Proof):**    **POID** = Proof of Identification        **POA** = Proof of Address        **POI** = Proof of Income

Scenario	Income Determination Table		Adjunct Eligibility Link	Additional Information
	Proof	Amount		
<b>Applicant/client only brought proof of ID.</b> <ul style="list-style-type: none"> <li>Did not bring POI or POA</li> <li>Client DOES NOT receive Medicaid, SNAP, or TANF</li> </ul>	Leave Blank	Leave Blank	Do not complete	<p>If a client did not bring proof of income or address, the client <b>CANNOT</b> be provisionally certified.</p> <ul style="list-style-type: none"> <li>Two of the three required proofs must be provided in order to Provisionally Certify a client.</li> </ul> <p>Complete as much of the appointment as possible including the <i>Assessment, Education and Care</i>, and <i>Foods</i> screens in Compass.</p> <p><u>Reschedule</u> the visit and provide information on acceptable proofs to bring.</p>
<b>Applicant/client has income but did not bring POI to WIC appointment.</b> <ul style="list-style-type: none"> <li>Brought POA and POID</li> <li>Client DOES NOT receive Medicaid, SNAP, or TANF</li> </ul>	Leave Blank	Leave Blank	Do not complete	<p>The Income Determination Table should be <u>left blank</u>.</p> <ul style="list-style-type: none"> <li>Provisionally certify the client.</li> <li>Give 1 month of food benefits.</li> <li>Ask the client to email a photo of the POI or schedule the client to return with POI within 30 days.</li> </ul> <p><b>If client does not bring POI within the 30 days no additional food benefits can be given until a full recertification has occurred.</b></p>
<p><b>Rare:</b> Applicant/client has income but is unable to provide proof.</p> <p>Specific Examples:</p> <ul style="list-style-type: none"> <li>Undocumented farm worker paid in cash and employer refuses to provide documentation.</li> <li>Client whose documentation has been destroyed in a natural disaster, such as a flood, fire, etc...</li> </ul> <p><b>Not intended for a client who forgot to bring proof of income.</b></p>	Affidavit	<p>Enter verbal amount of gross income (before taxes and deductions) as reported.</p> <p><b>*Do not include dollar amount of SNAP benefit.</b></p>	Do not complete	<p>Once the Income Determination Table is complete:</p> <ul style="list-style-type: none"> <li>Collect applicant/endorser's signature on the Income panel.</li> <li>Select affidavit reason from the drop down list.</li> <li>Add additional information in Income Determination "Note" field, as applicable.</li> </ul> <p><b>The client is certified for the full time period.</b></p>

### Income Eligibility Determination Scenarios

Scenario	Income Determination Table		Adjunct Eligibility Link	Additional Information
	Proof	Amount		
<b>Child with Medicaid.</b>	Medicaid/SNAP/ TANF	Enter verbal amount of gross income (before taxes and deductions) as reported.  <b>*Do not include dollar amount of SNAP benefit.</b>	<b>Verify active enrollment via Medicaid portal or Medicaid toll free number. If active:</b> <ol style="list-style-type: none"> <li>1. Select type of proof provided (award letter or telephone/ computer).</li> <li>2. Mark MA box for child with Medicaid.</li> <li>3. Enter Medicaid # in the MA-ID field for child.</li> </ol>	If actively enrolled in Medicaid: <ul style="list-style-type: none"> <li>• Do not ask for additional proof(s) of income.</li> </ul> <b>The client is certified for the full time period.</b>
<b>Infant with Medicaid.</b>	Medicaid/SNAP/ TANF	Enter verbal amount of gross income (before taxes and deductions) as reported.  <b>*Do not include dollar amount of SNAP benefit.</b>	<b>Verify active enrollment via Medicaid portal or Medicaid toll free number. If active:</b> <ol style="list-style-type: none"> <li>1. Select type of proof provided (award letter or telephone/ computer) for infant.</li> <li>2. Mark MA box for infant with Medicaid.</li> <li>3. Enter Medicaid # in the MA-ID field for infant.</li> </ol>	If infant is actively enrolled on Medicaid: <ul style="list-style-type: none"> <li>• All WIC eligible family members are WIC income eligible.</li> <li>• No other proof of income required.</li> </ul>
<b>Two Children: One with Medicaid, other child without Medicaid.</b> <ul style="list-style-type: none"> <li>• Endorser presents one child's Medicaid card (Medicaid card can be used for POID for children/infants).</li> <li>• Brought POID for child <u>without</u> Medicaid.</li> <li>• No other POI brought to appointment.</li> <li>• No other family members receive SNAP or TANF.</li> <li>• Brought POA.</li> </ul>	Leave Blank	Leave Blank	<b>Verify active enrollment via Medicaid portal or Medicaid toll free number. If active:</b> <ol style="list-style-type: none"> <li>1. Select type of proof provided (award letter or telephone/ computer) for child with Medicaid.</li> <li>2. Mark MA box for child with Medicaid.</li> <li>3. Enter Medicaid # in the MA-ID field for child.</li> </ol>	The Income Determination Table should be <u>left blank.</u> <ul style="list-style-type: none"> <li>• Certify the child with active Medicaid.</li> <li>• Provisionally certify the other child who does not have Medicaid in the household.</li> <li>• Provide one month of benefits and schedule the endorser to return within 30 days to provide POI for remaining child that did not have Medicaid.</li> </ul> <b>A child older than one year old with Medicaid DOES NOT qualify other family members.</b>

### Income Eligibility Determination Scenarios

Scenario	Income Determination Table		Adjunct Eligibility Link	Additional Information
	Proof	Amount		
<b>Pregnant woman with Medicaid.</b>	Medicaid/SNAP/ TANF	Enter verbal amount of gross income (before taxes and deductions) as reported.  <b>*Do not include dollar amount of SNAP benefit.</b>	<p><b>Verify active enrollment via Medicaid portal or Medicaid toll free number. If active:</b></p> <ol style="list-style-type: none"> <li>1. Select type of proof provided (award letter or telephone/ computer).</li> <li>2. Mark MA box for client with Medicaid.</li> <li>3. Enter Medicaid # in the MA-ID field for client.</li> </ol>	<p>If pregnant woman is actively enrolled on Medicaid:</p> <ul style="list-style-type: none"> <li>• All WIC eligible family members are income eligible</li> <li>• No other proof of income needed.</li> </ul> <p>Note: A baby, born to a mom who has Medicaid is automatically eligible to receive Medicaid benefits for a full year. This coverage is known as <i>Needy Newborn Medicaid Coverage</i>.</p>
<b>Newborn, born to a mom who had Medicaid during pregnancy, is not yet assigned a Medicaid number.</b>	Medicaid/SNAP/ TANF	Enter verbal amount of gross income (before taxes and deductions) as reported.  <b>*Do not include dollar amount of SNAP benefit.</b>	<p>Emergency Medicaid or regular Medicaid should be verified and documented in Compass during a women’s pregnancy.</p> <p><b>For the Infant:</b></p> <ol style="list-style-type: none"> <li>1. Select “other” as proof</li> <li>2. Mark MA box for client</li> <li>3. Enter “pending” in the MA-ID field for client.</li> </ol> <p><b>For the Mother with Medicaid (not Emergency Medicaid):</b></p> <ol style="list-style-type: none"> <li>1. Select type of proof provided (award letter or telephone/ computer).</li> <li>2. Mark MA box for client</li> <li>3. Enter Medicaid Number in the MA-ID field for client.</li> </ol>	<p>Infant is automatically eligible to receive Medicaid benefits for a full year. This coverage is known as <i>Needy Newborn Medicaid Coverage</i>. Since infant is eligible for Medicaid all WIC eligible family members will also be WIC income eligible.</p> <ul style="list-style-type: none"> <li>• No other proof of income required.</li> <li>• It is not necessary to ask the mom to provide the infant’s Medicaid number at a later appointment since income eligibility has already been determined.</li> </ul>



## Income Eligibility Determination Scenarios

Scenario	Income Determination Table		Adjunct Eligibility Link	Additional Information
	Proof	Amount		
<b>Active Participation in TANF.</b>	Medicaid/SNAP/TANF  <b>Verify active enrollment via:</b>  -Award letter -Colorado Peak -Colorado Benefit Management System (CBMS) printout.  View proofs electronically or the client may provide a hard copy.	Enter verbal amount of gross income self-reported (before taxes and deductions) including TANF amount indicated on eligibility notice.  <b>*Do not include dollar amount of SNAP benefit.</b>	<b>If actively enrolled:</b>  1. Select type of proof provided.  2. Mark TANF box for all WIC eligible family members in the household.	If actively enrolled in SNAP/TANF: <ul style="list-style-type: none"> <li>All WIC eligible family members also are adjunctively income eligible.</li> <li>No other proof of income required.</li> </ul> The WIC certification/recertification start date must fall within the valid dates listed on the SNAP or TANF Eligibility Notice. Example, the WIC certification/recertification start date is Sept 29, 2015 and SNAP/TANF notice is valid Oct 1, 2014 - Sept 30, 2015.
<b>Active Participation in SNAP.</b>	Medicaid/SNAP/TANF  <b>Verify active enrollment via:</b>  -Award letter -Colorado Peak -Colorado Benefit Management System (CBMS) printout.  View proofs electronically or the client may provide a hard copy.	Enter verbal amount of gross income (before taxes and deductions) as reported.  <b>*Do not include dollar amount of SNAP benefit.</b>	<b>If actively enrolled:</b>  1. Select type of proof provided.  2. Mark SNAP box for all WIC eligible family members in the household.	If actively enrolled in SNAP/TANF: <ul style="list-style-type: none"> <li>All WIC eligible family members also are adjunctively income eligible.</li> <li>No other proof of income required.</li> </ul> The WIC certification/recertification start date must fall within the valid dates listed on the SNAP or TANF Eligibility Notice. Example, the WIC certification/recertification start date is Sept 29, 2015 and SNAP/TANF notice is valid Oct 1, 2014 - Sept 30, 2015.

## Income Eligibility Determination Scenarios

### Types of health insurance for people with limited income:

- **Presumptive eligibility (PE)** provides short-term access to health care while Medicaid eligibility is being determined. PE Medicaid DOES adjunctively income qualify an individual for WIC.
- **Emergency Medicaid** is short-term access to health care for immigrants without legal permanent residency. Emergency Medicaid only covers life and limb threatening situations, such as childbirth, and does not cover medical appointments or routine care, including prenatal care. Emergency Medicaid DOES adjunctively income qualify an individual for WIC.
- **Child Health Plan Plus (CHP+)** income eligibility guidelines (IEG) exceed WIC's IEG. CHP+ participation does NOT adjunctively income qualify an individual for WIC.
- **Needy Newborn Medicaid Coverage** a baby, born to a mom who either had emergency Medicaid or full Medicaid benefits during pregnancy, is automatically eligible to receive Medicaid benefits until age 1.

**Please Note:** WIC accepts current participation in Health First Colorado (Colorado Medicaid) or any of Colorado's other Medicaid Programs (e.g. Health First Colorado Limited/Emergency Medicaid, Presumptive Eligibility (PE), Transitional Medicaid, etc.), as evidence of financial eligibility for participation in WIC.

### Additional Information:

- Participant signs Rights and Responsibilities which says, "I will notify WIC if my income changes." Do not ask for income information at a mid-cert or follow-up visit. However, if the client volunteers a change of income or if a report is received by an outside source, WIC staff must re-determine that client's WIC income eligibility.
- Compass blocks cert/recert of clients who are over-income unless Medicaid, SNAP or TANF data is entered in the Adjunctive Eligibility link. Pregnant woman or an infant receiving Medicaid, or a family member actively receiving SNAP/TANF adjunctively income qualifies all WIC eligible family members.

# Colorado WIC Foods



## Food Package Contents

### Pregnant/Part BF women

Food	Full	2/3	1/3
Milk (gallons)	4.75	3	1.75
Cheese (pounds)	1	1	0
Eggs (dozen)	1	1	1
Cereal (ounces)	36	24	12
Grains (ounces)	16	16	16
Legumes (jar/bag/can)	2	2	1
Juice (12 oz frozen)	3	2	1
Fruit & Vegetable (\$)	11	11	11

### Exclusively BF women

Food	Full	2/3	1/3
Milk (gallons)	5.25	3.75	1.50
Cheese (pounds)	2	1	1
Eggs (dozen)	2	1	1
Cereal (ounces)	36	24	12
Grains (ounces)	16	16	16
Legumes (jar/bag/can)	2	2	1
Juice (12 oz frozen)	3	2	1
Fish (ounces)	30	20	10
Fruit & Vegetable (\$)	11	11	11

### Postpartum/non-breastfeeding women

Food	Full	2/3	1/3
Milk (gallons)	3.25	2	1.25
Cheese (pounds)	1	1	0
Eggs (dozen)	1	1	1
Cereal (ounces)	36	24	12
Legumes (jar/bag/can)	1	1	1
Juice (12 oz frozen)	2	1	1
Fruit & Vegetable (\$)	11	11	11

**Exclusively breastfeeding multiples**

Food	Full	2/3	1/3
Milk (gallons)	8.25	6	3
Cheese (pounds) EVEN MO	3	1	1
Cheese (pounds) ODD MO	2	1	1
Eggs (dozen)	3	2	1
Cereal (ounces)	54	36	18
Grains (ounces)	24	24	16
Legumes (jar/bag/can)	3	2	1
Juice (12 oz frozen) EVEN MO	4	3	1
Juice (12 oz frozen) ODD MO	5	3	2
Fish (ounces)	45	30	15
Fruit & Vegetable (\$)	16.50	16.50	16.50

**Child / Toddler**

Food	Full	2/3	1/3
Milk (gallons)	3.25	2	1.25
Cheese (pounds)	1	1	0
Eggs (dozen)	1	1	1
Cereal (ounces)	36	24	12
Grains (ounces)	32	32	16
Legumes (jar/bag/can)	1	1	1
Juice (64 oz)	2	1	1
Fruit & Vegetable (\$)	8	8	8

**Substitutions:**

Food	Substitution	Substitution
1 quart milk =	1 pound tofu	
1 quart milk =	1 12-oz can evaporated milk	
3 quarts milk -	1 pound cheese	
1 jar peanut butter =	1 pound dry beans =	4 cans canned beans

(Maximum 2 pounds cheese for Exclusively BF women; 1 pound for children and preg/part BF, postpartum women)

**Formula Proration**

*Contract - powder (12.4 - 12.9 oz cans)*

Age	Formula	Full	2/3	1/3
0-3 mo	Enfamil Infant, ProSobee, Gentlease, AR, Reguline	9	6	3
4-5 mo	Enfamil Infant, ProSobee, Gentlease, AR, Reguline	10	7	3
6-11 mo	Enfamil Infant, ProSobee, Gentlease, AR, Reguline	7	5	2
12 mo +	Enfamil Infant, Gentlease, AR, Reguline	10	7	3
12 mo +	Enfamil ProSobee	9	6	3

*Contract & exempt infant- concentrate (13 oz cans)*

Age	Formula	Full	2/3	1/3
0-3 mo	Enfamil Infant, ProSobee, Nutramigen	31	21	10
4-5 mo	Enfamil Infant, ProSobee, Nutramigen	34	23	11
6-11 mo	Enfamil Infant, ProSobee, Nutramigen	24	16	8
12 mo +	Enfamil Infant, ProSobee, Nutramigen	35	23	12

*Contract & exempt infant- RTF (32-oz cans)*

Age	Formula	Full	2/3	1/3
0-3 mo	Enfamil Infant, ProSobee, Alimentun, NeoSure, Nutramigen, NeuroPro Enfacare	26	17	9
4-5 mo	Enfamil Infant, ProSobee, Alimentun, NeoSure, Nutramigen, NeuroPro Enfacare	28	19	9
6-11 mo	Enfamil Infant, ProSobee, Alimentun, NeoSure, Nutramigen, NeuroPro Enfacare	20	13	7
12 mo +	Enfamil Infant, ProSobee, Alimentun, NeoSure, Nutramigen, NeuroPro Enfacare	28	19	9

**Exempt - powder (16 oz cans)**

Age	Formula	Full	2/3	1/3
0-3 mo	Pregestimil	7	5	2
4-5 mo	Pregestimil	8	5	3
6-11 mo	Pregestimil	6	4	2
12 + mo	Pregestimil	8	5	3

**Exempt - powder (12.8 - 14.1 oz cans)**

Age	Formula	Full	2/3	1/3
0-3 mo	Neocate Infant, PurAmino, Similac PM 60/40	8	5	3
4-5 mo	Neocate Infant, PurAmino, Similac PM 60/40	9	6	3
6-11 mo	Neocate Infant, PurAmino	7	5	2
6-11 mo	Similac PM 60/40	6	5	2
12 + mo	Neocate Infant, PurAmino	9	6	3
12 + mo	Similac PM 60/40	8	6	3

**Exempt - powder (14.1 oz cans)**

Age	Formula	Full	2/3	1/3
0-3 mo	Elecare Infant	9	6	3
4-5 mo	Elecare Infant	10	7	3
6-11 mo	Elecare Infant	7	5	2
12 + mo	Elecare Infant	9	6	3

**Exempt - powder (12.1 - 13.1 oz cans)**

Age	Formula	Full	2/3	1/3
0-3 mo	Enfamil NeuroPro EnfaCare, Nutramigen LGG, Alimentum, NeoSure	10	7	3
4-5 mo	Enfamil NeuroPro EnfaCare, Nutramigen LGG, Alimentum, NeoSure	11	7	4
6-11 mo	Enfamil NeuroPro EnfaCare, Nutramigen LGG, Alimentum, NeoSure	8	5	3
12 + mo	Enfamil NeuroPro EnfaCare	11	7	4
12 + mo	Nutramigen LGG, Alimentum, NeoSure	10	7	3

Maximum monthly amount of formula authorized by Colorado WIC

Formula	Form	Size	Yield	Age of participant				
				0-3 months	4-5 months	6-11 months	12 months +	Women
				Number of containers				
Boost High Protein	RTF	8-oz 27-pk	216 oz					4 cases (108 cartons)
Boost Kid Essentials 1.5 cal (with or without fiber)	RTF	8-oz 27-pk	216 oz				4 cases (108 cartons)	
Bright Beginnings Soy Pediatric Drink	RTF	8 oz 6-pk	48 oz				18	
Compleat Pediatric	RTF	8.45 oz	8.45 oz				107	
EleCare Infant	Powder	14.1 oz	95 oz	9	10	7	9	
EleCare Junior	Powder	14.1 oz	62 oz				14	
Enfamil AR	Powder	12.9 oz	91 oz	9	10	7	10	
Enfamil NeuroPro EnfaCare	Powder	12.8 oz	82 oz	10	11	8	11	
Enfamil NeuroPro EnfaCare	RTF	32 oz	32 oz	26	28	20	28	
Enfamil Gentlease	Powder	12.4 oz	90 oz	9	10	7	10	
Enfamil Infant	Powder	12.5 oz	90 oz	9	10	7	10	
Enfamil Infant	Conc.	13 oz	26 oz	31	34	24	35	
Enfamil Infant	RTF	32 oz	32 oz	26	28	20	28	
Enfamil ProSobee	Powder	12.9 oz	93 oz	9	10	7	9	
Enfamil ProSobee	Conc.	13 oz	26 oz	31	34	24	35	
Enfamil ProSobee	RTF	32 oz	32 oz	26	28	20	28	
Enfamil Reguline	Powder	12.4 oz	90 oz	9	10	7	10	
Enfaport	RTF	6 oz 6-pk	6 oz	23	25	17	25	
Ensure / Ensure Plus	RTF	8-oz 6-pk	48 oz					18 6-pk (108 cartons)
Human Milk Fortifier (Similac)	Powder	50 pkt ctn	93 oz	9	10	7		



Formula	Form	Size	Yield	Age of participant				
				0-3 months	4-5 months	6-11 months	12 months +	Women
				Number of containers				
Neocate Infant	Powder	14.1 oz	97 oz	8	9	7	9	
Neocate Syneo Infant	Powder	14.1 oz	95 oz	9	10	7	9	
Neocate Junior	Powder	14 oz	64 oz				14	
Neocate Junior with Prebiotics	Powder	14 oz	60-63 oz				14	
Neocate Splash	RTF	8-oz 27-pk	216 oz				4 cases (108 boxes)	
Nutramigen	Conc.	13 oz	26 oz	31	34	24	35	
Nutramigen	RTF	32 oz	32 oz	26	28	20	28	
Nutramigen with Enflora LGG	Powder	12.6 oz	87 oz	10	11	8	10	
Nutren 1.0	RTF	8.45 oz	8.45 oz					107
Nutren 1.0 with fiber	RTF	8.45 oz	8.45 oz					107
Nutren 1.5	RTF	8.45 oz	8.45 oz					107
Nutren 2.0	RTF	8.45 oz	8.45 oz					107
Nutren Jr. / with Prebio fiber	RTF	8.45 oz	8.45 oz				107	
Osmolite 1 cal	RTF	8 oz	8 oz					113
PediaSure / with fiber	RTF	8-oz 6-pk	48 oz				18 6-pk (108 cartons)	
PediaSure enteral/ with fiber	RTF	8-oz	8 oz				108	
PediaSure 1.5 cal / with fiber	RTF	8-oz	8 oz				108	
Peptamen / with Prebio fiber	RTF	8.45 oz	8.45 oz					107
Peptamen Jr. / with Prebio fiber	RTF	8.45 oz	8.45 oz				107	
Portagen	Powder	14.4 oz	64 oz				14	14
Pregestimil	Powder	16 oz	112 oz	7	8	6	8	
PurAmino	Powder	14.1 oz	98 oz	8	9	7	9	

Formula	Form	Size	Yield	Age of participant				
				0-3 months	4-5 months	6-11 months	12 months +	Women
				Number of containers				
Similac Alimentum	Powder	12.1 oz	87 oz	10	11	8	10	
Similac Alimentum	RTF	32 oz	32 oz	26	28	20	28	
Similac NeoSure	Powder	13.1 oz	87 oz	10	11	8	10	
Similac NeoSure	RTF	32 oz	32 oz	26	28	20		
Similac PM 60/40	Powder	14.1 oz	102 oz	8	9	6	8	
Tolerex	Powder	2.82 oz pkts	300 ml = 10.144 oz					14 cartons of 6 pkts/carton
Vivonex Pediatric	Powder	1.7-oz pkts	250 ml (8.45 oz)					17 cartons of 6 (1.7-oz) pkts
Vivonex T.E.N.	Powder	2.84 oz pkts	300 ml = 10.144 oz					8 cartons of 10 pkts/carton

## Maximum monthly amount of metabolic formula authorized by Colorado WIC

Formula	Form	Size (gm)	Yield (oz)	Age of participant				
				0-3 months	4-5 months	6-11 months	12 months +	Women
				Number of containers				
Calcilo - XD	Powder	375 (13.2 oz)	96	9	10	7		
Cyclinex 1	Powder	400	102	8	9	6	8	
Cyclinex 2		400	88				10	10
GA-1 Anamix Early Years	Powder	400	90.1	9	10	7	10	
Glutarex 1	Powder	400	96	9	10	7	9	
Glutarex 2	Powder	400	82				11	11
HCU Anamix Early Years	Powder	400	90..1	9	10	7	10	
Hominex 1	Powder	400	96	9	10	7	9	
Hominex 2	Powder	400	82				11	11
IVA Anamix Early Years	Powder	400	90.1	9	10	7	10	
I Valex 1	Powder	400	96	9	10	7	9	
I Valex 2	Powder	400	82				11	11
Ketonex 1	Powder	400	96	9	10	7	9	
Ketonex 2	Powder	400	82				11	11
MMA/PA Anamix Early Years	Powder	400	90.1	9	10	7	10	
MSUD Anamix Early Years	Powder	400	90.1	9	10	7	10	
MSUD Maxamaid	Powder	454	74				12	
MSUD Maxamum	Powder	454	46					19
Phenex 1	Powder	400	96	9	10	7	9	
Phenex 2	Powder	400	82				11	11
Phenyl Free 1	Powder	454	114	7	8	6	7	
Phenyl Free 2	Powder	454	93				9	9
Phenyl Free 2 HP	Powder	454	89				10	10
Phenylade Essential Drink Mix	Powder	454	91				10	10

Formula	Form	Size (gm)	Yield (oz)	Age of participant				
				0-3 months	4-5 months	6-11 months	12 months +	Women
				Number of containers				
PKU Periflex Early Years	Powder	400	90.1	9	10	7	10	
PKU Periflex Junior Plus Plain	Powder	400	51.3				17	
PKU Periflex Junior Plus Flavored	Powder	400	50.3				18	
Pro-Phree	Powder	400	102	8	9	6	8	8
ProViMin	Powder	150	166	5	5	4	5	5
Propimex - 1	Powder	400	96	9	10	7	9	
Propimex - 2	Powder	400	82				11	11
RCF	Concentrate	13 oz 384 ml	26	31	34	24	35	35
TYR Anamix Early Years	Powder	400	90.1	9	10	7	10	
Tyrex 1	Powder	400	96	9	10	7	9	
Tyrex 2	Powder	400	82				11	11
TYROS 1	Powder	454	114	7	8	6	7	
TYROS 2	Powder	454	93				9	9
XLeu Maxamum	Powder	454	46					19
XLys XTry Maxamum	Powder	454	46					19
XMet Maxamum	Powder	454	46					19
XMTVI Maxamum	Powder	454	46					19
XPhe Maxamum	Powder	454	46					19

## Ordering Instructions for Products Not on Retail Shelves for Local Agencies

### POLICY:

Local Agency WIC staff may special order infant formulas and WIC-eligible nutritionals when a formula is not locally available within the needed time frame, in the quantities needed, or is excessively priced. Orders must be submitted on a monthly basis; no more than one month's issuance of formula may be ordered at a time. All special order formula requests must be sent to the state office. Ward Road Pharmacy is the Colorado WIC Program's authorized retailer for formulas not available locally.

### PROCEDURE:

#### Perform the following steps to special order formula from Ward Road Pharmacy:

1. Ensure (within reason) that the formula is the correct issuance for that month and will be picked up by the endorser/participant during the valid benefit period.
2. Assign the correct food package and issue benefits to the family's PAN.
3. Complete the [Special Formula Order Form](#) (see example on last page) for each formula requested and click "submit."
  - a. Enter the participants' first name and the PAN (eWIC card number).
  - b. Choose the formula type by clicking "standard," "specialty," or "metabolic."
  - c. From the drop down list of formulas, select the specific formula, ensuring the correct form (powder, concentrate, RTF), size, and flavor (if available). If a requested formula or flavor doesn't display, enter it in the "Other comments" field.
  - d. Indicate the order amount and the unit ("can," "case," or "6-pack").
  - e. Indicate the amount already in the clinic.
  - f. Enter the benefit start date and the appointment date (must be within the benefit date range).
  - g. Select the WIC clinic name from the drop down list. If the clinic name doesn't display, enter it in the "Other comments" field.
  - h. Enter any additional information in the "Other comments" field, such as clinic closure dates.
4. **Draw a line through the formula name on the Family Food Benefits list and note "ordered from Ward Road Pharmacy."** Instruct the family to not purchase the formula at another vendor; they will pick it up at the clinic. Schedule a time within the valid food benefit date for them to return to the clinic to pick up the formula.
5. Submit subsequent month's orders about a week before the next appointment. Issue subsequent month benefits prior to the 10<sup>th</sup> day of the month to avoid proration of benefits.

**Confirmation of orders:**

Local staff ordering the formula will receive two emails: 1) Confirmation of submitted order; 2) email from Ward Road Pharmacy with the date the formula should arrive at the clinic. Email [CDPHE.WICFormula@state.co.us](mailto:CDPHE.WICFormula@state.co.us) if either confirmation is not received.

**Order changes:**

Email [CDPHE.WICFormula@state.co.us](mailto:CDPHE.WICFormula@state.co.us) to cancel an order or change quantities of a formula that has already been ordered.

Complete the [Special Formula Order Form](#) to order a different formula.

**Formula pick-up confirmation**

When the formula is picked up at the clinic, obtain the endorser's signature on the packing slip (from the Ward Road shipment box), record the date and save the form in a Ward Road order file. Signed packing slips may be destroyed 3 ½ years from the end of the applicable fiscal year.

**When endorser/participant does not pick up the special formula**

Make every effort to contact the endorser/participant to learn whether the formula will be picked up. If formula will not be picked up, learn why and document details in the participant's care plan.

1. If the formula is not issued to the participant for whom it was originally intended, the formula may be issued to another WIC participant, donated to a local hospital or destroyed. If reissue is preferred and a recipient is not identified within the local agency, email the Colorado WIC high risk counselor's google group ([cdphe\\_wichrcounselors@state.co.us](mailto:cdphe_wichrcounselors@state.co.us)) to see if another agency can use the formula. Include the name of the formula, amount and expiration date. If no response from other agencies, email the state office at [CDPHE.WICFormula@state.co.us](mailto:CDPHE.WICFormula@state.co.us). Once a recipient is identified, follow the instructions below.

The original clinic:

- a. Emails the state office at [CDPHE.WICFormula@state.co.us](mailto:CDPHE.WICFormula@state.co.us) with the name, FID and clinic/agency of the new recipient.
- b. Works directly with the other clinic/agency RD to arrange transfer of the formula, which may be in person, by courier or by mail. Includes the Ward Road Pharmacy packing slip in the shipment.

The receiving clinic:

- c. Provides the formula to the new recipient within the participant's valid benefit period.
- d. Obtains the endorser's signature and date on the packing slip and keeps the packing slip in the Ward Road file.
- e. Notifies the state office Help Desk to remove the formula benefits from the participant's account for that month.

2. If the formula is donated or disposed of and not issued to a participant, staff must document the disposition on the packing slip, sign, date and retain in the Ward Road order file.

## Ward Road Pharmacy Ordering Guide

Formula	Form	Size	Yield	Maximum monthly formula amount					Special order information	
				0-3 mo	4-5 mo	6-11 mo	12 mo +	Women	Order unit	Other instructions
				Number of cans						
Boost High Protein	RTF	8-oz 27-pk	216 oz					4 cases (108)	Case	Vanilla flavor only 12-pk & 6-pk of vanilla, chocolate & strawberry often available in stores
Boost Kid Essentials 1.5 cal	RTF	8 oz 27-pk	216 oz				4 cases (108)		Case	Specify flavor: vanilla, chocolate, strawberry
Boost Kid Essentials 1.5 cal with fiber	RTF	8 oz 27-pk	216 oz				4 cases (108)		Case	Vanilla flavor only
Bright Beginnings Soy Pediatric Drink	RTF	8 oz 6-pk	48 oz				18 6-pk		6-pk	Vanilla flavor only
Compleat Pediatric	RTF	8.45 oz	8.45 oz				107		Can	
Elecare Infant	Pwd	14.1 oz	95 oz	9	10	7	9		Can	Unflavored only
Elecare Junior	Pwd	14.1 oz	62 oz				14		Can	Specify flavor: unflavored, vanilla, chocolate, banana
Enfamil NeuroPro EnfaCare	Pwd	12.8 oz	82 oz	10	11	8	11		Can	Often available in local stores
Enfamil NeuroPro EnfaCare	RTF	32 oz	32 oz	26	28	20	28		Can	Often available in local stores
Enfaport	RTF	6 oz 6-pk	36 oz	23 6-pk	25 6-pk	17 6-pk	25 6-pk		6-pk	
Ensure	RTF	8 oz 6-pk	48 oz					18 6-pk (108)	6-pk	Often available at local stores. Specify flavor: vanilla, chocolate, dark chocolate, strawberry, butter pecan, coffee latte
Ensure Plus	RTF	8 oz 6-pk	48 oz					18 6-pk (108)	6-pk	Often available at local stores. Specify flavor: vanilla, chocolate, dark chocolate, strawberry, butter pecan

Formula	Form	Size	Yield	Maximum monthly formula amount					Special order information	
				0-3 mo	4-5 mo	6-11 mo	12 mo +	Women	Order unit	Other instructions
				Number of cans						
Human Milk Fortifier (Similac)	Pwd	50-pkt ctn	93 oz	9	10	7			50-pkt ctn	
Neocate Infant	Pwd	14.1 oz	97 oz	8	9	7	9		Can	
Neocate Syneo Infant	Pwd	14.1 oz	95 oz	9	10	7	9		Can	
Neocate Junior	Pwd	14 oz	64 oz				14		Can	Unflavored only
Neocate Junior with Prebiotics	Pwd	14 oz	60-63 oz				14		Can	Specify flavor: unflavored, vanilla, chocolate, strawberry, tropical
Neocate Splash	RTF	8 oz 27-pk	216 oz				4 cases (108)		Case	Unflavored, tropical fruit, orange-pineapple, grape
Nutramigen	Conc.	13 oz	26 oz	31	34	24	35		Can	Often available in local stores
Nutramigen	RTF	32 oz	32 oz	26	28	20	28		Can	Often available in local stores
Nutramigen with Enflora LGG	Pwd	12.6 oz	87 oz	10	11	8	10		Can	Often available in local stores
Nutren 1.0	RTF	8.45 oz	8.45 oz					107	Can	Vanilla flavor only
Nutren 1.0 with fiber	RTF	8.45 oz	8.45 oz					107	Can	Vanilla flavor only
Nutren 1.5	RTF	8.45 oz	8.45 oz					107	Can	Vanilla flavor only
Nutren 2.0	RTF	8.45 oz	8.45 oz					107	Can	Vanilla flavor only



Formula	Form	Size	Yield	Maximum monthly formula amount					Special order information	
				0-3 mo	4-5 mo	6-11 mo	12 mo +	Women	Order unit	Other instructions
				Number of cans						
Nutren Jr.	RTF	8.45 oz	8.45 oz				107		Can	Vanilla flavor only
Nutren Jr. with Prebio fiber	RTF	8.45 oz	8.45 oz				107		Can	Vanilla flavor only
Osmolite 1 cal	RTF	8 oz	8 oz					113	Can	
PediaSure	RTF	8 oz 6-pk	48 oz				18 6- pk (108)		6-pk	Often available at local stores. Specify flavor: vanilla, chocolate, strawberry, banana cream, berry, s'mores
PediaSure with fiber	RTF	8 oz 6-pk	48 oz				18 6- pk (108)		6-pk	Often available at local stores. Vanilla & strawberry
PediaSure Enteral	RTF	8 oz	8 oz				108		Can	Vanilla flavor only
PediaSure Enteral with fiber and ScFOS	RTF	8 oz	8 oz				108		Can	Vanilla flavor only
PediaSure 1.5 cal	RTF	8 oz	8 oz				108		Can	Vanilla flavor only
PediaSure 1.5 cal with fiber	RTF	8 oz	8 oz				108		Can	Vanilla flavor only
Peptamen	RTF	8.45 oz	8.45 oz					107	Can	Specify flavor: unflavored, vanilla
Peptamen with Prebio fiber	RTF	8.45 oz	8.45 oz					107	Can	Vanilla flavor only
Peptamen Jr.	RTF	8.45 oz	8.45 oz				107		Can	Specify flavor: unflavored, vanilla, strawberry
Peptamen Jr. with Prebio fiber	RTF	8.45 oz	8.45 oz				107		Can	Vanilla flavor only
Portagen	Pwd	14.4 oz	64 oz				14	14	Can	

Formula	Form	Size	Yield	Maximum monthly formula amount					Special order information	
				0-3 mo	4-5 mo	6-11 mo	12 mo +	Women	Order unit	Other instructions
				Number of cans						
Pregestimil	Pwd	16 oz	112 oz	7	8	6	8		Can	Often available in local stores
PurAmino	Pwd	14.1 oz	98 oz	8	9	7	9		Can	
Similac Alimentum	Pwd	12.1 oz	87 oz	10	11	8	10		Can	Often available in local stores
Similac Alimentum	RTF	32 oz	32 oz	26	28	20	28		Can	Often available in local stores
Similac NeoSure	Pwd	13.1 oz	87 oz	10	11	8	10		Can	Often available in local stores
Similac NeoSure	RTF	32 oz	32 oz	26	28	20			Can	Often available in local stores
Similac PM 60/40	Pwd	14.1 oz	102 oz	8	9	6	8		Can	
Tolerex	Pwd	2.82 oz pkts	300 ml (10.14 4 oz)					14 cartons of 6 pkts/ctn	Carton	
Vivonex Pediatric	Pwd	1.7-oz pkts	250 ml (8.45 oz)				17 cartons of 6 (1.7-oz) pkts		Carton	
Vivonex T.E.N.	Pwd	2.84 oz pkts	300 ml (10.14 4 oz)					8 cartons of 10 pkts/ctn	Carton	

### Contract Infant Formula Ranges

Partially BF (In Range)	Formula	Can size	Yield	< 1 mo	1 - 3 mo	4 - 5 mo	6 - 11 mo
	<b>Powder</b>	oz	oz				
	Enfamil AR	12.9	91	0	1 - 4	1 - 5	1 - 4
	Enfamil Gentlease	12.4	90	0	1 - 4	1 - 5	1 - 4
	Enfamil Infant	12.5	90	0	1 - 4	1 - 5	1 - 4
	Enfamil ProSobee	12.9	93	0	1 - 4	1 - 5	1 - 4
	Enfamil Reguline	12.4	90	0	1 - 4	1 - 5	1 - 4
	<b>Concentrate</b>						
	Enfamil Infant	13	26	0	1 - 14	1 - 17	1 - 12
	Enfamil ProSobee	13	26	0	1 - 14	1 - 17	1 - 12
<b>Ready-to-Feed</b>							
Enfamil Infant	32	32	0	1 - 12	1 - 14	1 - 10	
Enfamil ProSobee	32	32	0	1 - 12	1 - 14	1 - 10	

Partially BF (out of Range)	Formula	Can size	Yield	< 1 mo	1 - 3 mo	4 - 5 mo	6 - 11 mo
	<b>Powder</b>	oz	oz				
	Enfamil AR	12.9	91	1 - 9	5 - 9	6 - 10	5 - 7
	Enfamil Gentlease	12.4	90	1 - 9	5 - 9	6 - 10	5 - 7
	Enfamil Infant	12.5	90	1 - 9	5 - 9	6 - 10	5 - 7
	Enfamil ProSobee	12.9	93	1 - 9	5 - 9	6 - 10	5 - 7
	Enfamil Reguline	12.4	90	1 - 9	5 - 9	6 - 10	5 - 7
	<b>Concentrate</b>						
	Enfamil Infant	13	26	1 - 31	15 - 31	18 - 34	13 - 24
	Enfamil ProSobee	13	26	1 - 31	15 - 31	18 - 34	13 - 24
<b>Ready-to-Feed</b>							
Enfamil Infant	32	32	1 - 26	13 - 26	15 - 28	11 - 20	
Enfamil ProSobee	32	32	1 - 26	13 - 26	15 - 28	11 - 20	

Fully Formula-Fed	Formula	Can size	Yield	< 1 mo	1 - 3 mo	4 - 5 mo	6 - 11 mo
	<b>Powder</b>	oz	oz				
	Enfamil AR	12.9	91	9	9	10	7
	Enfamil Gentlease	12.4	90	9	9	10	7
	Enfamil Infant	12.5	90	9	9	10	7
	Enfamil ProSobee	12.9	93	9	9	10	7
	Enfamil Reguline	12.4	90	9	9	10	7
	<b>Concentrate</b>						
	Enfamil Infant	13	26	31	31	34	24
	Enfamil ProSobee	13	26	31	31	34	24
<b>Ready-to-Feed</b>							
Enfamil Infant	32	32	26	26	28	20	
Enfamil ProSobee	32	32	26	26	28	20	

### Exempt Infant Formula Ranges

	<i>Formula</i>	<i>Can size</i>	<i>Yield</i>	<i>&lt; 1 mo</i>	<i>1 - 3 mo</i>	<i>4 - 5 mo</i>	<i>6 - 11 mo</i>
	<b>Powder</b>	oz	oz				
<b>Partially BF (In Range)</b>	Elecare Infant	14.1	95	0	1 - 4	1 - 5	1 - 4
	Enfamil NeuroPro EnfaCare	12.8	82	0	1 - 5	1 - 6	1 - 4
	Neocate Infant	14.1	97	0	1 - 4	1 - 5	1 - 3
	Neocate Syneo Infant	14.1	95	0	1 - 4	1 - 5	1 - 4
	Nutramigen w/ Enflora LGG	12.6	87	0	1 - 5	1 - 6	1 - 4
	Pregestimil	16.0	112	0	1 - 3	1 - 4	1 - 3
	PurAmino	14.1	98	0	1 - 4	1 - 5	1 - 3
	Similac Alimentum	12.1	87	0	1 - 5	1 - 6	1 - 4
	Similac NeoSure	13.1	87	0	1 - 5	1 - 6	1 - 4
	Similac PM 60/40	14.1	102	0	1 - 4	1 - 5	1 - 3
	<b>Concentrate</b>						
	Nutramigen	13	26	0	1 - 14	1 - 17	1 - 12
	<b>Ready-to-Feed</b>						
	Enfamil NeuroPro EnfaCare	32	32	0	1 - 12	1 - 14	1 - 10
	Enfaport	6 (6-pk)	36	0	1 - 10	1 - 13	1 - 9
	Nutramigen	32	32	0	1 - 12	1 - 14	1 - 10
	Similac Alimentum	32	32	0	1 - 12	1 - 14	1 - 10
Similac NeoSure	32	32	0	1 - 12	1 - 14	1 - 10	
<b>Partially BF (out of Range)</b>	<i>Formula</i>	<i>Can size</i>	<i>Yield</i>	<i>&lt; 1 mo</i>	<i>1 - 3 mo</i>	<i>4 - 5 mo</i>	<i>6 - 11 mo</i>
	<b>Powder</b>	oz	oz				
	Elecare Infant	14.1	95	1 - 9	5 - 9	6 - 10	5 - 7
	Enfamil NeuroPro EnfaCare	12.8	82	1 - 10	6 - 10	7 - 11	5 - 8
	Neocate Infant	14.1	97	1 - 8	5 - 8	6 - 9	4 - 7
	Neocate Syneo Infant	14.1	95	1 - 9	5 - 9	6 - 10	5 - 7
	Nutramigen w/ Enflora LGG	12.6	87	1 - 10	6 - 10	7 - 11	5 - 8
	Pregestimil	16.0	112	1 - 7	4 - 7	5 - 8	4 - 6
	PurAmino	14.1	98	1 - 8	5 - 8	6 - 9	4 - 7
	Similac Alimentum	12.1	87	1 - 10	6 - 10	7 - 11	5 - 8
	Similac NeoSure	13.1	87	1 - 10	6 - 10	7 - 11	5 - 8
	Similac PM 60/40	14.1	102	1 - 8	5 - 8	6 - 9	4 - 6
	<b>Concentrate</b>						
	Nutramigen	13	26	1 - 31	15 - 31	18 - 34	13 - 24
	<b>Ready-to-Feed</b>						
	Enfamil NeuroPro EnfaCare	32	32	1 - 26	13 - 26	15 - 28	11 - 28
	Enfaport	6 (6-pk)	36	1 - 23	13 - 23	14 - 23	10 - 23
Nutramigen	32	32	1 - 26	13 - 26	15 - 28	11 - 20	
Similac Alimentum	32	32	1 - 26	13 - 26	15 - 28	11 - 20	
Similac NeoSure	32	32	1 - 26	13 - 26	15 - 28	11 - 20	
<b>Fully Formula Fed</b>	<i>Formula</i>	<i>Can size</i>	<i>Yield</i>	<i>&lt; 1 mo</i>	<i>1 - 3 mo</i>	<i>4 - 5 mo</i>	<i>6 - 11 mo</i>
	<b>Powder</b>	oz	oz				
	Elecare Infant	14.1	95	9	9	10	7
	Enfamil NeuroPro EnfaCare	12.8	82	10	10	11	8
	Neocate Infant	14.1	97	8	8	9	7
	Neocate Syneo Infant	14.1	95	9	9	10	7
	Nutramigen w/ Enflora LGG	12.6	87	10	10	11	8
	Pregestimil	16.0	112	7	7	8	6
	PurAmino	14.1	98	8	8	9	7
	Similac Alimentum	12.1	87	10	10	11	8
	Similac NeoSure	13.1	87	10	10	11	8
	Similac PM 60/40	14.1	102	8	8	9	6
	<b>Concentrate</b>						
	Nutramigen	13	26	31	31	34	24
	<b>Ready-to-Feed</b>						
	Enfamil NeuroPro EnfaCare	32	32	26	26	28	20
	Enfaport	6 (6-pk)	36	23	23	25	17
Nutramigen	32	32	26	26	28	20	
Similac Alimentum	32	32	26	26	28	20	
Similac NeoSure	32	32	26	26	28	20	

## Guidelines for Providing Supplemental Formula to Non-Exclusively Breastfed Infants

Carefully determine with moms the amount of formula to be issued in the food package for the non-exclusively breastfed infant. When possible you should provide the minimum amount of formula needed and issue powder (not concentrate) formula.

Number of cans powder formula				
Breastfed Infant's Average Daily Formula Intake	Enfamil Neuro Pro EnfaCare Nutramigen with Enflora LGG Similac Alimentum Similac NeoSure	EleCare Infant Enfamil Infant Gentlease Prosobee Enfamil AR Enfamil Reguline	Neocate Infant PurAmino Similac PM 60/40	Pregestimil
1-3 ounces	1	1	1	1
4 ounces	2	2	2	1
5-6 ounces	2	2	2	2
7 ounces	3	2	2	2
8 ounces	3	3	3	2
9 ounces	3	3	3	3 * #
10 ounces	4 #	3	3	3
11-12 ounces	4	4 * #	4 * #	3
13 ounces	5 *	4	4	4 +
14-15 ounces	5	5 +	5 +	4
16-17 ounces	6 +	5	5	5
18-19 ounces	6	6	6	5
20 ounces	7	6	6	6
21 ounces	7	7	6	6
22 ounces	8	7	7	6
23 ounces	8	8	7	7
24 ounces	9	8	7	7
25-26 ounces	9	9	8	7
27 ounces	10	9	8	8
28 ounces or more	11	10	9	8

\* Maximum “in range” formula for 1-3 month olds

+ Maximum “in range” formula for 4-5 month olds

# Maximum “in range” formula for 6-11 month olds

## Mom and Baby Food Package Guide

		Baby's Age				
Baby is...	Each Month	Birth- 1 m	1-3 m	4-5 m	6-8 m	9-12 m
Exclusively Breastfeeding  OR  Primarily Exclusive/ No Formula Pkg.  OR  Primarily Exclusive/ Comp Foods  *Mom gets the largest and best food package.	Mom gets:      Baby gets:	Exclusive BF Woman package      Breastmilk	Exclusive BF Woman package      Breastmilk	Exclusive BF Woman package      Breastmilk	Exclusive BF Woman package      Breastmilk 3 boxes infant cereal 31 jars baby meats  64 jars baby F&V	Exclusive BF Woman Package      Breastmilk 3 boxes infant cereal 31 jars baby meat  64 jars baby F&V OR 32 jars baby F&V \$8 F&V benefit
Partially Breastfeeding    Formula In Range   *Mom gets a larger food package.	Mom gets:    Baby gets:	Exclusively BF Woman package   Breastmilk (No formula in order to be in range)	Pregnant/ Partially BF package   Breastmilk 1-4 cans formula	Pregnant/ Partially BF package   Breastmilk 1-5 cans Formula	Pregnant/ Partially BF package   Breastmilk 1-4 cans formula 3 boxes infant cereal  32 jars baby F&V	Pregnant/ Partially BF package   Breastmilk 1-4 cans formula 3 boxes infant cereal  32 jars baby F&V OR 16 jars baby F&V \$4 F&V benefit
Partially Breastfeeding   Formula Not in Range  *Mom gets a smaller food package and no food package after 6 months.	Mom gets:   Baby gets:	Postpartum/ Novel BF package   Breastmilk 1-9 cans formula from any source (No model, add cans to package)	Postpartum/ Novel BF package   Breastmilk 5-9 cans formula	Postpartum/ Novel BF package   Breastmilk 6-10 cans formula	No food package. Stays on WIC and receives counseling.   Breastmilk 5-7 cans formula 3 boxes infant cereal  32 jars baby F&V	No food package. Stays on WIC and receives counseling.   Breastmilk 5-7 cans formula 3 boxes infant cereal  32 jars baby F&V OR 16 jars baby F&V \$4 F&V benefit

The age of the infant on the first of the month determines food package choices.

Baby is...	Each Month	Baby's Age				
		Birth- 1 m	1-3 m	4-5 m	6-8 m	9-12 m
Not Breastfeeding	Mom gets:	Postpartum/ Novel BF package	Postpartum / Novel BF package	Postpartum/ Novel BF package	<b>No Food Package. No longer Eligible for WIC.</b>	<b>No Food Package. No longer Eligible for WIC.</b>
Full Formula Feeding	Baby gets:	9 cans of formula	9 cans of formula	10 cans of formula	7 cans formula 3 boxes infant cereal  32 jars baby F&V	7 cans formula 3 boxes infant cereal  32 jars baby F&V OR 16 jars baby F&V \$4 F&V benefit
*Mom gets a smaller food package and is not eligible for WIC after 6 months.						

### How much Formula to Issue?

(Amounts based on 12.4 cans of powdered formula)

Green represents the amount of formula an *in-range* Partially Breastfed infant can get. **(Mom will get a larger food package)**

Red represents the amount of formula an *out-of-range* Partially Breastfed infant can get. **(Mom will get a smaller food package or no food package depending on her baby's age)**

1-3 months old Breastfed Infant's Average Daily Formula Intake	Number of 12.5 oz. cans of formula like Enfamil Infant per month.
1-3 ounces	1 can
4-6 ounces	2 cans
7-9 ounces	3 cans
10-12 ounces	4 cans
13-15 ounces	5 cans
16-18 ounces	6 cans
19-21 ounces	7 cans
22-24 ounces	8 cans
25 ounces or more	9 cans

4-5 months old Breastfed Infant's Average Daily Formula Intake	Number of 12.5 oz. cans of formula like Enfamil Infant per month.
1-3 ounces	1 can
4-6 ounces	2 can
7-9 ounces	3 can
10-12 ounces	4 can
13-15 ounces	5 can
16-18 ounces	6 can
19-21 ounces	7 can
22-24 ounces	8 can
25-27 ounces	9 can
28 ounces or more	10 can

6-12 months old Breastfed Infant's Average Daily Formula Intake	Number of 12.5 oz. cans of formula like Enfamil Infant per month.
1-3 ounces	1 can
4-6 ounces	2 can
7-9 ounces	3 can
10-12 ounces	4 can
13-15 ounces	5 can
16-18 ounces	6 can
19-21 ounces	7 can

## Food Trading Rules

Food	Substitute	Notes
Milk - 1 quart	Soy Beverage - 1 quart	<ul style="list-style-type: none"> <li>• A food package with soy beverage must be issued for the client to be able to purchase it at the store.</li> <li>• Document the reason why soy beverage was chosen.</li> </ul>
Milk - 1 quart	Tofu - 16 ounces (1 pound)	<ul style="list-style-type: none"> <li>• A food package with tofu must be issued for the client to be able purchase it at the store.</li> <li>• Document the reason why tofu was chosen.</li> </ul>
Milk - 1 quart	Yogurt - 32 ounces	<ul style="list-style-type: none"> <li>• A food package with yogurt must be issued for the client to be able to purchase it at the store.</li> <li>• One 32 ounce container of yogurt is the limit for each person</li> </ul>
Cheese - 1 pound	Milk - 3 quarts	<ul style="list-style-type: none"> <li>• Cheese can be converted into milk if desired and issued in a food package for the client to purchase at the store.</li> <li>• Only one pound of cheese can be converted to milk</li> <li>• Maximum amounts of cheese are already assigned in model food packages for clients as listed below:                             <ul style="list-style-type: none"> <li>○ 1 pound limit for children, pregnant/part BF and non-BF women</li> <li>○ 2 pound limit for women exclusively breastfeeding</li> <li>○ 3 pound limit for women exclusively breastfeeding multiples.</li> </ul> </li> </ul>
Eggs - 1 dozen pound	1 “unit” of peanut butter or beans  A “unit” is: <ul style="list-style-type: none"> <li>○ 18 oz peanut butter - or-</li> <li>○ 1 pound dry beans - or-</li> </ul>	<ul style="list-style-type: none"> <li>• For homeless participants only.</li> <li>• A Homeless food package must be issued for the client to be able to purchase additional peanut butter or beans at the store.</li> </ul>



	4 (16 ounce) cans beans.	
Baby Food fruits and vegetables - 16 or 32 jars	\$4 or \$8 CVB for fresh fruits and vegetables	<ul style="list-style-type: none"> <li>• For 9-11 month old infants only.</li> <li>• Formula fed infants: \$4 CVB can replace 16 jars baby food.</li> <li>• Exclusively BF infants: \$8 CVB can replace 32 jars baby food.</li> <li>• A food package with the CVB must be issued for the client to be able purchase it at the store.</li> </ul>
Breakfast cereal - 36 ounces	Infant cereal - 3 (8 ounce) boxes	<ul style="list-style-type: none"> <li>• Available only by prescription for women and children developmentally not ready for breakfast cereals.</li> <li>• A food package with infant cereal must be issued for the client to be able to purchase it at the store.</li> </ul>
CVB	Baby food fruits and vegetables	<ul style="list-style-type: none"> <li>• Available only by prescription for women and children requiring pureed foods.</li> <li>• Children may receive 32 jars baby food fruits and vegetables instead of the \$9 CVB.</li> <li>• Women may receive 40 jars baby food fruits and vegetables instead of the \$11 CVB.</li> <li>• A food package with jars of baby food fruits and vegetable must be issued for the client to be able to purchase it at the store.</li> </ul>

## WIC Infant Formula: No Prescription Required

### Enfamil Infant

- cow's milk-based

### Enfamil Prosobee

- soy based
- for sensitivity to cow's milk

### Enfamil Gentlease

- cow's milk-based
- less lactose, hydrolyzed protein
- for chronic fussiness or gas

### Enfamil AR

- added rice starch
- for babies that spit up frequently
- helps with reflux

### Enfamil Reguline

- cow's milk-based
- has prebiotics
- promotes soft stools



## Formula Forms: Powdered, Concentrate, Ready-to-Feed

### Powdered

- most often requested for babies
- easy to transport
- mix with water, usually 1 scoop to 2 oz water (check label)
- Suggest for partially breastfed babies; opened formula can be stored for 1 month



### Concentrate

- easy to mix
- liquid formula must mix with equal parts water



### Ready-to-Feed (RTF)

- no mixing or water needed
- WIC High Risk Counselor can issue for medically fragile babies, unsafe water at home, if caregiver has difficulty mixing powdered or concentrate formula, or if the formula only comes in RTF



*Formula type issued cannot be changed at the store*

# Nutrition Risk Factors



## Pregnant Women NRFs

**System Assigned (S):** Compass assigns based on anthropometric, blood values, and/or dates entered in system.  
**User Assigned (U):** User assigns by checking a box or radio button, or by assigning on the Risk panel.

Compass Code	Name/Definition	Priority	Risk	User or System Assigned
101	<b>Underweight</b> - Prepregnancy Body Mass Index (BMI) <18.5	1	L	S
111	<b>Overweight</b> - Prepregnancy Body Mass Index (BMI) ≥25.0	1	L	S
131	<b>Low Maternal Weight Gain</b> (singleton pregnancies only) ▶ Assign when weight plots, at any point, beneath the bottom line of the appropriate weight gain range for her respective prepregnancy weight category.	1	H	U
133	<b>High Maternal Weight Gain</b> - (Singleton pregnancy only) At any point in a singleton pregnancy, weight plots at any point above the top line of the appropriate weight gain range for her respective prepregnancy weight category.	1	H	U
201	<b>Low Hematocrit/Low Hemoglobin</b> - Hemoglobin value below those listed in <i>Hemoglobin Levels Indicating NRF #201</i> table.	1	L	S
201B	<b>Severely Low Hematocrit/Hemoglobin</b> - Hemoglobin value low enough to necessitate a medical referral as listed in the <i>Standards for Severely Low Hemoglobin-NRF201b-High Risk Condition</i> table.	1	H	U
211	<b>Elevated Blood Lead Levels</b> - Blood lead level of ≥ 5 micrograms/deciliter within the past twelve months.	1	H	S
300 Series	<b>Medical Conditions</b> *See <i>Clinical/Health/Medical Conditions List</i> for definitions, codes, and risk level (high or low).	1	L/H	U

Compass Code	PREGNANT Name/Definition	Priority	Risk	User or System Assigned
401	<p><b>Failure to Meet Dietary Guidelines for Americans</b> Pregnant woman who meets the income, categorical, and residency eligibility requirements may be presumed to be at nutritional risk based on failure to meet Dietary Guidelines for Americans. Based on an individual's estimated energy needs, this risk criterion is defined as consuming fewer than the recommended number of servings from one or more of the basic food groups (grains, fruits, vegetables, milk products, and meat or beans).</p> <p>Note: Assign 401 to a pregnant woman when a complete nutrition assessment (to include NRF 427) has been performed and for whom no other risk(s) are identified.</p>	4	L	U
427	<p><b>INAPPROPRIATE NUTRITION PRACTICES FOR WOMEN:</b> Routine nutrition practices that may result in impaired nutrient status, disease, or health problems. These practices, with examples, are outlined below:</p>	4	L	U
427A	<p><b>Consuming dietary supplements with potentially harmful consequences -</b> Examples of dietary supplements which when ingested in excess of recommended dosages, may be toxic or have harmful consequences:  <ul style="list-style-type: none"> <li>▶ Single or multiple vitamins;</li> <li>▶ Mineral supplements; and</li> <li>▶ Herbal or botanical supplements/remedies/teas.</li> </ul> </p>	4	L	U
427B	<p><b>Consuming a diet very low in calories and/or essential nutrients; or impaired caloric intake or absorption of essential nutrients following bariatric surgery -</b> Examples are:  <ul style="list-style-type: none"> <li>▶ Strict vegan diet;</li> <li>▶ Low-carbohydrate, high-protein diet;</li> <li>▶ Macrobiotic diet; and</li> <li>▶ Any other diet restricting calories and/or essential nutrients.</li> </ul> </p>	4	L	U
427C	<p><b>Compulsively ingesting non-food items (pica) -</b> Examples of non-food items are:  <ul style="list-style-type: none"> <li>▶ Ashes;</li> <li>▶ Baking soda;</li> <li>▶ Burnt matches;</li> <li>▶ Carpet fibers;</li> <li>▶ Chalk;</li> <li>▶ Cigarettes;</li> <li>▶ Clay;</li> <li>▶ Dust;</li> <li>▶ Large quantities of ice and/or freezer frost;</li> <li>▶ Paint chips;</li> <li>▶ Soil; and</li> <li>▶ Starch (laundry or cornstarch)</li> </ul> </p>	4	L	U

Compass Code	PREGNANT Name/Definition	Priority	Risk	User or System Assigned
427D	<p>Inadequate vitamin/mineral supplementation recognized as essential by national public health policy -</p> <p>Examples are:</p> <ul style="list-style-type: none"> <li>▶ Consumption of &lt;27 mg of iron as a supplement daily.</li> <li>▶ Consumption &lt;150 µg of supplemental iodine per day.</li> </ul>	4	L	U
427E	<p><b>Pregnant woman ingesting foods that could be contaminated with pathogenic microorganisms -</b></p> <p>Examples of potentially harmful foods are:</p> <ul style="list-style-type: none"> <li>▶ Raw fish or shellfish, including oysters, clams, mussels, and scallops;</li> <li>▶ Refrigerated smoked seafood, unless it is an ingredient in a cooked dish, such as a casserole;</li> <li>▶ Raw or undercooked meat or poultry;</li> <li>▶ Hot dogs, luncheon meats (cold cuts), fermented and dry sausage and other deli-style meat or poultry products unless reheated until steaming hot;</li> <li>▶ Refrigerated pâté or meat spreads;</li> <li>▶ Unpasteurized milk or foods containing unpasteurized milk;</li> <li>▶ 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;</li> <li>▶ 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;</li> <li>▶ Raw sprouts (alfalfa, clover, and radish); or</li> <li>▶ Unpasteurized fruit or vegetable juices.</li> </ul>	4	L	U
501	<p><b>Possibility of Regression in Nutritional Status -</b></p> <p>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 WIC Authority (CWA) determines there is a possibility of regression in nutritional status without the benefits that the WIC Program provides.</p> <p><b>Note:</b> Regression cannot be assigned to a participant two certification periods in a row and may only be used once after the initial certification.</p>	4	L	U
502	<p><b>Transfer of Certification -</b></p> <p>Person with current valid Verification of Certification (VOC) document from another State or local agency. The VOC is valid until the certification period expires and shall be accepted as proof of eligibility for program benefits.</p>	N/A	L	S

Compass Code	PREGNANT Name/Definition	Priority	Risk	User or System Assigned
<b>601</b>	<b>Breastfeeding Mother of Infant at Nutritional Risk -</b> A breastfeeding woman whose breastfed infant has been determined to be at nutritional risk.			
<b>601A</b>	Priority 1 mother	1	L	U
<b>601B</b>	Priority 2 mother	2	L	U
<b>601D</b>	Priority 4 mother	4	L	U
	Note: Mother must be the same priority as at-risk infant			
<b>602</b>	<b>Breastfeeding Complications or Potential Complications-</b> A breastfeeding woman with any of the following complications or potential complications for breastfeeding:			
<b>602A</b>	▶ severe breast engorgement	1	H	U
<b>602B</b>	▶ recurrent plugged ducts	1	H	U
<b>602C</b>	▶ mastitis (fever or flu-like symptoms with localized breast tenderness)	1	H	U
<b>602D</b>	▶ flat or inverted nipples	1	H	U
<b>602E</b>	▶ cracked, bleeding, or severely sore nipples	1	H	U
<b>602F</b>	▶ age 40 years or older*	1	L*	U
<b>602G</b>	▶ failure of milk to come in by 4 days postpartum	1	H	U
<b>602H</b>	▶ tandem nursing (breastfeeding two siblings who are not twins).	1	H	U
	Note: High Risk must be seen by a Lactation Management Specialist (LMS/CLC/IBCLC) or WIC High Risk Counselor within 24 hours.			
<b>801</b>	<b>Homelessness -</b> Woman who lacks a fixed and regular night time residence; or whose primary night time residence is: ▶ A supervised publicly or privately operated shelter (including a welfare hotel, a congregate shelter or a shelter for victims of domestic violence) designed to provide temporary living accommodations; ▶ An institution that provides a temporary residence for individuals intended to be institutionalized; ▶ A temporary accommodation in the residence of another individual not exceeding 365 days; or ▶ A public or private place not designed or ordinarily used as a regular sleeping accommodation for human beings.	4	L	U



Compass Code	PREGNANT Name/Definition	Priority	Risk	User or System Assigned
802	<p><b>Migrancy -</b> Categorically eligible woman who is a member of a family that contains at least one individual:</p> <ul style="list-style-type: none"> <li>▶ Whose principal employment is in agriculture on a seasonal basis and;</li> <li>▶ Has been so employed within the last 24 months and;</li> <li>▶ Who establishes, for the purposes of such employment, a temporary abode.</li> </ul>	4	L	U
901	<p><b>Recipient of Abuse -</b> Victim of violent physical assault within the past 6 months as self-reported, or as documented by a social worker, health care provider or on other appropriate documents, or as reported through consultation with a social worker, health care provider, or other appropriate personnel.</p>	4	L	U
902	<p><b>Woman or Primary Caregiver with Limited Ability to Make Feeding Decisions and/or Prepare Food -</b> Pregnant woman assessed to have a limited ability to make appropriate feeding decisions and/or prepare food. Examples include, but are not limited to:</p> <ul style="list-style-type: none"> <li>▶ Documented or self-reported misuse of alcohol, use of illegal substances, use of marijuana, or misuse of prescription medications.</li> <li>▶ Mental illness, including clinical depression.*</li> <li>▶ Intellectual disability.*</li> <li>▶ Physically disabled to a degree which restricts or limits food preparation abilities.</li> <li>▶ ≤ 17 years of age.</li> </ul> <p>* Presence of the condition diagnosed, documented, or reported by a physician or psychologist or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver</p>	4	L	U
903	<p><b>Foster Care -</b> Entering the foster care system during the previous 6 months or moving from one foster care home to another foster care home during the previous 6 months.</p>	4	L	S
904	<p><b>Environmental Tobacco Smoke Exposure (ETS) -</b> Exposure to smoke from tobacco products inside the home.</p>	1	L	U

## Breastfeeding Woman NRFs

**System Assigned (S):** Compass assigns based on anthropometric, blood values, and/or dates entered in system.  
**User Assigned (U):** User assigns by checking a box or radio button, or by assigning on the Risk panel.

Compass Code	Name/Definition	Priority	Risk	User or System Assigned
101	<b>Underweight -</b> Current Body Mass Index (BMI) <18.5	1	L	S
111	<b>Overweight -</b> ▶ Woman <6 months postpartum: Prepregnancy Body Mass Index (BMI) ≥ 25.0 ▶ Woman ≥ 6 months postpartum: Current Body Mass Index (BMI) ≥ 25.0	1	L	S
133	<b>High Maternal Weight Gain -</b> For most recent pregnancy, total gestational weight gain exceeded the upper limit of the IOM's recommended range based on Body Mass Index (BMI).  Note: Singleton pregnancy only	1	L	S
201	<b>Low Hematocrit/Low Hemoglobin -</b> Hemoglobin value below those listed in <i>Hemoglobin Levels Indicating NRF #201</i> table.	1	L	S
201B	<b>Severely Low Hematocrit/Hemoglobin -</b> Hemoglobin value low enough to necessitate a medical referral as listed in the <i>Standards for Severely Low Hemoglobin-NRF201b-High Risk Condition</i> table.	1	H	U
211	<b>Elevated Blood Lead Levels -</b> Blood lead level of ≥ 5 micrograms/deciliter within the past twelve months.	1	H	S
300 Series	<b>Medical Conditions -</b> *See <i>Clinical/Health/Medical Conditions List</i> for definitions, codes, and risk level (high or low).	1	L/H	U
401	<b>Failure to Meet Dietary Guidelines for Americans -</b> Breastfeeding woman who meets the eligibility requirements of income, categorical, and residency eligibility requirements may be presumed to be at nutritional risk based on <i>failure to meet Dietary Guidelines for Americans</i> . Based on an individual's estimated energy needs, this risk criterion is defined as consuming fewer than the recommended number of servings from one or more of the basic food groups (grains, fruits, vegetables, milk products, and meat or beans).  Note: Assign 401 to breastfeeding women when a complete nutrition assessment has been performed <u>and</u> no other nutrition risk(s) are identified.	4	L	U
427	<b>INAPPROPRIATE NUTRITION PRACTICES For WOMEN</b> Routine nutrition practices that may result in impaired nutrient states, disease, or health problems. These practices, with examples, are outlined below:	4	L	U

Compass Code	BREASTFEEDING WOMAN Name/Definition	Priority	Risk	User or System Assigned
427A	<p><b>Consuming dietary supplements with potentially harmful consequences -</b>                      Examples of dietary supplements which when ingested in excess of recommended dosages, may be toxic or have harmful consequences:                      ▶ Single or multiple vitamins;                      ▶ Mineral supplements; and                      ▶ Herbal or botanical supplements/remedies/teas.</p>	4	L	U
427B	<p><b>Consuming a diet very low in calories and/or essential nutrients; or impaired caloric intake or absorption of essential nutrients following bariatric surgery -</b>                      Examples are:                      ▶ Strict vegan diet;                      ▶ Low-carbohydrate, high-protein diet;                      ▶ Macrobiotic diet; and                      ▶ Any other diet restricting calories and/or essential nutrients.</p>	4	L	U
427C	<p><b>Compulsively ingesting non-food items (pica) -</b>                      Examples of non-food items are:                      ▶ Ashes;                      ▶ Baking soda;                      ▶ Burnt matches;                      ▶ Carpet fibers;                      ▶ Chalk;                      ▶ Cigarettes;                      ▶ Clay;                      ▶ Dust;                      ▶ Large quantities of ice and/or freezer frost;                      ▶ Paint chips;                      ▶ Soil; and                      ▶ Starch (laundry or cornstarch)</p>	4	L	U
427D	<p><b>Inadequate vitamin/mineral supplementation recognized as essential by national public health policy -</b>                      Examples are:                      ▶ Consumption of &lt; 150 µg of supplemental iodine per day                      ▶ Consumption of &lt; 400 mcg of folic acid from fortified foods and/or supplements daily.</p>	4	L	U
501	<p><b>Possibility of Regression in Nutritional Status -</b>                      A participant who has previously been certified eligible for the Program may be considered to be at nutritional risk in the next certification period if the Competent WIC Authority (CWA) determines there is a possibility of regression in nutritional status without the benefits that the WIC Program provides.</p> <p><b>Note:</b> Regression cannot be assigned to a participant two certification periods in a row and may only be used once after the initial certification.</p>	4	L	U
502	<p><b>Transfer of Certification -</b>                      Person with current valid Verification of Certification (VOC) document from another State or local agency. The VOC is valid until the certification period expires and shall be accepted as proof of eligibility for program benefits.</p>	N/A	L	S

Compass Code	BREASTFEEDING WOMAN Name/Definition	Priority	Risk	User or System Assigned
601	<b>Breastfeeding Mother of Infant at Nutritional Risk -</b> A breastfeeding woman whose breastfed infant has been determined to be at nutritional risk.			
601A	Priority 1 mother	1	L	S
601B	Priority 2 mother	2	L	S
601D	Priority 4 mother	4	L	S
	Note: Mother must be the same priority as at-risk infant			
602	<b>Breastfeeding Complications or Potential Complications-</b> A breastfeeding woman with any of the following complications or potential complications for breastfeeding:			
602A	▶ severe breast engorgement	1	H	U
602B	▶ recurrent plugged ducts	1	H	U
602C	▶ mastitis (fever or flu-like symptoms with localized breast tenderness)	1	H	U
602D	▶ flat or inverted nipples	1	H	U
602E	▶ cracked, bleeding, or severely sore nipples	1	H	U
602F	▶ age 40 years or older	1	H	U
602G	▶ failure of milk to come in by 4 days postpartum	1	L	S
602H	▶ tandem nursing (breastfeeding two siblings who are not twins).	1	H	U
	Note: High Risk must be seen by a Lactation Management Specialist (LMS/CLC/IBCLC) or WIC High Risk Counselor within 24 hours.	1	H	U
801	<b>Homelessness -</b> Woman who lacks a fixed and regular night time residence; or whose primary night time residence is: ▶ A supervised publicly or privately operated shelter (including a welfare hotel, a congregate shelter or a shelter for victims of domestic violence) designed to provide temporary living accommodations or; ▶ An institution that provides a temporary residence for individuals intended to be institutionalized or; ▶ A temporary accommodation in the residence of another individual not exceeding 365 days or; ▶ A public or private place not designed or ordinarily used as a regular sleeping accommodation for human beings.	4	L	U
802	<b>Migrancy -</b> Categorically eligible woman who is a member of a family that contains at least one individual: ▶ Whose principal employment is in agriculture on a seasonal basis and; ▶ Has been so employed within the last 24 months and; ▶ Who establishes, for the purposes of such employment, a temporary abode.	4	L	U

Compass Code	BREASTFEEDING WOMAN Name/Definition	Priority	Risk	User or System Assigned
901	<p><b>Recipient of Abuse -</b> Victim of violent physical assault within the past 6 months as self-reported, or as documented by a social worker, health care provider or on other appropriate documents, or as reported through consultation with a social worker, health care provider, or other appropriate personnel.</p>	4	L	U
902	<p><b>Woman or Primary Caregiver with Limited Ability to Make Feeding Decisions and/or Prepare Food -</b> Breastfeeding woman assessed to have a limited ability to make appropriate feeding decisions and/or prepare food. Examples include, but are not limited to:</p> <ul style="list-style-type: none"> <li>▶ Documented or self-reported misuse of alcohol, use of illegal substances, use of marijuana, or misuse of prescription medications.</li> <li>▶ Mental illness, including clinical depression.*</li> <li>▶ Intellectual disability.*</li> <li>▶ Physically disabled to a degree which restricts or limits food preparation abilities.</li> <li>▶ ≤ 17 years of age.</li> </ul> <p>* Presence of the condition diagnosed, documented, or reported by a physician or psychologist or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver.</p>	4	L	U
903	<p><b>Foster Care -</b> Entered the foster care system during the previous 6 months or moved from one foster care home to another foster care home during the previous 6 months.</p>	4	L	S
904	<p><b>Environmental Tobacco Smoke Exposure (ETS) -</b> Exposure to smoke from tobacco products inside the home.</p> <p>Note: ETS is also known as passive, secondhand, or involuntary smoke.</p>	1	L	U

## Non-Breastfeeding Woman NRFs

**System Assigned (S):** Compass assigns based on anthropometric, blood values, and/or dates entered in system.  
**User Assigned (U):** User assigns by checking a box or radio button, or by assigning on the Risk panel.

Compass Codes	NON- BREASTFEEDING WOMAN Name/Definition	Priority	Risk	User or System Assigned
101	<b>Underweight</b> - Current Body Mass Index (BMI) <18.5	6	L	S
111	<b>Overweight</b> - Prepregnancy Body Mass Index (BMI) ≥ 25.0	6	L	S
133	<b>High Maternal Weight Gain</b> - For most recent pregnancy, total gestational weight gain exceeded the upper limit of the IOM's recommended range based on Body Mass Index (BMI).  Note: Singleton pregnancy only	6	L	S
201	<b>Low Hematocrit/Low Hemoglobin</b> - Hemoglobin value below those listed in <i>Hemoglobin Levels Indicating NRF #201</i> table.	6	L	S
201B	<b>Severely Low Hematocrit/Low Hemoglobin</b> - Hemoglobin value low enough to necessitate a medical referral as listed in the <i>Standards for Severely Low Hemoglobin-NRF201b-High Risk Condition</i> table.	6	H	U
211	<b>Elevated Blood Lead Levels</b> - Blood lead level of ≥ 5 micrograms/deciliter within the past twelve months.	6	H	S
300 Series	<b>Medical Conditions</b> - *See <i>Clinical/Health/Medical Conditions List</i> for definitions, codes, and risk level (high or low).	6	L/H	U
401	<b>Failure to Meet Dietary Guidelines for Americans</b> - Non-breastfeeding woman who meets the income, categorical, and residency eligibility requirements may be presumed to be at nutritional risk based on <i>failure to meet Dietary Guidelines for Americans</i> . Based on an individual's estimated energy needs, this risk criterion is defined as consuming fewer than the recommended number of servings from one or more of the basic food groups (grains, fruits, vegetables, milk products, and meat or beans).  Note: Assign 401 to a non-breastfeeding woman when a complete nutrition assessment (to include NRF 427) has been performed and for whom no other risk(s) are identified.	6	L	U
427	<b>INAPPROPRIATE NUTRITION PRACTICES For WOMEN</b> Routine nutrition practices that may result in impaired nutrient status, disease, or health problems. These practices, with examples, are outlined below:	6	L	U

Compass Code	NON- BREASTFEEDING WOMAN Name/Definition	Priority	Risk	User or System Assigned
427A	<p><b>Consuming dietary supplements with potentially harmful consequences -</b>                      Examples of dietary supplements which when ingested in excess of recommended dosages, may be toxic or have harmful consequences are:                      ▶ Single or multiple vitamins;                      ▶ Mineral supplements; and                      ▶ Herbal or botanical supplements/remedies/teas.</p>	6	L	U
427B	<p><b>Consuming a diet very low in calories and/or essential nutrients; or impaired caloric intake or absorption of essential nutrients following bariatric surgery -</b>                      Examples are:                      ▶ Strict vegan diet;                      ▶ Low-carbohydrate, high-protein diet;                      ▶ Macrobiotic diet; and                      ▶ Any other diet restricting calories and/or essential nutrients.</p>	6	L	U
427C	<p><b>Compulsively ingesting non-food items (pica) -</b>                      Examples of non-food items are:                      ▶ Ashes;                      ▶ Baking soda;                      ▶ Burnt matches;                      ▶ Carpet fibers;                      ▶ Chalk;                      ▶ Cigarettes;                      ▶ Clay;                      ▶ Dust;                      ▶ Large quantities of ice and/or freezer frost;                      ▶ Paint chips;                      ▶ Soil; and                      ▶ Starch (laundry or cornstarch)</p>	6	L	U
427D	<p><b>Inadequate vitamin/mineral supplementation recognized as essential by national public health policy -</b>                      For example:                      ▶ Consumption of less than 400 mcg of folic acid from fortified foods and/or supplements daily by non-pregnant woman.</p>	6	L	U
501	<p><b>Possibility of Regression -</b>                      A participant who has previously been certified eligible for the Program may be considered to be at nutritional risk in the next certification period if the Competent WIC Authority (CWA) determines there is a possibility of regression in nutritional status without the benefits that the WIC Program provides.</p> <p><b>Note:</b> Regression cannot be assigned to a participant two certification periods in a row and may only be used once after the initial certification.</p>	6	L	U
502	<p><b>Transfer of Certification -</b>                      Person with current valid Verification of Certification (VOC) document from another State or local agency. The VOC is valid until the certification period expires and shall be accepted as proof of eligibility for program benefits.</p>	N/A	L	S

Compass Codes	NON- BREASTFEEDING WOMAN Name/Definition	Priority	Risk	User or System Assigned
801	<p><b>Homelessness -</b>                      Woman who lacks a fixed and regular night time residence; or whose primary night time residence is:</p> <ul style="list-style-type: none"> <li>▶ A supervised publicly or privately operated shelter (including a welfare hotel, a congregate shelter or a shelter for victims of domestic violence) designed to provide temporary living accommodations or;</li> <li>▶ An institution that provides a temporary residence for individuals intended to be institutionalized or;</li> <li>▶ A temporary accommodation in the residence of another individual not exceeding 365 days or;</li> <li>▶ A public or private place not designed or ordinarily used as a regular sleeping accommodation for human beings.</li> </ul>	6	L	U
802	<p><b>Migrancy -</b>                      Categorically eligible woman who is a member of a family that contains at least one individual:</p> <ul style="list-style-type: none"> <li>▶ Whose principal employment is in agriculture on a seasonal basis and;</li> <li>▶ Has been so employed within the last 24 months and;</li> <li>▶ Who establishes, for the purposes of such employment, a temporary abode.</li> </ul>	6	L	U
901	<p><b>Recipient of Abuse -</b>                      Victim of violent physical assault within the past 6 months as self-reported, or as documented by a social worker, health care provider or on other appropriate documents, or as reported through consultation with a social worker, health care provider, or other appropriate personnel.</p>	6	L	U
902	<p><b>Woman or Primary Caregiver with Limited Ability to Make Feeding Decisions and/or Prepare Food -</b>                      Non-breastfeeding woman assessed to have a limited ability to make appropriate feeding decisions and/or prepare food. Examples include, but are not limited to:</p> <ul style="list-style-type: none"> <li>▶ Documented or self-reported misuse of alcohol, use of illegal substances, use of marijuana, or misuse of prescription medications.</li> <li>▶ Mental illness, including clinical depression.*</li> <li>▶ Intellectual disability.*</li> <li>▶ Physically disabled to a degree, which restricts or limits food preparation abilities.</li> <li>▶ ≤ 17 years of age.</li> </ul> <p>* Presence of the condition diagnosed, documented, or reported by a physician or psychologist or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver</p>	6	L	U
903	<p><b>Foster Care -</b>                      Entered the foster care system during the previous 6 months or moved from one foster care home to another foster care home during the previous 6 months.</p>	6	L	S
904	<p><b>Environmental Tobacco Smoke Exposure (ETS) -</b>                      Exposure to smoke from tobacco products inside the home.</p> <p><b>Note:</b> ETS is also known as passive, secondhand, or involuntary smoke.</p>	6	L	U



## Infant NRFs

**System Assigned (S):** Assigned by Compass based on anthropometric, blood values, and/or dates entered system.  
**User Assigned (U):** Assigned by the user by checking a box or radio button, or by assigning on the Risk panel.

Compass Code	Name/Definition	Priority	Risk	User or System Assigned
103A	<b>At Risk of Underweight -</b> > 2nd percentile and ≤ 5 <sup>th</sup> percentile weight-for-length	1	L	S
103B	<b>Underweight-</b> ≤ 2nd percentile weight-for-length  Note: CDC labels the 2.3 <sup>rd</sup> percentile as the 2 <sup>nd</sup> percentile on the Birth to 24 months gender specific growth charts.	1	H	S
114	<b>At Risk of Overweight-</b> ▶ Biological mother with a BMI ≥ 30 at the time of conception or at any point in the first trimester of pregnancy. (Compass assigns using biological mother’s most recent pregnancy record.)  ▶ Biological father with a BMI ≥ 30 at the time of certification. BMI must be based on self-reported weight and height by the father in attendance (i.e., one parent may not “self-report” for the other parent) or weight and height measurements taken by staff at the time of certification.	1	L	S  U
115	<b>High Weight-for-Length -</b> ≥ 98 <sup>th</sup> percentile weight-for-length  Note: CDC labels the 97.7 <sup>th</sup> percentile as the 98 <sup>th</sup> percentile on the Birth to 24 months gender specific growth charts.	1	L	S
121A	<b>At Risk for Short Stature -</b> > 2nd percentile and ≤ 5 <sup>th</sup> percentile length-for-age as plotted on the CDC Birth to 24 months gender specific growth charts.  Note: CDC labels the 2.3 <sup>rd</sup> percentile as the 2 <sup>nd</sup> percentile on the birth to 24 months gender-specific growth charts.  Assignment for premature infant is based on adjusted gestational age.	1	L	S
121B	<b>Short Stature -</b> ≤ 2nd percentile length-for-age as plotted on the CDC Birth to 24 months gender specific growth charts.  Note: CDC labels the 2.3 <sup>rd</sup> percentile as the 2 <sup>nd</sup> percentile on the birth to 24 months gender-specific growth charts. Assignment for premature infant is based on adjusted gestational age.	1	L	S

Compass Code	INFANT Name/Definition	Priority	Risk	User or System Assigned
134	<b>Failure to Thrive -</b> Presence of failure to thrive (FTT) diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by endorser/caregiver.	1	H	U
135	<b>Slowed/Faltering Growth Pattern -</b> <i>Infant Birth to 2 weeks</i> <ul style="list-style-type: none"> <li>Excessive weight loss after birth, defined as <math>\geq 7\%</math> birth weight.</li> </ul> Note: Requires further assessment and counseling by the WIC High Risk Counselor within 24 hours of risk identification.  <i>Infants 2 weeks to 6 months of age</i> <ul style="list-style-type: none"> <li>Any weight loss. Use two separate weight measurements taken at least 8 weeks apart.</li> </ul> Note: WIC High Risk Counselor visit is required within 30 days of risk identification.	1	H	S
141A	<b>Low Birth Weight -</b> Birth weight defined as $\leq 5$ pounds 8 ounces ( $\leq 2500$ grams)	1	H	S
141B	<b>Very Low Birth Weight -</b> Birth weight defined as $\leq 3$ pounds 5 ounces ( $\leq 1500$ grams)	1	H	S
142A	<b>Preterm Delivery -</b> Delivery of an infant born $\leq 36 \frac{6}{7}$ week gestation.	1	H	S
142B	<b>Early Term Delivery -</b> Delivery of an infant born $\geq 37 \frac{0}{7}$ and $\leq 38 \frac{6}{7}$ weeks gestation.	1	L	S
151	<b>Small for Gestational Age (SGA) -</b> Diagnosed as small for gestational age.	1	H	U
153	<b>Large for Gestational Age (LGA) -</b> Birth weight of $\geq 9$ pounds ( $\geq 4000$ g) or presence of LGA as diagnosed by a physician or someone working under a physician's orders, or as self-reported by endorser/caregiver.	1	L	S
201	<b>Low Hematocrit/Low Hemoglobin -</b> Hemoglobin value below those listed in <i>Hemoglobin Levels Indicating NRF #201</i> table.	1	L	S
201B	<b>Severely Low Hematocrit/Hemoglobin -</b> Hemoglobin value low enough to necessitate a medical referral as listed in the <i>Standards for Severely Low Hemoglobin-NRF201b-High Risk Condition</i> table.	1	H	U

Compass Code	INFANT Name/Definition	Priority	Risk	User or System Assigned
211	<b>Elevated Blood Lead Levels -</b> Blood lead level of $\geq 5$ micrograms/deciliter within the past twelve months.	1	H	S
300 Series	<b>Medical Conditions -</b> *See <i>Clinical/Health/Medical Conditions List</i> for definitions, codes, and risk level (High or Low).	1	L/H	U
411	<b>INAPPROPRIATE NUTRITION PRACTICES FOR INFANTS:</b> Routine use of feeding practices that may result in impaired nutrient status, disease, or health problems. These practices, with examples, are outlined below:	4	L	U
411A	<b>Routinely using a substitute(s) for human milk or for FDA approved iron-fortified formula as the primary nutrient source during the first year of life.</b>  Examples of substitutes: ▶ Low iron formula without iron supplementation; ▶ Cow’s milk, goat’s milk, or sheep’s milk (whole, reduced fat, low-fat, skim), canned evaporated or sweetened condensed milk; and ▶ Imitation or substitute milks (such as rice- or soy-based beverages, non-dairy creamer), or “other homemade concoctions.”	4	L	U
411B	<b>Routinely using nursing bottles or cups improperly.</b>  ▶ Using a bottle to feed fruit juice. ▶ Feeding any sugar-containing fluids, such as soda/soft drinks, gelatin water, corn syrup solutions, and sweetened tea. ▶ Allowing the infant to fall asleep or be put to bed with a bottle at naps or bedtime. ▶ Allowing the infant to use the bottle without restriction (e.g. walking around with a bottle) or as a pacifier. ▶ Propping the bottle when feeding. ▶ Allowing an infant to carry around and drink throughout the day from a covered or training cup. ▶ Adding any food (cereal or other solid foods) to the infant’s bottle.	4	L	U
411C	<b>Routinely offering complementary foods* or other substances that are inappropriate in type or timing.</b>  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. ▶ Introducing any food other than human milk or iron-fortified infant formula before 6 months of age.  * Complementary foods are any foods or beverages other than human milk or infant formula.	4	L	U

Compass Code	INFANT Name/Definition	Priority	Risk	User or System Assigned
411D	<p><b>Routinely using feeding practices that disregard the developmental needs or stage of the infant.</b></p> <ul style="list-style-type: none"> <li>▶ 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).</li> <li>▶ Feeding foods of inappropriate consistency, size, or shape that put infants at risk of choking.</li> <li>▶ 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).</li> <li>▶ Feeding an infant food 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).</li> </ul>	4	L	U
411E	<p><b>Feeding foods to an infant that could be contaminated with harmful microorganisms or toxins.</b></p> <p><b>Examples of potentially harmful foods:</b></p> <ul style="list-style-type: none"> <li>▶ Unpasteurized fruit or vegetable juice;</li> <li>▶ Unpasteurized dairy products or soft cheeses such as feta, Brie, Camembert, blue-veined, and Mexican-style cheese;</li> <li>▶ Honey (added to liquids or solid foods, used in cooking, as part of processed foods, on a pacifier, etc.);</li> <li>▶ Raw or undercooked meat, fish, poultry, or eggs;</li> <li>▶ Raw vegetable sprouts (alfalfa, clover, bean, and radish);</li> <li>▶ Deli meats, hot dogs, and processed meats (avoid unless heated until steaming hot).</li> <li>▶ Donor human milk acquired directly from individuals or the Internet.</li> </ul>	4	L	U
411F	<p><b>Routinely feeding inappropriately diluted formula.</b></p> <ul style="list-style-type: none"> <li>▶ Failure to follow manufacturer’s mixing instructions (to include stretching formula for household economic reasons).</li> <li>▶ Failure to follow specific instructions accompanying a prescription.</li> </ul>	4	L	U
411G	<p><b>Routinely limiting the frequency of nursing of the exclusively breastfed infant when human milk is the sole source of nutrients.</b></p> <p>Examples of inappropriate frequency of nursing:</p> <ul style="list-style-type: none"> <li>▶ Scheduled feedings instead of demand feedings; and</li> <li>▶ Less than 8 feedings in 24 hours if less than 2 months of age.</li> </ul>	4	L	U

Compass Code	<p style="text-align: center;"><b>INFANT</b></p> <p style="text-align: center;"><b>Name/Definition</b></p>	Priority	Risk	User or System Assigned
411H	<p><b>Routinely feeding a diet very low in calories and/or essential nutrients.</b></p> <p>Examples:</p> <ul style="list-style-type: none"> <li>▶ Vegan diet</li> <li>▶ Macrobiotic diet</li> <li>▶ Other diets very low in calories and/or essential nutrients</li> </ul>	4	L	U
411I	<p><b>Routinely using inappropriate sanitation in the feeding, preparation, handling, and storage of expressed human milk or formula.</b></p> <ul style="list-style-type: none"> <li>▶ Limited or no access to a: <ul style="list-style-type: none"> <li>• Safe water supply (documented by appropriate authorities);</li> <li>• Heat source for sterilization; and/or</li> <li>• Refrigerator or freezer for storage.</li> </ul> </li> <li>▶ Failure to prepare, handle, and store bottles, storage containers or breast pumps properly; examples include: <p>Human Milk</p> <ul style="list-style-type: none"> <li>• Thawing/heating in a microwave</li> <li>• Refreezing</li> <li>• Adding freshly expressed unrefrigerated human milk to frozen human milk</li> <li>• Adding freshly pumped chilled human milk to frozen human milk in an amount that is greater than the amount of frozen human milk</li> <li>• Feeding thawed refrigerated human milk more than 24 hours after it was thawed</li> <li>• Saving human milk from a used bottle for another feeding</li> <li>• Failure to clean breast pump per manufacturer’s instruction</li> <li>• Feeding donor human milk acquired directly from individuals or the Internet.</li> </ul> <p>Formula</p> <ul style="list-style-type: none"> <li>• Failure to prepare and/or store formula formula per manufacturer’s or physicians instructions</li> <li>• Storing at room temperature for more than 1 hour</li> <li>• Using formula in a bottle one hour after the start of a feeding</li> <li>• Saving formula from a used bottle for another feeding</li> <li>• Failure to clean baby bottle properly</li> </ul> </li> </ul>	4	L	U
411J	<p><b>Feeding dietary supplements with potentially harmful consequences.</b></p> <p>Examples of dietary supplements which, when fed in excess of recommended dosage, may be toxic or have harmful consequences:</p> <ul style="list-style-type: none"> <li>▶ Single or multi-vitamins;</li> <li>▶ Mineral supplements; and</li> <li>▶ Herbal or botanical supplements/remedies/teas.</li> </ul>	4	L	U

Compass Code	INFANT Name/Definition	Priority	Risk	User or System Assigned
411K	<p><b>Routinely not providing dietary supplements recognized as essential by national public health policy when an infant’s diet alone cannot meet nutrient requirements.</b></p> <ul style="list-style-type: none"> <li>▶ 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.</li> <li>▶ Infants who are exclusively breastfed, or who are ingesting less than one liter (or 1 quart) per day of vitamin D-fortified formula and are not taking a supplement of 400 IU of vitamin D.</li> </ul>	4	L	U
428	<p><b>Dietary Risk Associated with Complementary Feeding Practices -</b> Infant 4-12 months of age who has begun to or is expected to begin to:</p> <ol style="list-style-type: none"> <li>1) consume complementary foods and beverages,</li> <li>2) eat independently,</li> <li>3) be weaned from breast milk or infant formula, or</li> <li>4) transition from a diet based on infant/toddler foods to one based on the Dietary Guidelines for Americans.</li> </ol> <p><b>Note:</b> A complete nutrition assessment, including for risk #411, Inappropriate Nutrition Practices for Infants, must be performed prior to assigning this risk.</p>	4	L	U
501	<p><b>Possibility of Regression -</b> A participant who has previously been certified eligible for the Program may be considered to be at nutritional risk in the next certification period if the Competent WIC Authority (CWA) determines there is a possibility of regression in nutritional status without the benefits that the WIC Program provides.</p> <p><b>Note:</b> Regression cannot be assigned to a participant two certification periods in a row and may only be used once after the initial certification.</p>	4	L	U
502	<p><b>Transfer of Certification -</b> Person with current valid Verification of Certification (VOC) documents from another State or local agency. The VOC is valid until the certification period expires and shall be accepted as proof of eligibility for program benefits.</p>	N/A	L	S
603 603A 603B 603C 603D	<p><b>Breastfeeding Complications or Potential Complications -</b>Breastfed infant with any of the following complications or potential complications for breastfeeding:</p> <ul style="list-style-type: none"> <li>▶ jaundice</li> <li>▶ weak or ineffective suck</li> <li>▶ difficulty latching onto mother’s breast</li> <li>▶ inadequate stooling (for age, as determined by a physician or other health care professional), and/or less than 6 wet diapers per day.</li> </ul> <p><b>Note:</b> High risk must be seen by a Lactation Management Specialist (LMS/CLC/IBCLC) or WIC High Risk Counselor within 24 hours.</p>	1	H	U

Compass Code	INFANT Name/Definition	Priority	Risk	User or System Assigned
701	<p><b>Infant Up to 6 Months Old of WIC Mother or of a Woman Who Would Have Been Eligible During Pregnancy -</b></p> <p>Infant &lt; 6 months of age whose mother was a WIC Program participant during pregnancy or whose mother’s medical records document that the woman was at nutritional risk during pregnancy because of detrimental or abnormal nutritional conditions detectable by biochemical or anthropometric measurements or other documented nutritionally related conditions.</p>	2	L	S
702A 702B 702D	<p><b>Breastfeeding Infant of Woman at Nutritional Risk -</b></p> <p>Priority 1 infant Priority 2 infant Priority 4 infant</p> <p><b>Note:</b> Infant must be the same priority as at-risk mother</p>	1 2 4	L L L	S S S
801	<p><b>Homelessness -</b></p> <p>Infant who lacks a fixed and regular nighttime residence; or whose primary nighttime residence is:</p> <ul style="list-style-type: none"> <li>▶ A supervised publicly or privately operated shelter (including a welfare hotel, a congregate shelter, or a shelter for victims of domestic violence) designed to provide temporary living accommodations;</li> <li>▶ An institution that provides a temporary residence for individuals intended to be institutionalized;</li> <li>▶ A temporary accommodation of not more than 365 days in the residence of another individual; or</li> <li>▶ A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.</li> </ul>	4	L	U
802	<p><b>Migrancy -</b></p> <p>Infant who is a member of a family that contains 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.</p>	4	L	U
901	<p><b>Recipient of Abuse -</b></p> <p>Battering or child abuse/neglect within the past 6 months as self-reported by endorser/proxy or documented by a social worker, health care provider, or on other appropriate documents, or as reported through consultation with a social worker, health care provider, or other appropriate personnel.</p>	4	L	U

Compass Code	INFANT Name/Definition	Priority	Risk	User or System Assigned
902	<p><b>Infant of Primary Caregiver with Limited Ability to Make Feeding Decisions and/or Prepare Food -</b>                      Infant whose primary caregiver is assessed to have a limited ability to make appropriate feeding decisions and/or prepare food. Examples include, but are not limited to:</p> <ul style="list-style-type: none"> <li>▶ Documented or self-reported misuse of alcohol, use of illegal substances, use of marijuana, or misuse of prescription medications.</li> <li>▶ Mental illness, including clinical depression.*</li> <li>▶ Intellectual disability.*</li> <li>▶ Physically disabled to a degree, which restricts or limits food preparation abilities.</li> <li>▶ &lt; 17 years of age.</li> </ul> <p>* Presence of the condition diagnosed, documented, or reported by a physician or psychologist or someone working under a physician’s orders, or as self-reported by applicant/participant/caregiver.</p>	4	L	U
903	<p><b>Foster Care -</b>                      Entering the foster care system during the previous 6 months or moving from one foster care home to another foster care home during the previous 6 months.</p>	4	L	S
904	<p><b>Environmental Tobacco Smoke Exposure (ETS) -</b>                      Exposure to smoke from tobacco products inside the home.</p> <p><b>Note:</b> ETS is also known as passive, secondhand, or involuntary smoke.</p>	1	L	U



## Child NRFs

**System Assigned (S):** Compass assigns based on anthropometric, blood values, and/or dates entered in system.  
**User Assigned (U):** User assigns by checking a box or radio button, or by assigning on the Risk panel.

Compass Code	Name/Definition	Priority	Risk	User or System Assigned
103A	<p><b>At Risk of Underweight -</b>  <i>Child ≥ 12 months to &lt;24 months:</i>                      &gt; 2<sup>nd</sup> percentile and ≤ 5<sup>th</sup> percentile weight-for-length</p> <p><i>Child 2-5 years of age:</i>                      &gt; 5<sup>th</sup> percentile and ≤ 10<sup>th</sup> percentile Body Mass Index (BMI)-for-age</p>	3	L	S
103B	<p><b>Underweight -</b>  <i>Child ≥ 12 months to &lt;24 months:</i>                      ≤ 2<sup>nd</sup> percentile weight-for-length</p> <p>Note: CDC labels the 2.3<sup>rd</sup> percentile as the 2<sup>nd</sup> percentile on the Birth to 24 months gender specific growth charts.</p> <p><i>Child 2-5 years of age:</i>                      ≤ 5<sup>th</sup> percentile Body Mass Index (BMI)-for-age</p>	3	H	S
113	<p><b>Obese -</b>  <i>Child 2-5 years of age:</i>                      ≥ 95<sup>th</sup> percentile Body Mass Index (BMI)-for-age</p> <p>Note: standing height only</p>	3	H	S
114	<p><b>Overweight -</b>  <i>Child 2-5 years of age:</i>                      ≥ 85<sup>th</sup> and &lt; 95<sup>th</sup> percentile Body Mass Index (BMI)-for-age</p>	3	L	S
	<p><b>At Risk of Overweight -</b>  <i>Child ≥ 12 months to 5 years of age:</i>                      Biological mother** and/or biological father with a BMI ≥ 30 at the time of certification.*</p> <p>*BMI must be based on self-reported weight and height by the parent in attendance (i.e., one parent may not “self-report” for the other parent) or weight and height measurements taken by staff at the time of certification.</p> <p>**If the mother is pregnant or has had a baby within the past 6 months but was not on WIC during that pregnancy, use her preconceptional weight to assess for obesity since her current weight will be influenced by pregnancy-related weight gain. For children &lt;24 months of age whose biological mother was on WIC during the most recent pregnancy, Compass assigns using the biological mother’s most recent pregnancy record.</p>	3	L	S/U

Compass Code	CHILD Name/Definition	Priority	Risk	User or System Assigned
115	<p><b>High Weight-for-Length -</b>  <i>Child &gt; 12 months to &lt; 24 months of age:</i>                      &gt; 98th percentile weight-for-length as plotted on the CDC Birth to 24 months gender specific growth charts.  <b>Note:</b> CDC labels the 97.7th percentile as the 98th percentile on the Birth to 24 months gender specific growth charts.</p>	3	L	S
121A	<p><b>At Risk for Short Stature -</b>  <i>Child &gt; 12 months to &lt; 24 months of age:</i>                      &gt; 2nd percentile and &lt; 5th percentile length-for-age as plotted on the CDC Birth to 24 months gender specific growth charts.  <b>Note:</b> CDC labels the 2.3rd percentile as the 2nd percentile on the Birth to 24 months gender specific growth charts.  <b>Note:</b> Assignment for a child with a history of prematurity is based on adjusted gestational age.  <i>Child 2-5 years of age:</i>                      &gt; 5th percentile and &lt; 10th percentile height-for-age.</p>	3	L	S
121B	<p><b>Short Stature -</b>  <i>Child &gt; 12 months to &lt; 24 months of age:</i>                      &lt; 2nd percentile length-for-age as plotted on the CDC Birth to 24 months gender specific growth charts.  <b>Note:</b> CDC labels the 2.3rd percentile as the 2nd percentile on the birth to 24 months gender-specific growth charts.  <b>Note:</b> Assignment for a child with a history of prematurity is based on adjusted gestational age.  <i>Child 2-5 years of age:</i>                      &lt; 5th percentile height-for-age</p>	3	L	S
134	<p><b>Failure to Thrive -</b>                      Presence of failure to thrive (FTT) diagnosed, documented, or reported by a physician or someone working under a physician’s orders, or as self-reported by endorser/caregiver.</p>	3	H	U

Compass Code	CHILD Name/Definition	Priority	Risk	User or System Assigned
141A	<b>Low Birth Weight - (Child &lt; 24 months of age):</b> Birth weight defined as ≤ 5 pounds 8 ounces (≤ 2500 grams)	3	L	S
141B	<b>Very Low Birth Weight - (Child &lt; 24 months of age):</b> Birth weight defined as ≤ 3 pounds 5 ounces (≤ 1500 grams)	3	L	S
142A	<b>Preterm Delivery (Child &lt; 24 months of age) -</b> Delivery of an infant born ≤ 36 6/7 week gestation.	3	L	S
142B	<b>Early Term Delivery (Child &lt; 24 months of age) -</b> Delivery of an infant born ≥ 37 0/7 and ≤ 38 6/7 weeks gestation.	3	L	S
151	<b>Small for Gestational Age (SGA) - (Child &lt; 24 months of age):</b> Diagnosed as small for gestational age.	3	L	U
201	<b>Low Hematocrit/Low Hemoglobin -</b> Hemoglobin value below those listed in <i>Hemoglobin Levels Indicating NRF #201</i> table.	3	L	S
201B	<b>Severely Low Hematocrit/Hemoglobin -</b> Hemoglobin value low enough to necessitate a medical referral as listed in the <i>Standards for Severely Low Hemoglobin-NRF201b-High Risk Condition</i> table.	3	H	U
211	<b>Elevated Blood Lead Levels -</b> Blood lead level of ≥ 5 micrograms/deciliter within the past twelve months.	3	H	S
300 Series	<b>Medical Conditions -</b> *See <i>Clinical/Health/Medical Conditions List</i> for definitions, codes, and risk level (high or low).	3	L/H	U
401	<b>Failure to Meet Dietary Guidelines for Americans -</b> Child ≥ 24 months of age who meets the income, categorical, and residency eligibility requirements may be presumed to be at nutritional risk based on <i>failure to meet Dietary Guidelines for Americans</i> . Based on a child's estimated energy needs, this risk criterion is defined as consuming fewer than the recommended number of servings from one or more of the basic food groups (grains, fruits, vegetables, milk products, and meat or beans).  Note: Assign 401 to child 2-5 years of age when a complete nutrition assessment has been performed and no other nutrition risks are identified.	5	L	U

Compass Code	CHILD Name/Definition	Priority	Risk	User or System Assigned
425	<b>INAPPROPRIATE NUTRITION PRACTICES FOR CHILDREN -</b> Routine use of feeding practices that may result in impaired nutrient status, disease, or health problems.	5	L	U
425A	<b>Routinely feeding inappropriate beverages as the primary milk source -</b> Examples of inappropriate beverages as primary milk source: ▶ Non-fat or reduced-fat milks between 12 and 24 months of age only (unless overweight or obesity is a concern) or sweetened condensed milk; and ▶ Goat’s milk, sheep’s milk, imitation or substitute milks (that are unfortified or inadequately fortified), or other “homemade concoctions.”	5	L	U
425B	<b>Routinely feeding a child any sugar-containing fluids</b>  Examples of sugar-containing fluids: ▶ Soda/soft drinks ▶ Gelatin water ▶ Corn syrup solutions; and ▶ Sweetened tea	5	L	U
425C	<b>Routinely using nursing bottles, cups, or pacifiers inappropriately -</b> ▶ Using a bottle to feed: <ul style="list-style-type: none"> <li>• Fruit juice, or</li> <li>• Diluted cereal or other solid foods.</li> </ul> ▶ 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.	5	L	U

Compass Code	CHILD Name/Definition	Priority	Risk	User or System Assigned
425D	<p><b>Routinely using feeding practices that disregard the developmental needs or stages of the child -</b></p> <ul style="list-style-type: none"> <li>▶ 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 request for appropriate foods).</li> <li>▶ Feeding foods of inappropriate consistency, size, or shape that puts child at risk of choking.</li> <li>▶ 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).</li> <li>▶ Feeding a child food with an inappropriate texture based on his/her developmental stage (e.g., feeding primarily pureed or liquid foods when the child is ready and capable of eating mashed, chopped or appropriate finger foods).</li> </ul>	5	L	U
425E	<p><b>Feeding foods to a child that could be contaminated with harmful microorganisms or toxins-</b></p> <p>Examples of potentially harmful foods for a child:</p> <ul style="list-style-type: none"> <li>▶ Unpasteurized fruit or vegetable juice;</li> <li>▶ Unpasteurized dairy products or soft cheeses such as feta, Brie, Camembert, blue-veined, and Mexican-style cheese;</li> <li>▶ Raw or undercooked meat, fish, poultry, or eggs;</li> <li>▶ Raw vegetable sprouts (alfalfa, clover, bean, and radish); and</li> <li>▶ Deli meat, hot dogs, and processed meats (avoid unless heated until steaming hot).</li> </ul>	5	L	U
425F	<p><b>Routinely feeding a diet very low in calories and/or essential nutrients -</b></p> <p>Examples:</p> <ul style="list-style-type: none"> <li>▶ Vegan diet;</li> <li>▶ Macrobiotic diet; and</li> <li>▶ Other diets very low in calories and/or essential nutrients.</li> </ul>	5	L	U
425G	<p><b>Feeding dietary supplements with potentially harmful consequences -</b></p> <p>Examples of dietary supplements which when fed in excess of recommended dosage may be toxic or have harmful consequences:</p> <ul style="list-style-type: none"> <li>▶ Single or multi-vitamins;</li> <li>▶ Mineral supplements; and</li> <li>▶ Herbal or botanical supplements/remedies/teas.</li> </ul>	5	L	U

Compass Code	CHILD Name/Definition	Priority	Risk	User or System Assigned
425H	<p><b>Routinely not providing dietary supplements recognized as essential by national public health policy when a child’s diet alone cannot meet nutrient requirements -</b></p> <ul style="list-style-type: none"> <li>▶ Providing child &lt; 36 months of age less than 0.25 mg of fluoride daily when the water supply contains less than 0.3 ppm fluoride.</li> <li>▶ Providing child 36-60 months of age less than 0.50 mg of fluoride daily when the water supply contains less than 0.3 ppm fluoride.</li> <li>▶ Not providing 400 IU of vitamin D per day if a child consumes less than 1 liter (or 1 quart) of vitamin D fortified milk or formula.</li> </ul>	5	L	U
425I	<p><b>Routine ingestion of nonfood items (pica) -</b>  <b>Examples of inappropriate nonfood items:</b></p> <ul style="list-style-type: none"> <li>▶ Ashes;</li> <li>▶ Carpet fibers;</li> <li>▶ Cigarettes or cigarette butts;</li> <li>▶ Clay;</li> <li>▶ Dust;</li> <li>▶ Foam rubber;</li> <li>▶ Paint chips;</li> <li>▶ Soil; and</li> <li>▶ Starch (laundry or cornstarch).</li> </ul>	5	L	U
428	<p><b>Dietary Risk Associated with Complementary Feeding Practices -</b>            Child <math>\geq 12</math> to &lt; 24 months of age who has begun to or is expected to begin to:</p> <ol style="list-style-type: none"> <li>1) Consume complementary foods and beverages,</li> <li>2) Eat independently,</li> <li>3) Be weaned from breast milk or infant formula, or</li> <li>4) Transition from a diet based on infant/toddler foods to one based on the <i>Dietary Guidelines for Americans</i>, and is at risk of inappropriate complementary feeding</li> </ol> <p>Note: A complete nutrition assessment, including #425, Inappropriate Nutrition Practices for Children, must be completed prior to assigning this risk.</p>	5	L	U

Compass Code	CHILD Name/Definition	Priority	Risk	User or System Assigned
501	<p><b>Possibility of Regression -</b> A participant who has previously been certified eligible for the Program may be considered to be at nutritional risk in the next certification period if the Competent WIC Authority (CWA) determines there is a possibility of regression in nutritional status without the benefits that the WIC Program provides.</p> <p><b>Note:</b> Regression cannot be assigned to a participant two certification periods in a row and may only be used once after the initial certification.</p>	5	L	U
502	<p><b>Transfer of Certification -</b> Person with current valid Verification of Certification (VOC) documents from another State or local agency. The VOC is valid until the certification period expires and shall be accepted as proof of eligibility for program benefits.</p>	N/A	L	S
801	<p><b>Homelessness -</b> Child who lacks a fixed and regular night time residence; or whose primary night time residence is:</p> <ul style="list-style-type: none"> <li>▶ A supervised publicly or privately operated shelter (including a welfare hotel, a congregate shelter, or a shelter for victims of domestic violence) designed to provide temporary living accommodations;</li> <li>▶ An institution that provides a temporary residence for individuals intended to be institutionalized;</li> <li>▶ A temporary accommodation of not more than 365 days in the residence of another individual; or</li> <li>▶ A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.</li> </ul>	5	L	U
802	<p><b>Migrancy -</b> Child who is a member of a family that contains at least one individual:</p> <ul style="list-style-type: none"> <li>▶ Whose principal employment is in agriculture on a seasonal basis and;</li> <li>▶ Has been so employed within the last 24 months and;</li> <li>▶ Who establishes, for the purposes of such employment, a temporary abode.</li> </ul>	5	L	U
901	<p><b>Recipient of Abuse -</b> Battering or child abuse/neglect within the past 6 months as self-reported by endorser/proxy or documented by a social worker, health care provider, or on other appropriate documents, or as reported through consultation with a social worker, health care provider, or other appropriate personnel.</p>	5	L	U

Compass Code	CHILD Name/Definition	Priority	Risk	User or System Assigned
902	<p><b>Child of Primary Caregiver with Limited Ability to Make Feeding Decisions and/or Prepare Food -</b>                      A child whose primary caregiver is assessed to have a limited ability to make appropriate feeding decisions and/or prepare food. Examples include, but are not limited to:</p> <ul style="list-style-type: none"> <li>▶ Documented or self-reported misuse of alcohol, use of illegal substances, use of marijuana, or misuse of prescription medications.</li> <li>▶ Mental illness, including clinical depression.*</li> <li>▶ Intellectual disability.*</li> <li>▶ Physically disabled to a degree which restricts or limits food preparation abilities.</li> <li>▶ &lt; 17 years of age.</li> </ul> <p>* Presence of the condition diagnosed, documented, or reported by a physician or psychologist or someone working under a physician’s orders, or as self-reported by applicant/participant/caregiver.</p>	5	L	U
903	<p><b>Foster Care -</b>                      Entered the foster care system during the previous 6 months or moved from one foster care home to another foster care home during the previous 6 months.</p>	5	L	U
904	<p><b>Environmental Tobacco Smoke Exposure (ETS) -</b>                      Exposure to smoke from tobacco products inside the home.</p> <p><b>Note:</b> ETS is also known as passive, secondhand, or involuntary smoke.</p>	3	L	U



## Clinical/Health/Medical Conditions NRFs

All Conditions are User-assigned, unless specifically noted. Risk level assigned (*High or Low Risk*) noted in the Definition section.

NRF Code	Compass Description	Definition	Categories					
			P	B	N	I	C	
301	Hyperemesis Gravidarum*	Severe nausea and vomiting to the extent that the pregnant woman becomes dehydrated and acidotic. ( <i>High Risk</i> )	X					
302	Gestational Diabetes*	Any degree of glucose/carbohydrate intolerance with onset or first recognition during pregnancy. ( <i>High Risk</i> )	X					
303	History of Gestational Diabetes*	History of diagnosed gestational diabetes mellitus (GDM). ( <i>Low Risk</i> )	X	X	X			
304	History of Preeclampsia*	History of diagnosed preeclampsia. ( <i>Low Risk</i> )	X	X	X			
311A	History of Preterm Delivery	Delivery of an infant born $\leq 36 \frac{6}{7}$ weeks gestation: ( <i>Low Risk</i> ) <b>Pregnant:</b> Any history of preterm delivery <b>Breastfeeding/Non-Breastfeeding:</b> Most recent pregnancy	X					
311B	History of Early Term Delivery	Delivery of an infant born $\geq 37 \frac{0}{7}$ and $\leq 38 \frac{6}{7}$ weeks: ( <i>Low Risk</i> ) <b>Pregnant:</b> Any history of early term delivery <b>Breastfeeding/Non-Breastfeeding:</b> Most recent pregnancy	X					
312	History of Low Birth Weight	Birth of an infant weighing $\leq 5$ pounds 8 ounces ( $\leq 2500$ gm). ( <i>Low Risk</i> ) <b>Pregnant:</b> Any history of low birth weight <b>Breastfeeding/Non-Breastfeeding:</b> Most recent pregnancy	X					
321	History of Spontaneous Abortion, Fetal or Neonatal Loss	Any history of spontaneous abortion, fetal or neonatal loss. ( <i>Low Risk</i> ) <ul style="list-style-type: none"> <li>• <b>321A Pregnant:</b> Any history of fetal or neonatal death or 2 or more spontaneous abortions.</li> <li>• <b>321B Breastfeeding:</b> 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.</li> <li>• <b>321C Non-Breastfeeding:</b> Spontaneous abortion, fetal or neonatal loss in most recent pregnancy.</li> </ul> <i>Note:</i> Spontaneous abortion occurs before 20 weeks; fetal death occurs at or after 20 weeks gestation; neonatal death is within 0-28 days of life.	X					
331	Pregnancy at a Young Age**  **System assigned	<b>331A:</b> < 16 years ( <i>High Risk</i> ) <b>331B:</b> 16 to < 18 years ( <i>Low Risk</i> ) <b>Pregnant:</b> Current pregnancy <b>Breastfeeding/Non-Breastfeeding:</b> Most recent pregnancy	X	X	X			

NRF Code	Compass Description	Definition	Categories				
			P	B	N	I	C
332	<b>Short Interpregnancy Interval**</b> **System assigned	Interpregnancy interval of less than 18 months from the date of a live birth to the conception of the subsequent pregnancy for the following: <i>(Low Risk)</i> <b>Pregnant:</b> Current pregnancy <b>Breastfeeding/Non-Breastfeeding:</b> Most recent pregnancy	X	X	X		
333	<b>High Parity and Young Age**</b> **System assigned	Woman under 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 for the following: <i>(Low Risk)</i> <b>Pregnant:</b> Current pregnancy <b>Breastfeeding/Non-Breastfeeding:</b> Most recent pregnancy	X	X	X		
334	<b>Lack of or Inadequate Prenatal Care</b>	Prenatal care beginning after the 1 <sup>st</sup> trimester (after 13 <sup>th</sup> week). <i>(Low Risk)</i>	X				
335	<b>Multi-fetal Gestation</b>	More than one fetus in: <b>Pregnant:</b> the current pregnancy <i>(High Risk)</i> <b>Breastfeeding:</b> the most recent pregnancy <i>(High Risk)</i> <b>Non-Breastfeeding:</b> the most recent pregnancy <i>(Low Risk)</i>	X	X	X		
336	<b>Fetal Growth Restriction (FGR)*</b>	Fetal weight <10 <sup>th</sup> percentile for gestational age. <i>(High Risk)</i> <b>Note:</b> Fetal Growth Restriction (FGR) may be diagnosed by a physician with serial measurements of fundal height, abdominal girth and can be confirmed with ultrasonography. FGR replaces the term Intrauterine Growth Retardation (IUGR)	X				
337	<b>History of Birth of a Large for Gestational Age Infant*</b>	<b>Pregnant:</b> Any history of giving birth to an infant weighing ≥ 9 pounds (4000 grams). <i>(Low Risk)</i> <b>Breastfeeding/Non-Breastfeeding:</b> Most recent pregnancy, or history of giving birth to an infant weighing ≥ 9 pounds (4000 grams). <i>(Low Risk)</i>	X	X	X		
338	<b>Pregnant Woman Currently Breastfeeding</b>	Pregnant woman who is currently breastfeeding. <i>(Low Risk)</i>	X				
339	<b>History of Birth with a Nutrition Related Congenital or Birth Defect*</b>	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>(Low Risk)</i> <b>Pregnant:</b> Any history of birth with nutrition-related congenital or birth defect. <b>Breastfeeding/Non-Breastfeeding:</b> Most recent pregnancy	X	X	X		

NRF Code	Compass Description	Definition	Categories				
			P	B	N	I	C
341	<b>Nutrient Deficiency or Disease*</b>	<p>Nutritional deficiency or disease caused by insufficient dietary intake of macro and micronutrients. Diseases include, but are not limited to: (<i>High Risk</i>)</p> <ul style="list-style-type: none"> <li>• Protein energy malnutrition</li> <li>• Scurvy</li> <li>• Rickets</li> <li>• Vitamin K deficiency</li> <li>• Pellagra</li> <li>• Cheilosis</li> <li>• Beriberi</li> <li>• Hypocalcemia</li> <li>• Osteomalacia</li> <li>• Menkes disease</li> <li>• Xerophthalmia</li> </ul>	X	X	X	X	X
342	<b>Gastro-intestinal Disorders*</b>	<p>Disease(s) and/or conditions(s) that interfere with the intake or absorption of nutrients. The diseases and/or conditions include, but are not limited to: (<i>High Risk</i>)</p> <ul style="list-style-type: none"> <li>• Gastroesophageal reflux disease (GERD)</li> <li>• Peptic ulcer</li> <li>• Post-bariatric surgery</li> <li>• Short bowel syndrome</li> <li>• Inflammatory bowel disease, (including ulcerative colitis or Crohn’s disease)</li> <li>• Liver disease</li> <li>• Pancreatitis</li> <li>• Biliary tract disease</li> </ul>	X	X	X	X	X
343	<b>Diabetes Mellitus*</b>	<p>Consists of a group of metabolic diseases characterized by inappropriate hyperglycemia resulting from defects in insulin secretion, insulin action or both. (<i>High Risk</i>)</p>	X	X	X	X	X
344	<b>Thyroid Disorders*</b>	<p>Thyroid dysfunctions that occur in pregnant and postpartum women, during fetal development, and in childhood are caused by the abnormal secretion of thyroid hormones. The medical conditions include, but are not limited to: (<i>High Risk</i>)</p> <ul style="list-style-type: none"> <li>• Hyperthyroidism</li> <li>• Hypothyroidism</li> <li>• Congenital Hyperthyroidism</li> <li>• Congenital Hypothyroidism</li> <li>• Postpartum Thyroiditis</li> </ul>	X	X	X	X	X

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NRF Code	Compass Description	Definition	Categories				
			P	B	N	I	C
345	Hypertension and Prehypertension*	Presence of Hypertension or Prehypertension, <a href="#">including preeclampsia</a> . ( <i>High Risk</i> )	X	X	X	X	X
346	Renal Disease*	Any renal disease including pyelonephritis and persistent proteinuria, but excluding urinary tract infections (UTI) involving the bladder. ( <i>High Risk</i> )	X	X	X	X	X
347	Cancer *	A chronic disease whereby populations of cells have acquired the ability to multiply and spread without the usual biologic restraints. The current condition, or treatment of the condition, must be severe enough to affect nutritional status. ( <i>High Risk</i> )	X	X	X	X	X
348	Central Nervous System Disorders*	Conditions which affect energy requirements, ability to feed self, or alter nutritional status metabolically, mechanically, or both. These include but are not limited to: ( <i>High Risk</i> ) <ul style="list-style-type: none"> <li>Epilepsy</li> <li>Cerebral palsy (CP)</li> <li>Neural tube defects (NTD), such as spina bifida</li> <li>Parkinson's disease</li> <li>Multiple sclerosis (MS)</li> </ul>	X	X	X	X	X
349	Genetic and Congenital Disorders*	A 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: ( <i>High Risk</i> ) <ul style="list-style-type: none"> <li>Cleft lip or palate</li> <li>Down's syndrome</li> <li>Muscular dystrophy</li> <li>Thalassemia major</li> <li>Sickle cell anemia (not sickle cell trait)</li> </ul>	X	X	X	X	X
351	Inborn Errors of Metabolism*	Inherited metabolic disorders caused by a defect in the enzymes or their co-factors that metabolize protein, carbohydrate, or fat. Inborn errors of metabolism (IEM) generally refer to gene mutations or gene deletions that alter metabolism in the body, including but not limited to: ( <i>High Risk</i> ) <ul style="list-style-type: none"> <li>Amino acid disorders</li> <li>Organic acid metabolism disorders</li> <li>Fatty acid oxidation disorders</li> <li>Lysosomal storage diseases</li> <li>Urea cycle disorders</li> <li>Carbohydrate disorders</li> <li>Peroxisomal disorders</li> <li>Mitochondrial disorders</li> </ul>	X	X	X	X	X

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NRF Code	Compass Description	Definition	Categories				
			P	B	N	I	C
352A	Infectious Diseases Acute*	<p>A disease which is characterized by a single or repeated episode of relatively rapid onset and short duration. The infectious disease must be present within the past 6 months. Includes, but not limited to: (<i>High Risk</i>)</p> <ul style="list-style-type: none"> <li>• Hepatitis A</li> <li>• Hepatitis E</li> <li>• Listeriosis</li> <li>• Pneumonia</li> <li>• Meningitis (Bacterial/Viral)</li> <li>• Bronchitis (3 episodes in last 6 months)</li> <li>• Parasitic Infections</li> </ul>	X	X	X	X	X
352B	Infectious Diseases Chronic*	<p>Conditions likely lasting a lifetime and require long-term management of symptoms. Includes, but not limited to: (<i>High Risk</i>)</p> <ul style="list-style-type: none"> <li>• HIV (Human Immunodeficiency Virus)</li> <li>• AIDS (Acquired Immunodeficiency Syndrome)</li> <li>• Hepatitis B</li> <li>• Hepatitis C</li> <li>• Hepatitis D</li> </ul>	X	X	X	X	X
353	Food Allergies*	<p>Adverse health effects arising from a specific immune response that occurs reproducibly on exposure to a given food. (<i>High Risk</i>)</p> <p><b>Note:</b> Food allergy reactions occur when the body’s immune system responds to a harmless food as if it were a threat. The foods that most often cause allergic reactions include cow’s milk (and foods made from cow’s milk), eggs, peanuts, tree nuts, fish, shellfish, wheat, and soy.</p> <p><b>Clarification:</b> Unlike food allergies, food intolerances do not involve the immune system. Food intolerances are adverse reactions to food caused either by the properties of the food itself (such as a toxin) or the characteristics of the individual (such as a metabolic disorder). Food intolerances are often misdiagnosed as food allergies because the symptoms are often similar.</p>	X	X	X	X	X
354	Celiac Disease*	<p>An autoimmune disease precipitated by the ingestion of gluten (a protein in wheat, rye, and barley) that result in damage to the small intestine and malabsorption of the nutrients from food. Also known as Celiac Sprue, Gluten-sensitive Enteropathy, and Non-tropical Sprue. (<i>High Risk</i>)</p>	X	X	X	X	X

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NRF Code	Compass Description	Definition	Categories				
			P	B	N	I	C
355	Lactose Intolerance*	The syndrome of one or more of the following: diarrhea, abdominal pain, flatulence, and/or bloating, that occurs after lactose ingestion. ( <i>Low Risk</i> ) <b>Note:</b> Evidence of the condition may be documented by the WIC staff	X	X	X	X	X
356	Hypoglycemia*	Presence of hypoglycemia. ( <i>High Risk</i> )  <b>Note:</b> Hypoglycemia can occur as a complication of diabetes, as a condition in itself, in association with other disorders, or under certain conditions such as early pregnancy, prolonged fasting, or long periods of strenuous exercise. Symptomatic hypoglycemia is a risk observed in a substantial proportion of newborns who are small for gestational age. It is uncommon and of shorter duration in newborns who are of the appropriate size for gestational age.	X	X	X	X	X
358	Eating Disorders*	Eating disorders (anorexia nervosa and bulimia) are characterized by a disturbed sense of body image and morbid fear of becoming fat. Symptoms are manifested by abnormal eating patterns including, but not limited to: ( <i>High Risk</i> ) <ul style="list-style-type: none"> <li>• Self-induced vomiting</li> <li>• Purgative abuse</li> <li>• Alternating periods of starvation</li> <li>• Use of drugs such as appetite suppressants, thyroid preparations or diuretics</li> <li>• Self-induced marked weight loss</li> </ul> <b>Note:</b> Evidence of the condition may be documented by the WIC High Risk Counselor	X	X	X		
359	Recent Major Surgery, Trauma, Burns	Major surgery (including C-sections), trauma or burns severe enough to compromise nutritional status. Any occurrence: ( <i>High Risk</i> ) <ul style="list-style-type: none"> <li>• Within the past two months may be self-reported.</li> <li>• More than two months previous must have the continued need for nutritional support diagnosed by a physician or a health care provider working under the orders of a physician.</li> </ul>	X	X	X	X	X

NRF Code	Compass Description	Definition	Categories				
			P	B	N	I	C
360	<b>Other Medical Conditions *</b>	Diseases or conditions with nutritional implications that are not included in any of the other medical conditions. The current condition, or treatment for the condition, must be severe enough to affect nutritional status. This includes, but is not limited to: <i>(High Risk)</i> <ul style="list-style-type: none"> <li>• Juvenile Rheumatoid Arthritis (JRA)</li> <li>• Persistent Asthma (moderate or severe) requiring daily medication</li> <li>• Cardio Respiratory Diseases</li> <li>• Cystic Fibrosis</li> <li>• Lupus Erythematosus</li> <li>• Heart Disease</li> </ul>	X	X	X	X	X
361	<b>Depression*</b>	Presence of clinical depression, including postpartum depression. <i>(High Risk)</i>	X	X	X		
362	<b>Developmental, Sensory or Motor Disabilities Interfering with the Ability to Eat</b>	Developmental, sensory, or motor disabilities that restrict the ability to chew or swallow food or require tube feeding to meet nutritional needs. Disabilities include but are not limited to: <i>(High Risk)</i> <ul style="list-style-type: none"> <li>• Minimal brain function</li> <li>• Feeding problems due to a developmental disability such as pervasive development disorder (PDD) which includes autism</li> <li>• Birth injury</li> <li>• Head trauma</li> <li>• Brain damage</li> <li>• Other disabilities</li> </ul>	X	X	X	X	X
363	<b>Pre-Diabetes*</b>	Impaired fasting glucose (IFG) and/or impaired glucose tolerance (IGT) are referred to as pre-diabetes. These conditions are characterized by hyperglycemia that does not meet the diagnostic criteria for diabetes mellitus. <i>(High Risk)</i>		X	X		
371	<b>Maternal Smoking</b>	Any smoking of tobacco products, i.e., cigarettes, pipes, or cigars. <i>(Low Risk)</i>	X	X	X		

NRF Code	Compass Description	Definition	Categories				
			P	B	N	I	C
372	Alcohol and Substance Use	<p><b>372A Alcohol Use</b></p> <p><b>Pregnant:</b></p> <ul style="list-style-type: none"> <li>Any current alcohol use** (<i>High Risk</i>)</li> </ul> <p><b>Breastfeeding (<i>High Risk</i>) &amp; Non-Breastfeeding Postpartum (<i>Low Risk</i>):</b></p> <ul style="list-style-type: none"> <li>High Risk Drinking: Routine consumption of ≥8 drinks per week or ≥4 drinks on any day.</li> <li>Binge Drinking: Routine consumption of ≥4 drinks within 2 hours.</li> </ul> <p><b>Note:</b> One drink is 1 can (12 oz) of beer; 5 oz wine; 1 ½ fluid oz liquor.</p> <p><b>372B Substance Use</b></p> <p><b>Pregnant &amp; Breastfeeding: (<i>High Risk</i>)</b></p> <ul style="list-style-type: none"> <li>Any illegal substance use and/or abuse of prescription medications.</li> <li>Any marijuana use in any form.</li> </ul> <p><b>Non-Breastfeeding Postpartum: (<i>High Risk</i>)</b></p> <ul style="list-style-type: none"> <li>Any illegal substance use and/or abuse of prescription medications.</li> </ul> <p><b>Note:</b> 372B is not assignable to non-breastfeeding women who use marijuana.</p>	X				
				X	X		
			X				
				X	X		
				X	X		
381	Oral Health Conditions*	<p>Oral health conditions include, but are not limited to: (<i>Low Risk</i>)</p> <ul style="list-style-type: none"> <li>Dental caries, often referred to as “cavities” or “tooth decay”</li> <li>Periodontal diseases (stages include gingivitis and periodontitis)</li> <li>Tooth loss, ineffectively replaced teeth or oral infections which impair the ability to ingest food in adequate quantity or quality</li> </ul> <p><b>Note:</b> Evidence of the condition may be documented by the WIC staff</p>	X	X	X	X	X
382	Fetal Alcohol Spectrum Disorders*	<p>Fetal Alcohol Spectrum Disorders (FASDs) are a group of conditions that occur in a person whose mother consumed alcohol during pregnancy. Effects can include physical, mental, behavioral, and/or learning disabilities with lifelong implications.</p> <ul style="list-style-type: none"> <li>Infants &amp; Children (<i>High Risk</i>)</li> <li>Pregnant, Breastfeed &amp; Non-Breastfeeding (<i>Low Risk</i>)</li> </ul>	X	X	X	X	X
383	Neonatal Abstinence Syndrome*	<p>Neonatal abstinence syndrome (NAS) is a drug withdrawal syndrome that occurs among drug-exposed (primarily opioid-exposed) infants as a result of the mother’s use of drugs during pregnancy. NAS is a combination of physiologic and neurologic symptoms that can be identified immediately after birth and can last up to 6 months after birth. (<i>High Risk</i>)</p>				X	



\* Presence of the condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver. A self-reported diagnosis (My doctor says that I have/my son or daughter has...) should prompt the CWA to validate the presence of the condition by asking more pointed questions related to that diagnosis.

# Low Maternal Weight Gain - NRF 131

High Risk refer to the High Risk Counselor within 30 days.

## Why do we risk NRF 131?

Low maternal weight gain is associated with an increased risk of small for gestational age (SGA) infants, preterm birth, and failure to initiate breastfeeding.

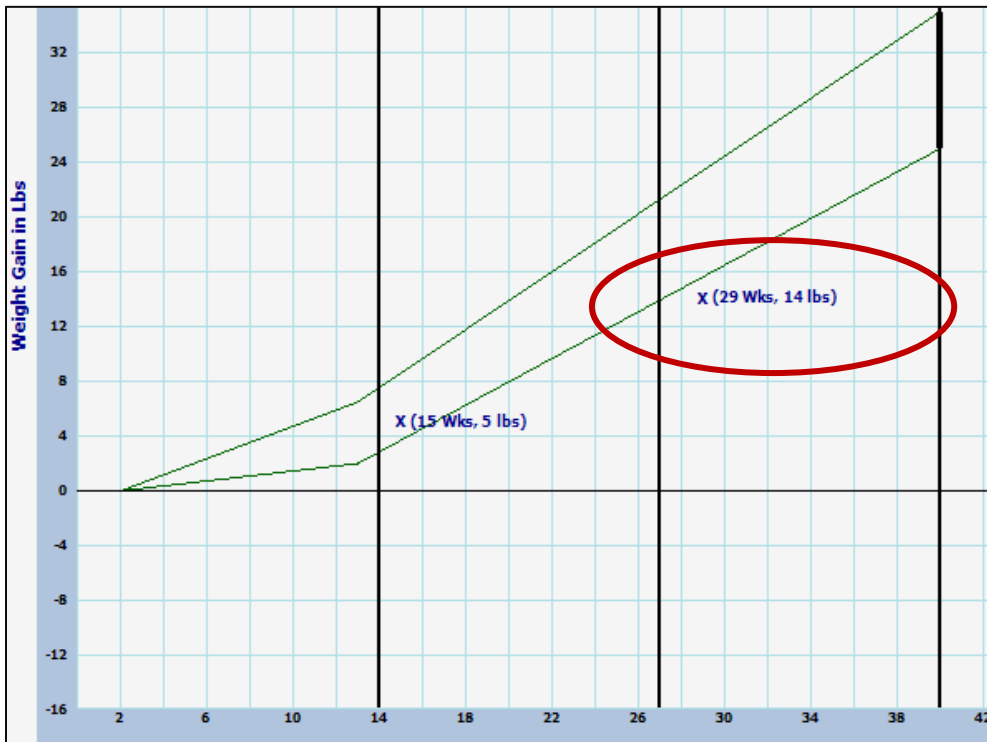
Poor maternal nutrition during pregnancy can have permanent, detrimental effects on the child's health in later years. These effects include an increased risk for obesity, impaired glucose tolerance, and cardiovascular disease.

### Definition:

- Assign when current weight is below the bottom line of her recommended weight gain range at any time during her pregnancy.

*(Note: Risk only for moms pregnant with one baby, also called a singleton pregnancy)*

Prepregnancy Weight Classification	BMI	Total Weight Gain Range (lbs)
Underweight	< 18.5	28 – 40 lbs
Normal Weight	18.5-24.9	25 – 25 lbs
Overweight	25.0 – 29.9	15 - 25 lbs
Obese	≥ 30.0	11 – 20 lbs

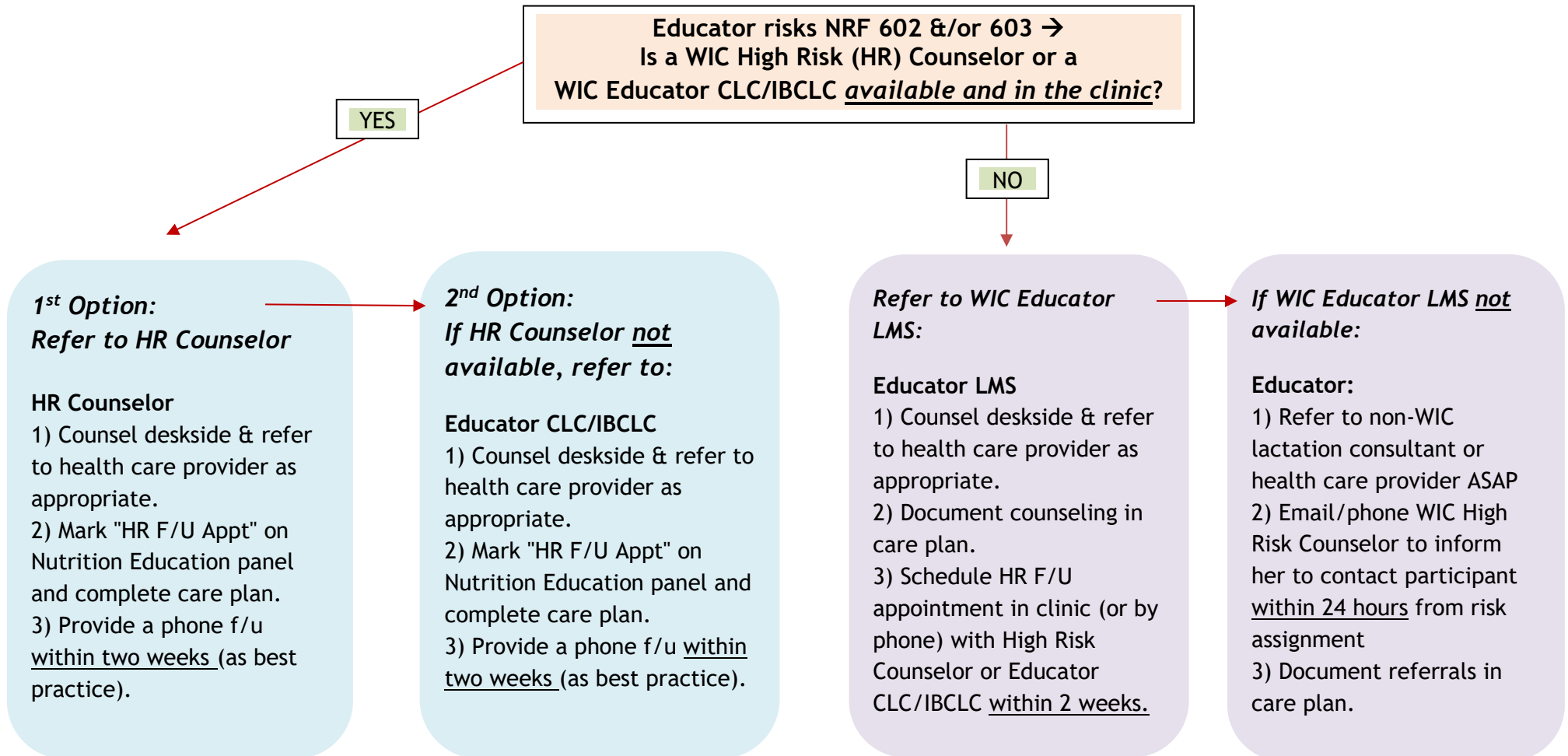


### Example 1

**Definition 1:** Weight gain below the recommended bottom line. Assign 135.

## Referral & Documentation Procedures: Participants Assigned Breastfeeding NRF 602/603

This flow chart is a tool to help clarify how WIC can best help moms and babies with high risk breastfeeding issues get timely access to breastfeeding support. Refer to Colorado WIC Policies and Procedures for additional details.



**\*Note: Local Agencies with on-site BFPC programs -**

On the rare occasion when a BFPC (LMS, CLC or IBCLC) is in the clinic, the Educator can refer to the BFPC (LMS, CLC or IBCLC) when a High Risk Counselor or Educator LMS/CLC/IBCLC is not available. Refer to the Colorado WIC Policies and Procedures for details on referral and documentation.

# Standards for Severely Low Hemoglobin- NRF 201b

## Hemoglobin low enough to require a medical referral

Find your clinic's elevation chart below. Print this page & cut out the chart that matches your elevation. Keep this chart handy at your desk to help risk 201b severely low hgb.

### Severe Anemia Elevations 3000–4999 feet

#### Pregnancy (any trimester)

Non-Smoker	< 10.0
Smoker ½–1 pack/day	< 10.3
Smoker 1–2 packs/day	< 10.5
Smoker ≥ 2 packs/day	< 10.7

#### Non Pregnant

Non Smoker	< 10.3
Smoker ½–1 pack/day	< 10.8
Smoker 1–2 packs/day	< 11.0
Smoker ≥ 2 packs per day	< 11.2

Infant 6–23 months old < 9.5

Child 2–5 years old < 9.6

### Severe Anemia Elevations 5000–6999 feet

#### Pregnancy (any trimester)

Non-Smoker	< 10.3
Smoker ½–1 pack/day	< 10.6
Smoker 1–2 packs/day	< 10.8
Smoker ≥ 2 packs/day	< 11.0

#### Non Pregnant

Non Smoker	< 10.6
Smoker ½–1 pack/day	< 11.1
Smoker 1–2 packs/day	< 11.3
Smoker ≥ 2 packs per day	< 11.5

Infant 6–23 months old < 9.8

Child 2–5 years old < 9.9

### Severe Anemia Elevations 7000–7999 feet

#### Pregnancy (any trimester)

Non-Smoker	< 10.8
Smoker ½–1 pack/day	< 11.1
Smoker 1–2 packs/day	< 11.3
Smoker ≥ 2 packs/day	< 11.5

#### Non Pregnant

Non Smoker	< 11.1
Smoker ½–1 pack/day	< 11.6
Smoker 1–2 packs/day	< 11.8
Smoker ≥ 2 packs per day	< 12.0

Infant 6–23 months old < 10.3

Child 2–5 years old < 10.4

### Severe Anemia Elevations 8000–8999 feet

#### Pregnancy (any trimester)

Non-Smoker	< 11.1
Smoker ½–1 pack/day	< 11.4
Smoker 1–2 packs/day	< 11.6
Smoker ≥ 2 packs/day	< 11.8

#### Non Pregnant

Non Smoker	< 11.4
Smoker ½–1 pack/day	< 11.9
Smoker 1–2 packs/day	< 12.1
Smoker ≥ 2 packs per day	< 12.3

Infant 6–23 months old < 10.6

Child 2–5 years old < 10.7

### Severe Anemia Elevations 9000–9999 feet

#### Pregnancy (any trimester)

Non-Smoker	< 11.4
Smoker ½–1 pack/day	< 11.7
Smoker 1–2 packs/day	< 11.9
Smoker ≥ 2 packs/day	< 12.1

#### Non Pregnant

Non Smoker	< 11.7
Smoker ½–1 pack/day	< 12.2
Smoker 1–2 packs/day	< 12.4
Smoker ≥ 2 packs per day	< 12.6

Infant 6–23 months old < 11.0

Child 2–5 years old < 11.0

### Severe Anemia Elevations >10,000 feet

#### Pregnancy (any trimester)

Non-Smoker	< 11.8
Smoker ½–1 pack/day	< 12.1
Smoker 1–2 packs/day	< 12.3
Smoker ≥ 2 packs/day	< 12.5

#### Non Pregnant

Non Smoker	< 12.1
Smoker ½–1 pack/day	< 12.6
Smoker 1–2 packs/day	< 12.8
Smoker ≥ 2 packs per day	< 13.0

Infant 6–23 months old < 11.3

Child 2–5 years old < 11.4

# Standards for Severely Low *Hematocrit* - NRF 201b

Hematocrit low enough to require a medical referral

3000-4999    5000-6999    7000-7999    8000-8999    9000-9999    >10,000

## **Pregnancy (any trimester)**

Non-Smoker	<31%	<32%	<33%	<34%	<35%	<36%
Smoker						
½ - 1 pk/day	<32%	<33%	<34%	<35%	<36%	<37%
1 - 2 pk/day	<32%	<33%	<35%	<36%	<37%	<38%
≥2 pk/day	<34%	<34%	<35%	<36%	<37%	<38%

## **Non-Pregnant**

Non-Smoker	<32%	<33%	<34%	<35%	<36%	<37%
Smoker						
½ - 1 pk/day	<33%	<34%	<35%	<36%	<37%	<38%
1 - 2 pk/day	<33%	<34%	<36%	<37%	<38%	<39%
≥2 pk/day	<34%	<34%	<35%	<36%	<37%	<39%
6 – 23 months	<29%	<30%	<31%	<32%	<33%	<34%
2 – 5 years	<29%	<30%	<31%	<32%	<33%	<34%

# Nutrition Education & Care Plans



# Documentation Expectations

## Purpose of Documentation

The main purpose of documentation is to record what information was provided to the participant during a WIC visit. Documentation is also the key way you communicate to another staff person about the nutrition education provided to individual participants. Quality documentation ensures continuity of care and enables you to “pick-up” where the last visit ended by following up on participant goals, reinforcing nutrition education messages and reviewing plans from the last visit.

## Elements of Quality Nutrition Services Documentation

- **Consistent:** follows documentation protocols
- **Clear:** understood easily and precisely by any reader
- **Organized:** follows a logical order and minimizes duplication
- **Complete:** creates a picture of the visit, the services provided over time and outlines a plan for future services
- **Concise:** contains minimal unnecessary information

## Nutrition Education Panel

Completing the Nutrition Education Panel at every visit for all participants documents a required nutrition education contact. The Nutrition Education Covered drop down list must be completed at each visit. The Pamphlets Provided drop down list is not required but nutrition education pamphlets supporting the counseling provided may be given during each nutrition education counseling session. The Nutrition Education Panel is where the high risk counselor indicates the completion of a high risk follow up appointment.

The screenshot displays the Nutrition Education Panel for participant Shawna Test. The interface includes a sidebar with navigation options such as 'Clinic Services', 'Scheduler', 'Operations', and 'Vendor Management'. The main content area shows participant details: 'Participant: Shawna Test', 'Category: Pregnant', 'EDD: 04/05/2014', 'HR', 'Date of Birth: 09/14/1988 (25 y)', 'Weeks Gest: 27', 'WIC Status: Pending', 'Cert. End:', and 'Last FB:'. Below this, the 'Nutrition Education' section is active, showing a 'Record Date' of 1/3/2014 and options for 'Copy', 'High Risk Follow Up Appointment', and 'Refused Nutrition Education Class'. Two lists are visible: 'Nutrition Education Covered' with items like 'Prenatal Counseling / Class' and 'Alcohol Use\*\*', and 'Pamphlets Provided' with items like 'Iron-Rich Recipes' and 'Nutrition Guide for Pregnant Women'.

## Participant Care Plan

Participant care plans document the information provided at each WIC visit as well as a plan for follow-up visits. Each participant's record must contain documentation of the education received. It is required to create a separate participant care plan for each nutrition education contact. Nutrition education information includes subjective, objective, assessment, counseling, pamphlets, referrals, goals and plan. Care plans are not required when a participant completes their nutrition education through WIChealth.org. The open text boxes in the Compass care plan allow additional information to be added that was not collected in previous panels.

Nutrition Education information includes each of the following:

- Subjective:** Information entered into the *Nutrition Interview* text boxes will pull into the subjective area of the care plan. This includes verbalized client comments, follow up on previous goals (how the goal was met, still working on the goal, needs more ideas on how to accomplish the goal, etc.) and follow up on referrals. Additional subjective information that was not collected during the Nutrition Interview can be added to the open text boxes by you.
- Objective:** Information such as age, category, weight, height, growth percentile and hemoglobin data entered in previous Compass panels will pull into the objective area of the care plan. Additional objective information such as special dietary needs, special formulas and tailored food packages can be added to the open text boxes by you.
- Assessment:** *Nutrition Risk Factors* added in previous Compass panels will pull into the Assessment area of the care plan. In the white text box under Assessment, you will need to add your assessment. Justification for assignment of subjective risk factors such as nutrition practice risk factors. This is also the place for you to document your assessment statement such as "diet high in sugar sweetened beverages" or "participant as has gained x amount of weight in x day/weeks." Additional pamphlets or referrals can also be added here. For agencies who are using the Nutrition Care Process, PES (Problem, Etiology & Signs/Symptoms) statements they may be added here also.

The screenshot displays the Compass software interface for a Participant Care Plan. The left sidebar shows a navigation menu with categories like 'Clinic Services', 'Scheduler', 'Operations', and 'Vendor Management'. The main content area is titled 'Participant Care Plan - Participant' and shows details for Shawna Test, including her category (Pregnant), date of birth (09/14/1988), and weeks gest (27). The 'Subjective' section contains text from a nutrition interview dated 01/03/2014, mentioning symptoms like nausea and decreased appetite. The 'Objective' section lists participant details such as age (25 y), hemoglobin (12.00), and pre-pregnancy weight (165 lbs). The 'Assessment' section lists findings like '111 - Overweight' and '131 - Low Maternal Weight Gain (HR)'. A 'Print' button and 'Expand All History' checkbox are also visible.



- **Topics:** Counseling topics that have been documented in the *Nutrition Education* panel are pulled into this area.
- **Pamphlets:** Pamphlets provided that have been documented in the *Nutrition Education* panel are pulled into this area.
- **Goal:** What the participant states they will work on or do. One goal is required and should be participant centered, specific and time sensitive.
- **Referrals:** Referrals provided to participants are pulled from those documented on the *Referral - Participant* panel.
- **Counseling/Education:** Additional counseling and nutrition education information can be entered into the text box to clarify or enhance the topics and counseling points entered into *Nutrition Education* panel.
- **Plan:** The plan section is a place to record information to be covered at the next visit or additional measures to take. A plan is entered for future visits such as a referral to high risk counselor, the items that need to be completed for the next visit or additional referrals. High risk counselors should enter when to schedule the next high risk visit with the high risk counselor or WIC educator.

**Clinic Services**

**Participant:** Shawna Test | 1 of 1

**Category:** Pregnant | **EDD:** 04/05/2014 | **HR**

**Date of Birth:** 09/14/1988 (25 y) | **Weeks Gest:** 27 | **WIC Status:** Pending | **Cert. End:** | **Last FB:**

**Care Plan - Participant**

**Record Date:** 1/3/2014 | 1 of 1 | New Edit Delete

Print | Staff Member: Vanessa Hodack | Expand All History

**Links**  
Copy Goals

**Topics**  
Pregnant: Prenatal Counseling / Class-Nutrition Guide & ways to improve diet  
Pregnant: Prenatal Counseling / Class-Prenatal Weight Gain Grid & optimal weight gain

**Pamphlets**  
Pregnant - Nutrition Guide for Pregnant Women

**Goals**  
\*Goal 1: Eat 5-6 small meals per day  
Goal 2:   
Goal 3:

**Referrals**  
Breastfeeding-La Leche League - Broomfield

**Counseling/Education**

**Plan**

**Navigation:** Clinic Services, Scheduler, Operations, Vendor Management, Finance

# Nutrition Education Choice Flow Chart

Use the chart below to help you determine when you can offer a client an Education Choice Option.



# Goal Setting and Follow Up

## Need help setting goals with your client?

How many times have you asked, “*What goal would you like to set today?*” only to receive blank stares? You may find it helpful to use subtle questions to assist your clients in setting goals. Here are some ideas:

- “You have mentioned that you are concerned about \_\_\_\_\_, what is it that you want to change about that?”
- “We talked a lot about \_\_\_\_\_, how would you like for things to be different?”
- “Most times it is easier to take things one step at a time. What do you think is the first step?”
- “If things worked out exactly as you like, what would be different?”
- “I know that it seems like an uphill battle to \_\_\_\_\_, but now that we’ve discussed some options that have worked for other participants, do you think any would work for you? If so, which one?”
- Here is a great question if you would like to provide some information to the parent or caregiver:
  - “Would you like to talk about some ideas that have worked for other moms and see if any work for you?”

## Help Participants be Successful - Create SMART Goals!

S

- **Specific** goals give a clear picture of what the outcome should be. You start by asking what change they want to see and why it is important. Their answer helps you identify the core of the goal. A general goal would be, “*eat more fruits and vegetables.*” A more specific goal would be, “*eat 3-5 fruit/veggies daily, one with each meal/snack.*” Stating the number of servings and times per day makes it clear and simple.

M

- **Measurable** goals assess progress or improvements. If it answers how much or how many, it tells you when you will know the goal is accomplished. It can be measured by the number of times it is being done daily.

A

- **Attainable** goals should be set high enough to give the client a feeling of accomplishment when reached but not so high that they will feel defeated if not. They need to feel encouraged, not discouraged, because of goal setting.

R

- **Realistic** goals are those that the client is not only willing, but able to achieve. This includes setting a plan that may remove any obstacles that would keep them from reaching the goal. For example, purchasing enough fruits/veggies to have one with each meal or discussing low-priced options, may give the client a way to see how the goal can be met.

T

- **Timely** goals have a timeframe in which to accomplish the goal, otherwise they have no sense of urgency, which may lead to a lack of commitment to get started.

## What happens at the follow-up visit?

The Compass computer system displays all goals in the family header making it easy to use the goals as conversation starters.

- It looks as though you were going to try using a cup with Amy. Tell me how Amy liked using the cup.
- What happened when you tried decreasing David's bottles?

Participants may not have reached their goals, or there may be other concerns the participant needs to address at today's visit. In this case, the follow-up visit may have more to do with another topic than the goal that was set at the previous visit. Use your critical thinking skills; work with the client to address their needs and concerns. And, make a new goal!

Adapted from Texas WIC

# Stage Based Counseling

## Stage 1: Not thinking about changing (Pre-contemplation)

### Characteristics of a participant in this stage:

- Not thinking about making a change.
- May not know that there is a problem (or that their behavior puts them at risk).
- May know about the problem but choose not to do anything about it.
- May seem uninterested or defensive about the problem.

### Your role: Raise awareness and provide education, if needed.

- Find out how much the participant knows about the risks associated with her behavior.
- Listen to the participant and try to understand her perspective.
- Even if you do not agree, show that you understand the participant's view.
- Let the participant know that you are not trying to pressure her into changing. The decision to change is up to the participant. You only want to make sure that she is well informed about the risks (of not changing) and benefits (of changing).
- Let the participant know that you are willing to help her when/if she wants to change.

### Goals: Focus on goals that help to raise awareness.

- Encourage the participant to think about the change that you discussed.
- Ask participant to read over a handout

## Stage 2: Realize they should change, but are not ready yet (Contemplation)

### Characteristics of a participant in this stage:

- Agrees that they should make a change but they aren't ready to do it yet.
- Many/most people are in this stage
- May be afraid of failure
- May have other priorities to deal with

### Your role: Help the participant to weigh the pros and cons of change.

- Listen to the participant's fears about changing and provide suggestions for ways to overcome these.
- Help the participant become aware of the benefits of changing. Short-term benefits can be more motivating than long-term benefits (for example, saying that "it will help you feel better" may be more motivating than saying "it will make you healthier").
- Suggest small steps that the participant can take to start making a change.

### Goals: Goals should help participant think through pros and cons of change.

- Have participant write out the benefits of changing.
- Encourage them to visualize what it would look like if they changed.
- Look into ways to overcome barriers they anticipate.

### Stage 3: Getting ready to change (Preparation)

#### Characteristics of a participant in this stage:

- Is interested in changing.
- May have already made attempts to change.
- Is in the process of developing a plan.

**Your role:** Assist and encourage participant who wants to change.

- Talk about the barriers and help her come up with ideas for overcoming them.
- Discuss how she can learn from past efforts
- Encourage participant that she can succeed.
- Help participant to develop a realistic plan. Often people try to do too much when they start out and then they burn out. Suggest ways that she can make small changes and build on success.

**Goals:** Goals should help participant get ready for change.

- Have participant write down a plan.
- Encourage participant to take a specific step toward making a change.
- Have participant come up with ideas for rewards for making a change.
- Have participant think about ways to get support when things get hard.

### Stage 4: Have begun to change (Action)

#### Characteristics of a participant in this stage:

- Is actively making a change.
- May be encountering some unanticipated problems.
- May be feeling frustrated or they may be proud of themselves.

**Your role:** Encourage and affirm participant for making change(s).

- Affirm participant for taking steps to change.
- Provide suggestions for ways to deal with barriers.
- Encourage participant to keep going even if she is discouraged.
- Help participant identify the benefits of the change she is making.

**Goal setting:** Goals should be to continue making the change.

- If original change is small, then encourage them to take the next step.

### Stage 5: Maintaining the change (Maintenance)

#### Characteristics of a participant in this stage:

- May or may not have problems maintaining the change.
- Sometimes people lose motivation or let down their guard and go back to the old ways.

**Your role:** Provide encouragement.

- Help participant see that the change is good.
- If the participant is falling back into old ways, remind them that relapse is normal.
- Relapse is not failure. Encourage participant to learn from relapse and not to give up.

**Goals:** The goal is to maintain the changed behavior.

- Find social support for the change.
- Think of ideas to keep motivated.

# Recognizing Different Stages of Change

Examples of things people in different stages of change might say and an example of a stage appropriate goal.

## Stage 1: Not thinking about change (pre-contemplation)

- “She needs her bottle to help her get to sleep. I let all my other kids go to sleep with a bottle and they did not have any problems.”
- “I have been smoking since I was 13. I like to smoke because it calms me down. I can’t imagine how I could get through the day if I did not smoke.”
- “He does not seem overweight to me. I think he is just right.”
  - Counseling/Goal setting: Tell mom, “We don’t have to focus on weight. Instead, can we talk about eating habits? Do you have any concerns about his eating habits? Even if you don’t have any concerns, I have a handout on healthy eating. It explains the types of foods kids need and also answers some common questions parents have about their kids eating. Would you like it? Would you be willing to look it over and maybe we can talk about it next time you come in? Reviewing the handout is the goal.

## Stage 2: Thinking about change, but not ready yet (contemplation)

- “I know that she shouldn’t go to bed with a bottle, but now it’s a habit. I don’t want to deal with taking it away from her right now.”
- “Now that I am pregnant, I wish I could stop smoking, I know it is better for the baby. I don’t think I could do it now because I am stressed.”
- “I wish he was more active. All he wants to do is to sit and watch TV.”
  - Counseling/Goal setting: Suggest that the mom may need to help her son discover other things to do to help break the TV habit. For example, if he likes to do artwork mom could get crayons and paper and hang up his picture. Mom could also take her son on a walk or go to the park or library. Setting a goal: Ask mom if she is willing to think of ways to encourage other activities besides TV?

## Stage 3: Planning to change (preparation)

- “I know that she needs to be off the bottle, especially at night. I think I will try giving her water in the bottle at night and see how she does.”
- “I called QUITLINE and they gave me ideas for things I can do to help me stop. I set a quit date for next week. I know it won’t be easy but I have a plan for how to deal with the most difficult things.”
- “I am going to put limits on how much TV he watches. If he doesn’t get to watch TV, then he will have to find other things to do. Maybe we can take a walk if the weather is nice.”
  - Counseling/Goal setting: Let mom know this sounds like a good plan. Find out what limits she is planning to set. Ask what problems she expects when she sets these limits and help



her figure out ways to deal with these. For example, her son might be less rebellious if she tells him ahead of time that she will start having limits on a particular day. She is likely to face the most resistance at the beginning, help her prepare for how to handle this. Her goal would be to implement the change she is planning to make.

#### Stage 4: Have begun to change (action)

- “The first few nights did not go well. But I was firm and told her if she wants milk, she can have it before bedtime. Now everything is okay.”
- “I stopped smoking a month ago. It was hard, but it gets easier each day. There are times when I really need a cigarette, but usually I can wait it out.
- “It’s better that he watches less TV because his behavior seems better. There are times when he is bored and doesn’t know what to do. I try to find ways to keep him busy. Letting him watch TV is easier, but I know that is not the best for him.”
  - Counseling/Goal setting: Praise mom for her efforts and acknowledge her comment about how her son’s behavior improving. Affirm that all kids get bored and this can be hard for parents to deal with. Still it’s good for kids to deal with so they can learn to not always be entertained. Ask mom more about the difficult times. You may be able to help her identify a pattern and/or help her problem solve by providing ideas. If you don’t have ideas to share, you can encourage her, telling her is doing the right thing even though it is not the easiest. The goal would be to continue implementing this change.

#### Stage 5: Maintaining change/Relapse (maintenance)

- “She knows that she does not get milk after she goes to bed, but when she isn’t feeling well, she still wants milk. I feel sorry for her, but I don’t want to get the milk in the bottle at night habit started again, so I will hold her and let her drink milk in my lap.”
- “I quit when I was pregnant and now that I have the baby I have to admit that there are times when I really want to smoke. I guess that when I quit, I was thinking it was the right thing to do while I was pregnant, but now that I am not pregnant anymore; there is just so much stress with having a baby. I have to admit that I have smoked a couple times since the baby was born.”
- “Now that I am pregnant again, I don’t have the energy to keep busy with him so I am letting him watch more TV.”
  - Counseling/Goal setting: Affirm that it often takes a lot of energy to be a parent and that during the first months of pregnancy it is common to feel drained. Ask if she is comfortable with how things are going. Ask if she has noticed any changes in her son’s behavior. You can also ask whether she feels like she wants to try to make a change right now or maybe this is only a temporary situation until her energy returns. If she does want to change, than you can help her figure out what she can do realistically. If she is not interested in changing or does not feel like she has the energy to change, respect her decision. You may want to affirm her by telling her that you know that when she is ready she can make this change since she has been successful before.



# Phrases that *HELP* and *HINDER*



As the caregiver, you play the biggest role in your child's eating behavior. What you say has an impact on developing healthy eating habits. Negative phrases can easily be changed into positive, helpful ones!

## Phrases that *HINDER*

### INSTEAD OF ...

*Eat that for me.*  
*If you do not eat one more bite, I will be mad.*

Phrases like these teach your child to eat for your approval and love. This can lead your child to have unhealthy behaviors, attitudes, and beliefs about food and about themselves.

### INSTEAD OF ...

*You're such a big girl; you finished all your peas.*  
*Jenny, look at your sister. She ate all of her bananas.*  
*You have to take one more bite before you leave the table.*

Phrases like these teach your child to ignore fullness. It is better for kids to stop eating when full or satisfied than when all of the food has been eaten.

### INSTEAD OF ...

*See, that didn't taste so bad, did it?*

This implies to your child that he or she was wrong to refuse the food. This can lead to unhealthy attitudes about food or self.

### INSTEAD OF ...

*No dessert until you eat your vegetables.*  
*Stop crying and I will give you a cookie.*

Offering some foods, like dessert, in reward for finishing others, like vegetables, makes some foods seem better than others. Getting a food treat when upset teaches your child to eat to feel better. This can lead to overeating.

## Phrases that *HELP*

### TRY ...

*This is kiwi fruit; it's sweet like a strawberry.*  
*These radishes are very crunchy!*

Phrases like these help to point out the sensory qualities of food. They encourage your child to try new foods.

### TRY ...

*Is your stomach telling you that you're full?*  
*Is your stomach still making its hungry growling noise?*  
*Has your tummy had enough?*

Phrases like these help your child to recognize when he or she is full. This can prevent overeating.

### TRY ...

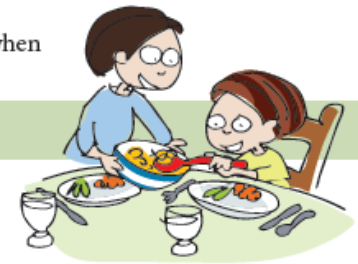
*Do you like that?*  
*Which one is your favorite?*  
*Everybody likes different foods, don't they?*

Phrases like these make your child feel like he or she is making the choices. It also shifts the focus toward the taste of food rather than who was right.

### TRY ...

*We can try these vegetables again another time. Next time would you like to try them raw instead of cooked?*  
*I am sorry you are sad. Come here and let me give you a big hug.*

Reward your child with attention and kind words. Comfort him or her with hugs and talks. Show love by spending time and having fun together.



# Abbreviations for WIC

The following is the list of Standard Common Abbreviations, followed by WIC Abbreviations and Symbols for use in client documentation.

Using only accepted abbreviations allows everyone, including other WIC Agencies, physicians and judicial courts, to clearly understand client notes and Care Plans.

A	
abd	Abdomen/Abdominal
abn	Abnormal
abx	Antibiotics
ac	Before Meals
ad lib	As Much As Needed
ADD	Attention Deficit Disorder
ADHD	Attention Deficit and Hyperactivity Disorder
ADL	Activities of Daily Living
AEB	As Evidenced By
AFP	Alpha Fetal Protein
AGA	Average for Gestational Age
AIDS	Acquired Immune Deficiency Syndrome
AKA	Also Known As
am	Morning
amnio	Amniocentesis
amt	Amount
approx.	Approximately
Appt	Appointment
ASAP	As Soon As Possible
ASQ	Ages & Stages Questionnaire
Avg	Average
B	
BCM	Birth Control Method
BF	Breastfeeding
bg	Blood Glucose
BID, bid	Two Times A Day
bili	Bilirubin
BM	Bowel Movement
BMI	Body Mass Index
bp	Blood Pressure
BPD	Bipolar Disorder
BW	Birth Weight

C	
c̄	With (bar over letter)
c/o	Complains Of
C/S, CS	Cesarean Section
Ca	Cancer
Ca+	Calcium
CBC	Complete Blood Count
CDC	Centers for Disease Control
CF	Child Find
CHN	Community Health Nurse
CHO	Carbohydrates
CHP+	Child Health Plan Plus
CIB	Carnation Instant Breakfast
CICP	Colorado Indigent Care Program
cigg/cpd	Cigarettes/Cigarettes Per Day
ck	Check
Clt	Client
CLC	Certified Lactation Counselor
cm	Centimeter
CM/CC	Case Manager/Coordinator
CMV	Cytomegalovirus
CNA	Certified Nursing Assistant
CNS	Central Nervous System
cont.	Continue
CP	Cerebral Palsy
CPR	Cardiopulmonary Resuscitation
CPS	Child Protective Services
CVD	Cardiovascular Disease
CW	Case Worker
D	
D/C	Discharge
d/t	Due To
d/c	Discontinue
DD	Developmental Delay
decaf	Decaffeinated
dept	Department
DM	Diabetes Mellitus
DNR	Do Not Resuscitate
DOB	Date of Birth
DP	Developmental Pathways
DSS	Department of Social Services
DTaP	Diphtheria, Tetanus, Pertussis

# Abbreviations for WIC

DV	Domestic Violence	GI	Gastrointestinal
dx	Diagnosis/Diagnostic	GMOC	Grandmother of Child
<b>E</b>		GTT	Glucose Tolerance Test
e.g.	Example Given	<b>H</b>	
EDD	Estimated Date Of Delivery	H.S.	at Hour of Sleep (before bedtime)
EI	Early Intervention	h/o	Handout/ pamphlet
EIC	Early Intervention Colorado	H2O	Water
ELBW	Extremely Low Birth Weight	HC	Head Circumference
EPDS	Edinburgh Postnatal Depression Scale	HCP	Healthcare for Children with Special Needs
epi	Epinephrine	hct	Hematocrit
ER	Emergency Room	HDL	High Density Lipoproteins
ESL	English as Second Language	HELLP	Hemolysis, Elevated Liver Enzymes, Low Platelets Syndrome
etc.	Etcetera	Hep A	Hepatitis A
ETOH	Alcohol	Hep B	Hepatitis B
eval	Evaluation	Hep C	Hepatitis C
<b>F</b>		Hgb	Hemoglobin
F/U, f/u	Follow Up	HIV	Human Immunodeficiency Virus
F/V	Fruits and Vegetables	HM	Human Milk
FAE	Fetal Alcohol Effects	HMF	Human Milk Fortifier
fam hx	Family History	hr	Hour
FAS	Fetal Alcohol Syndrome	ht	Height
FASD	Fetal Alcohol Spectrum Disorder	HTN	Hypertension
FBS	Fasting Blood Sugar	HV	Home Visit
fdg	Feeding	hx	History
Fe+	Iron	<b>I</b>	
FF	Formula Feeding/Formula Fed	IBCLC	International Board Certified Lactation Consultant
FFOC	Foster Father of Child	IBW	Ideal Body Weight
FMOC	Foster Mother of Child	ID	Identification
FNP	Family Nurse Practitioner	IEP	Individualized Education Plan
FOC	Father of Child	IFSP	Individualized Family Service Plan
FP	Family Planning	in	Inches
ft	Feet	inc	Increase
FTMGC	Failure to Maintain Growth Curve	info	Information
FTT	Failure to Thrive	irreg	Irregular
<b>G</b>		IUGR	Intrauterine Growth Retardation/Restriction
g	Gram	IV	Intravenous
G-tube	Gastrostomy Tube	IZ	Immunizations
G&D	Growth and Development	<b>J</b>	
GDM	Gestational Diabetes Mellitus	<b>K</b>	
gen	General	K+	Potassium
GERD	Gastroesophageal Reflux Disease		
gest	Gestational		

# Abbreviations for WIC

kg	Kilogram	NG-tube	Nasogastric tube
<b>L</b>		NICU	Neonatal Intensive Care Unit
L	Left	NKA	No Known Allergies
lb, #	Pound	NOS	Not Otherwise Specified
LB	Left Breast	NP/RNP	Nurse Practitioner/Registered NP
LBW	Low Birth Weight	NPO	Nothing by Mouth
LDL	Low Density Lipoprotein	<b>O</b>	
LEAP	Low-Income Energy Assistance Program	O2	Oxygen
LFTs	Liver Function Tests	OB/GYN	Obstetrics and Gynecology
LGA	Large for Gestational Age	OCP	Oral Contraceptive Pill
LM	Left Message	OJ	Orange Juice
LMP	Last Menstrual Period	OM	Otitis Media (ear infection)
LMTCB	Left Message to Call back	OT	Occupational Therapy
<b>M</b>		OTC	Over the Counter
max	Maximum	oz	Ounce
mcg	Micrograms	<b>P</b>	
MD	Medical Doctor	p̄	After (bar over letter)
Meds	Medications	p.c.	After Meals
meth	Methamphetamine	PA	Physician's Assistant
mg	Milligram	PCP	Primary Care Provider
mg/dl	Milligrams Per Deciliter	Peds	Pediatrics
MGF	Maternal Grandfather	per	By, Through
MGM	Maternal Grandmother	PES	Problem Etiology & Symptoms (Nutrition Diagnosis Statement)
Min	Minimum / Minute	pg, preg	Pregnancy or Pregnant
MJ	Marijuana	PGF	Paternal Grandfather
ml	milliliter	PGM	Paternal Grandmother
Mo	Months	ph, ph #	Phone/Phone Number
MOC	Mother of Child	PHN	Public Health Nurse
MRI	Magnetic Resonance Imaging	PIH	Pregnancy Induced Hypertension
MS	Multiple Sclerosis	PMD	Primary Medical Doctor
msg	Message	PMS	Premenstrual Syndrome
mtg	Meeting	PN	Prenatal
MVI	Multivitamin and Mineral Supplement with Iron	PN+	Prenatal Plus
<b>N</b>		PNP	Pediatric Nurse Practitioner
N/V	Nausea and Vomiting	PNV	Prenatal Vitamins
n/a	Not Applicable	po	Per Os (by mouth)
Na+	Sodium	PP	Post-Partum
NaCl	Sodium Chloride (Salt)	ppd	Packs per Day
NB	Newborn	PPD	Post-Partum Depression
neg	Negative	PRD	Pregnancy-Related Depression
NFP	Nurse Family Partnership	Preemie	Premature

# Abbreviations for WIC

PRN	When Needed/As Needed	sz	Seizure
PRO	Protein	<b>T</b>	
psych	Psychiatric/Psychological	TANF	Temporary Assistance to Needy Families
PT	Physical Therapy	Tbsp	Tablespoon
Pt.	Patient	TC	Telephone Call
<b>Q</b>		Temp	Temperature
q	Every	THC	Tetrahydrocannabinol
qd	Every Day	TID	Three Times per Day
qhs	Every Night	TRG	Triglycerides
qid	Four Times a Day	TSH	Thyroid Stimulating Hormone
qod	Every Other Day	tsp	Teaspoon
<b>R</b>		Tx	Treatment
R	Right	Txt	Text
r/o	Rule Out	<b>U</b>	
R/S, r/s	Reschedule	UA	Urinalysis
r/t	Related to	UNK	Unknown
RB	Right Breast	URI	Upper Respiratory Infection
RD/RDN	Registered Dietitian/Nutritionist	US	Ultrasound
re:	Regarding	UTD	Up to Date
reg	Regular	UTI	Urinary Tract Infection
RN	Registered Nurse	<b>V</b>	
RTC	Return to Clinic	VLBW	Very Low Birth Weight
rtn	Return	vm	Voice Message
RX	Prescription	vs.	Versus
<b>S</b>		<b>W</b>	
š	Without (bar over letter)	w/	With
S&S, Sx	Signs and Symptoms	w/a	Weight for Age
SAB	Spontaneous Abortion	w/h	Weight for Height
SGA	Small for Gestational Age	w/l	Weight for Length
sib.	Sibling	w/o	Without
SIDS	Sudden Infant Death Syndrome	WCC	Well Child Check
SJH	Saint Joseph's Hospital	wk/wks	Week/Weeks
SLP	Speech-Language Pathologist	WHO	World Health Organization
smkg	Smoking	WNL	Within Normal Limits
SO	Significant Other	wt	Weight
SOB	Shortness of Breath	<b>X</b>	
SSA	Social Security Administration	x	Times
SSDI	Social Security Disability Income	<b>Y</b>	
SSI	Supplemental Security Income	y/o	Years Old
SSO	Spanish Speaking Only	Yr	Year
stat	At Once	<b>Z</b>	
SW	Social Worker		

# Abbreviations for WIC

WIC Abbreviations	
AB	Add a Baby Appointment
BFPC	Breastfeeding Peer Counselor
BMTF	Baby and Me Tobacco Free
BP	Breast Pump Appointment or Breast Pump
BW	Blood Work
C, Cert	Certification Appointment
CED	Certification End Date
DoR	Division of Responsibility
ECOP	Early Childhood Obesity Prevention
F, FU, F/U	Follow-up Appointment
FID	Family Identification Number
FM	Farmer's Market
FUA	Follow-up with Anthros Appointment
HR	High Risk Appointment or High Risk
IN	Interpreter
LARC	Local Agency Retailer Coordinator
LMS	Lactation Management Specialist
MC	Midcert or Miscarriage
NI	Nutrition Interview
NRF	Nutrition Risk Factor
PAF	Physician's Authorization Form
PID	Personal Identification Number
PFU	Phone Follow-up Appointment
POA	Proof of Address
POI	Proof of Income

POID	Proof of Identity
ppt	Participant
R, Rcrt	Recert Appointment
R&R	Rights and Responsibilities
SSB	Sugar Sweetened Beverage
SN	Special Needs
Txfr	Transfer Appointment
VOC	Verification of Certification
WICH	WIChealth.org Appointment

Symbols	
%	Percent
@	At
<	Less Than
>	Greater Than
≤	Less Than or Equal To
≥	Greater Than or Equal To
Δ	Change
"	Inches
'	Foot
/	Per
↑, ↓	Increase, Decrease
#	Pound
∅	Not/None

This list of Standard Abbreviations will also help clarify client information WIC clinics receive from all types of healthcare providers - such as prescriptions, medical documentation and directions, dietary restrictions, etc.

How Do I...





# Certification Appointment

## Family/Intake

★ = The Certification Guide gives a list of all the items that need to be completed before a person can be certified. A certification appointment must be scheduled in the Compass Scheduler.

1. Access the **New Family** panel to complete the intake information. This may have already been completed when the participant/endorser called for the appointment. To add another family member to an already existing family or open the family that was already added to Compass, go to the **Family** panel.
2. Access the **Identity** panel to document the participant's proof of identity and primary health care provider, etc.
3. Access the **Contact/Address** panel to document the phone number, address and proof of residency. \*TIP: Enter the person's primary phone number into the field labeled "Home."
4. Access the **Income** panel to document the family's household size, proof of income and income amount.
5. Access the **Voter Registration** panel to document the participant's voter registration information.

## Assessment

6. Access the **Pregnancy** panel to document a woman's prenatal/postpartum information such as Expected Due Date (EDD), pre-pregnancy weight, actual delivery date, etc .
7. Access the **Anthropometrics** panel to record information on weight and height/length.
8. Access the **Blood** panel to document participant's hemoglobin level.
9. Access the **Nutrition Interview** panel to record information obtained during the counseling portion of the certification appointment.
10. Access the **Risk** panel to determine the participant's NRFs.

## Certification/Termination

11. Access the **Certification** panel to complete the certification and have the participant sign the signature pad acknowledging their rights and responsibilities as well as the certification end date.

## Education and Care

12. Access the **Nutrition Education** panel to record the education and pamphlets provided.
13. Access the **Care Plan - Participant** to record the education note or care plan.

## Foods

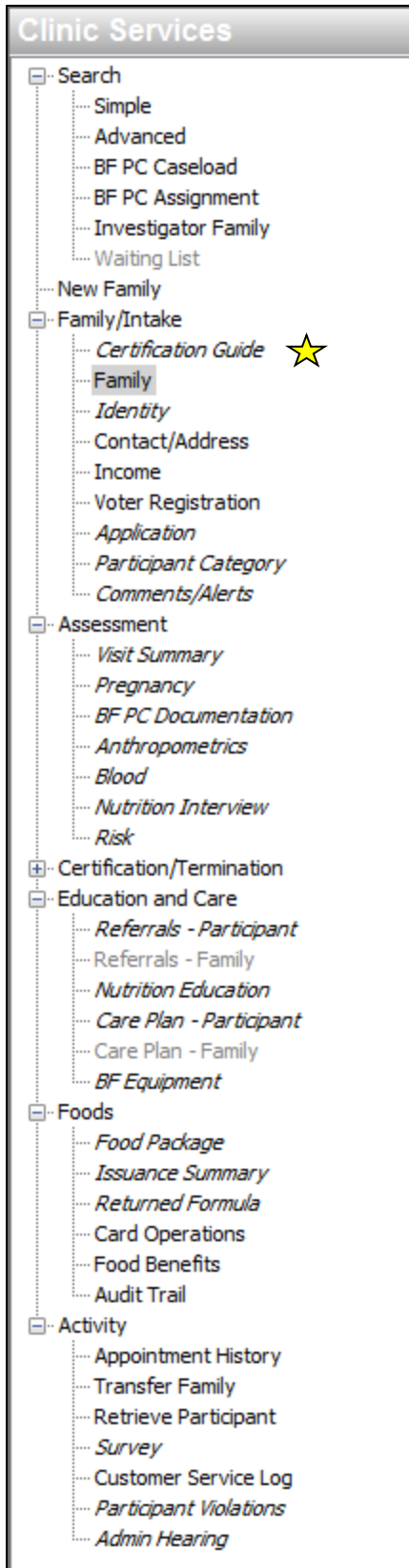
14. Access the **Card Operations** panel and assign the family a card.
15. Access the **Food Package** panel to choose the participant's individual food package.

16. Access the **Food Benefits** panel to issue the family's food benefits to the account.

**Clinic Services**

- Search
  - Simple
  - Advanced
  - BF PC Caseload
  - BF PC Assignment
  - Investigator Family
  - Waiting List
- New Family
- Family/Intake ★
  - Certification Guide ★
  - Family
  - Identity
  - Contact/Address
  - Income
  - Voter Registration
  - Application
  - Participant Category
  - Comments/Alerts
- Assessment
  - Visit Summary
  - Pregnancy
  - BF PC Documentation
  - Anthropometrics
  - Blood
  - Nutrition Interview
  - Risk
- Certification/Termination
- Education and Care
  - Referrals - Participant
  - Referrals - Family
  - Nutrition Education
  - Care Plan - Participant
  - Care Plan - Family
  - BF Equipment
- Foods
  - Food Package
  - Issuance Summary
  - Returned Formula
  - Card Operations
  - Food Benefits
  - Audit Trail
- Activity
  - Appointment History
  - Transfer Family
  - Retrieve Participant
  - Survey
  - Customer Service Log
  - Participant Violations
  - Admin Hearing

# Recertification Appointment



## Family/Intake

★ = The Certification Guide gives a list of all the items that need to be completed before a person can be recertified. A recertification appointment must be scheduled in the Compass Scheduler.

Note 1: For women who are changing categories (e.g., Pregnant to Breastfeeding), please also refer to the Quick Reference Guide - Change a Participant's Category.

Note 2: If you are recertifying a participant with a WIC Status of Active-VOC, you must terminate their certification with an effective date of today prior to recertifying them.

1. Access the **Identity** panel to document the participant's proof of identity and primary health care provider, etc.
2. Access the **Contact/Address** panel to document/verify the phone number, address and proof of residency. \*TIP 1: Enter the person's primary phone number into the field labeled "Home." \* TIP 2: If a participant's address is the same, you do not need to add a new Contact/Address record.
3. Access the **Income** panel to document the family's household size, proof of income, and income amount.
4. Access the **Voter Registration** panel to document the participant's voter registration information.
5. If the participant has a WIC Status of Terminated, access the **Application** panel to create a new application which will change the participant's status to Pending.

## Assessment

6. Access the **Pregnancy** panel to document a woman's prenatal/postpartum information such as Expected Due Date (EDD), pre-pregnancy weight, actual delivery date, etc.
7. Access the **Anthropometrics** panel to record information on weight and height/length.
8. Access the **Blood** panel to document participant's hemoglobin level.
9. Access the **Nutrition Interview** panel to record information obtained during the counseling portion of the recertification appointment
10. Access the **Risk** panel to determine the participant's NRFs

## Certification/Termination

11. Access the **Certification** panel to complete the certification and have the participant sign the signature pad acknowledging their rights and responsibilities as well as the certification end date.

## Recertification Appointment (cont.)

### Clinic Services

- [-] Search
  - ... Simple
  - ... Advanced
  - ... BF PC Caseload
  - ... BF PC Assignment
  - ... Investigator Family
  - ... Waiting List
- ... New Family
- [-] Family/Intake
  - ... *Certification Guide*
  - ... **Family**
  - ... *Identity*
  - ... *Contact/Address*
  - ... *Income*
  - ... *Voter Registration*
  - ... *Application*
  - ... *Participant Category*
  - ... *Comments/Alerts*
- [-] Assessment
  - ... *Visit Summary*
  - ... *Pregnancy*
  - ... *BF PC Documentation*
  - ... *Anthropometrics*
  - ... *Blood*
  - ... *Nutrition Interview*
  - ... *Risk*
- [-] Certification/Termination
- [-] Education and Care
  - ... *Referrals - Participant*
  - ... *Referrals - Family*
  - ... *Nutrition Education*
  - ... *Care Plan - Participant*
  - ... *Care Plan - Family*
  - ... *BF Equipment*
- [-] Foods
  - ... *Food Package*
  - ... *Issuance Summary*
  - ... *Returned Formula*
  - ... *Card Operations*
  - ... *Food Benefits*
  - ... *Audit Trail*
- [-] Activity
  - ... *Appointment History*
  - ... *Transfer Family*
  - ... *Retrieve Participant*
  - ... *Survey*
  - ... *Customer Service Log*
  - ... *Participant Violations*
  - ... *Admin Hearing*

### Education and Care

12. Access the **Nutrition Education** panel to record the education and pamphlets provided.

13. Access the **Care Plan - Participant** to record the education note or care plan

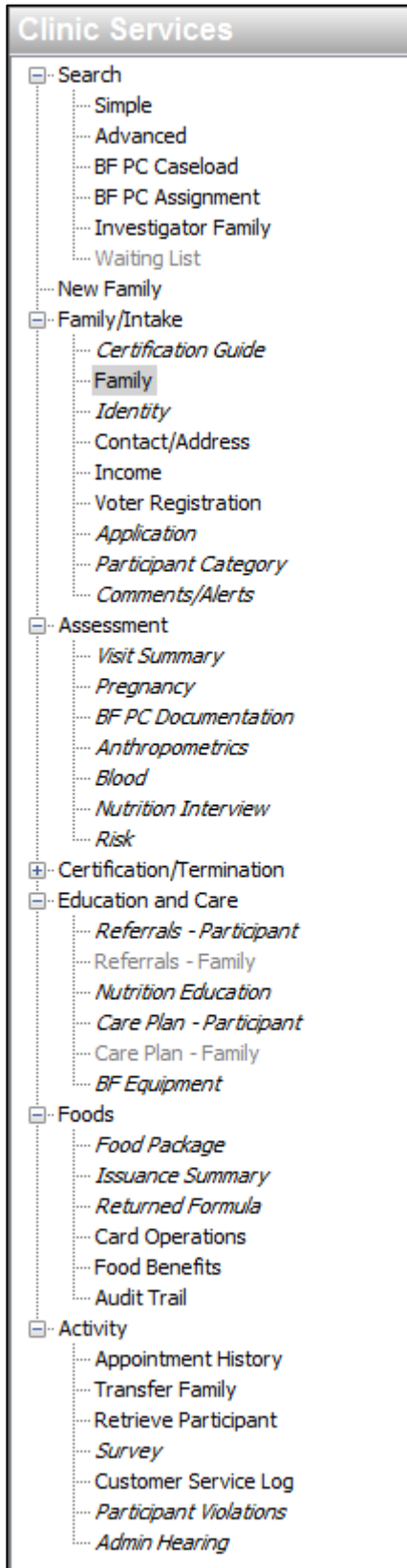
### Foods

14. Access the **Card Operations** panel and assign a card to the family.

15. Access the **Food Package** panel to choose the participant's individual food package.

16. Access the **Food Benefits** panel to issue the family's food benefits to the account.

# Add Baby Appointment



## Step 1: Change Mom's category

1. Go to the **Certification** panel.
2. Click "New" in Termination box.
3. From Termination Reason drop down, choose Terminate Pregnant - recert as non-BF/BF.
4. In the effective date field, choose **today's** date and save.
5. Go to the **Application** panel and click "New" and save.
6. Go to the **Participant Category** panel and click "New", choose mom's new category - Breastfeeding or Non-Breastfeeding & save

## Step 2: Add Baby's name to the Family panel

1. Access the **Family** panel.
2. Click on the New Member Proxy link to add the baby to the Family.
3. Complete the pop-ups to add the baby to the family.

## Step 3: Recertify Mom and Certify Baby

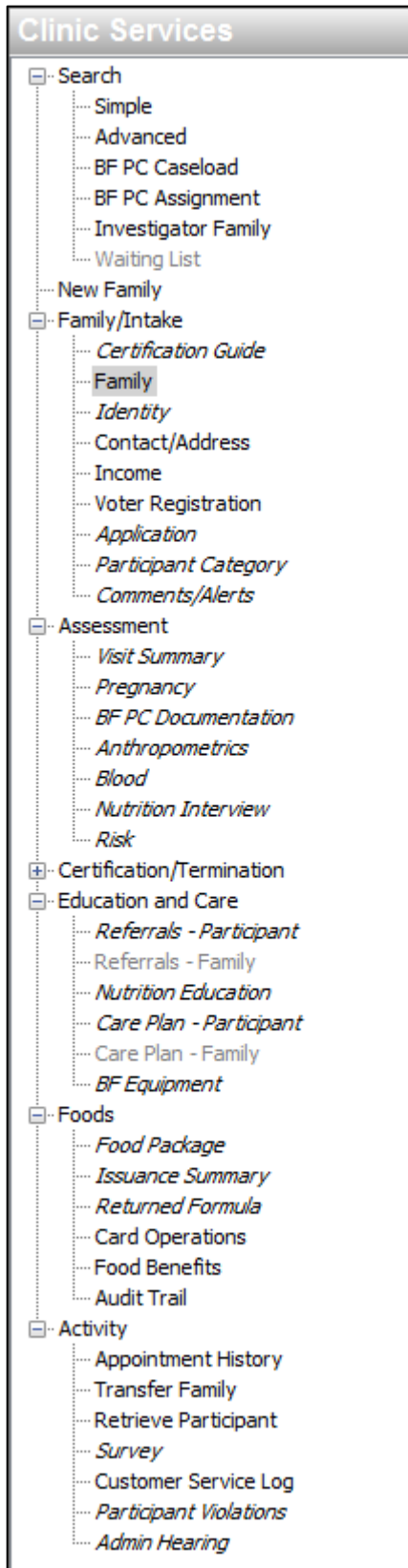
1. Complete the following panels:
  - **Identity** panel
  - **Contact/Address** panel
  - **Income** panel
  - **Voter Registration** panel

NOTE: You may also refer to the Quick Reference Guide - Certification (beginning with step #2) or Quick Reference Guide- Recertification (beginning with step #1)

## Step 3 Continued: Recertify Mom and Certify Baby

2. Click "Edit" to update the **Pregnancy** panel for mom and complete the right side.
  - Add the newborn baby into the box called Add infants born to this pregnancy.
  - Make sure the delivery date and baby's birth date are the same.
3. Complete the **Anthropometrics** panel for mom and baby.
4. Complete the **Blood** panel for mom.
5. Complete the following panels:
  - **Nutrition Interview**
  - **Risk**
  - **Certification**
6. Complete the **Nutrition Education** panel for mom and baby.
7. Complete **Referrals - Participant** panel.
8. Complete **Care Plan - Participant** panel for mom and baby.

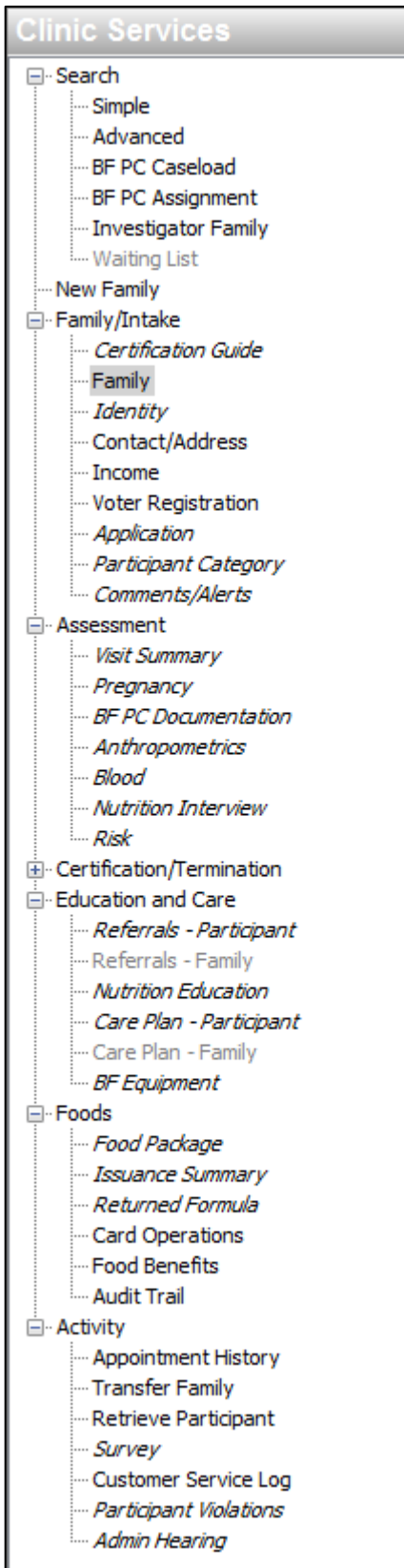
## Add Baby Appointment (cont.)



### Step 4: Choose Food package

1. Assign a card to the family on the **Card Operations** panel.
2. Choose a food package for the **baby first** on the **Food Package** panel.
3. Choose a food package for mom on the **Food Package** panel.
4. Issue benefits from the **Food Benefits** panel.

# Mid-Certification Appointment or Follow Up + Anthropometrics Appointment



## **Family/Intake**

1. Access the **Contact/Address** panel to verify contact information.  
\*TIP: Enter the person's primary phone number into the field labeled "Home."

## **Assessment**

2. Access the **Pregnancy** panel to document a woman's pregnancy/postpartum information such as Expected Due Date (EDD), pre-pregnancy weight, actual delivery date, etc.

3. Access the **Anthropometrics** panel to record information on weight and height/length.

4. For mid-certification appointments, access the **Nutrition Interview** to record information obtained during the counseling portion of the appointment. For Follow up + Anthropometrics appointments, update the **Nutrition Interview** with any changes to the breastfeeding information for infants and children.

5. Access the **Risk** panel to determine the participant's NRFs.

## **Education and Care**

6. Access the **Nutrition Education** panel to record the education and pamphlets provided. NOTE: For a High Risk Follow up appointment, the WIC RD/RN must also check the box called "High Risk Follow up Appointment."

7. Access the **Care Plan - Participant** to record the education note or care plan.

## **Foods**

8. Access the **Card Operations** panel and issue a card to the family if necessary.

9. Access the **Food Package** panel to choose the participant's individual food package.

10. Access the **Food Benefits** panel to issue benefits to the family.

# Follow Up Appointment

## Clinic Services

- [-] Search
  - ... Simple
  - ... Advanced
  - ... BF PC Caseload
  - ... BF PC Assignment
  - ... Investigator Family
  - ... Waiting List
- [-] New Family
- [-] Family/Intake
  - ... *Certification Guide*
  - ... **Family**
  - ... *Identity*
  - ... Contact/Address
  - ... Income
  - ... Voter Registration
  - ... *Application*
  - ... *Participant Category*
  - ... *Comments/Alerts*
- [-] Assessment
  - ... *Visit Summary*
  - ... *Pregnancy*
  - ... *BF PC Documentation*
  - ... *Anthropometrics*
  - ... *Blood*
  - ... *Nutrition Interview*
  - ... *Risk*
- [+] Certification/Termination
- [-] Education and Care
  - ... *Referrals - Participant*
  - ... Referrals - Family
  - ... *Nutrition Education*
  - ... *Care Plan - Participant*
  - ... Care Plan - Family
  - ... *BF Equipment*
- [-] Foods
  - ... *Food Package*
  - ... *Issuance Summary*
  - ... *Returned Formula*
  - ... Card Operations
  - ... Food Benefits
  - ... Audit Trail
- [-] Activity
  - ... Appointment History
  - ... Transfer Family
  - ... Retrieve Participant
  - ... *Survey*
  - ... Customer Service Log
  - ... *Participant Violations*
  - ... *Admin Hearing*

### Family/Intake

1. Access the **Contact/Address** panel to verify contact information.  
\*TIP: Enter the person's primary phone number into the field labeled "Home."

### Assessment

2. Access the **Pregnancy** panel to document a woman's prenatal and postpartum information if needed (e.g., EDD change).
3. Access the **Nutrition Interview** to update any breastfeeding information changes for infants and children.
4. Access the **Risk** panel to add any new NRFs identified during visit.

### Education and Care

5. Access the **Nutrition Education** panel to record the education and pamphlets provided. NOTE: For a High Risk Follow up appointment, the WIC RD/RN must also check the box called "High Risk Follow Up Appointment."
6. Access the **Care Plan - Participant** to record the education note or care plan.

### Foods

7. Access the **Card Operations** panel and issue a card to the family if necessary.
8. Access the **Food Package** panel to choose the participant individual food package.
9. Access the **Food Benefits** panel to issue benefits to the family.

# Out-of-State Transfer/VOC Appointment (Participant has NOT been on WIC in Colorado)

## Clinic Services

- [-] Search
  - ..... Simple
  - ..... Advanced
  - ..... BF PC Caseload
  - ..... BF PC Assignment
  - ..... Investigator Family
  - ..... Waiting List
- ..... New Family
- [-] Family/Intake
  - ..... *Certification Guide*
  - ..... **Family**
  - ..... *Identity*
  - ..... Contact/Address
  - ..... Income
  - ..... Voter Registration
  - ..... *Application*
  - ..... *Participant Category*
  - ..... *Comments/Alerts*
- [-] Assessment
  - ..... *Visit Summary*
  - ..... *Pregnancy*
  - ..... *BF PC Documentation*
  - ..... *Anthropometrics*
  - ..... *Blood*
  - ..... *Nutrition Interview*
  - ..... *Risk*
- [-] Certification/Termination
- [-] Education and Care
  - ..... *Referrals - Participant*
  - ..... Referrals - Family
  - ..... *Nutrition Education*
  - ..... *Care Plan - Participant*
  - ..... Care Plan - Family
  - ..... *BF Equipment*
- [-] Foods
  - ..... *Food Package*
  - ..... *Issuance Summary*
  - ..... *Returned Formula*
  - ..... Card Operations
  - ..... Food Benefits
  - ..... Audit Trail
- [-] Activity
  - ..... Appointment History
  - ..... Transfer Family
  - ..... Retrieve Participant
  - ..... *Survey*
  - ..... Customer Service Log
  - ..... *Participant Violations*
  - ..... *Admin Hearing*

### Search

1. Access the **Advanced** panel to search for a family to check whether they have been on WIC in Colorado.
2. Access the **New Family** panel to complete the intake information.  
\*TIP: This may have already been completed when the participant/endorser called to schedule the appointment in the Compass Scheduler.

### Family/Intake

3. Access the **Identity** panel to document the participant's proof of identity and primary health care provider, etc.
4. Access the **Contact/Address** panel to document the phone number and address (this may have already been completed when the participant/endorser schedule their appointment) and proof of address.  
\*TIP: Enter the person's primary phone number into the field labeled "Home."
5. Access the **Voter Registration** panel to document the participant's voter registration information.

### Assessment

6. Access the **Pregnancy** panel to document a woman's pregnancy/postpartum information such as Expected Due Date (EDD), pre-pregnancy weight, actual delivery date, etc.
7. Access the **Risk** panel to determine the participant's NRFs from the VOC.
8. (For Infants) Access the **Nutrition Interview** panel to record breastfeeding information

### Certification/Termination

9. Access the **Certification** panel to complete the appointment and have the participant sign the signature pad acknowledging their Colorado WIC rights and responsibilities.

### Education and Care

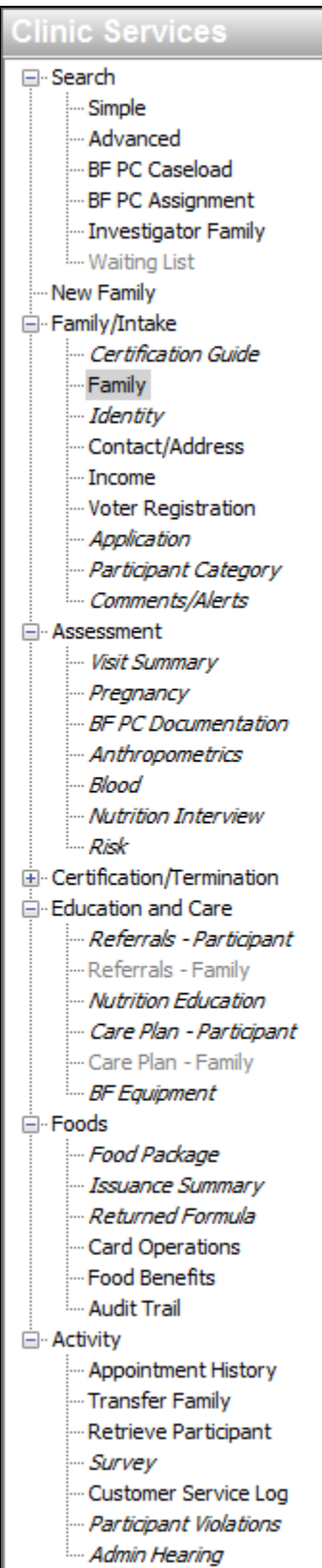
10. Access the **Nutrition Education** panel to record the education and pamphlets provided.
11. Access the **Care Plan - Participant** to record the education note or care plan

### Foods

12. Access the **Card Operations** panel to assign the family a card.
13. Access the **Food Package** panel to choose the participant individual food package
14. Access the **Food Benefits** panel to issue the family food benefits.



# Out-of-State Transfer/VOC Appointment (Participant has been on WIC in Colorado)



## Search

1. Access the **Advanced** panel to search for a family. If they are listed in Compass and not in your clinic, you will need to transfer the family to your clinic. Please reference the *Quick Reference Guide - In-State Transfer* for instruction. Once the transfer is complete, if the participant has a WIC Status of Active, proceed to step # 2 once they have been transferred to your clinic. If the participant has a WIC Status of Terminated once transferred to your clinic, proceed to step # 3.

## Family/Intake

2. If the participant's current WIC Status is Active, access the **Certification** panel, and terminate their certification. Proceed back to step #3.
3. If the participant's current WIC Status is Terminated, access the **Application** panel to fill in the Out-Of-State VOC Information. This will change their WIC Status to Pending.
4. Access the **Identity** panel to document the participant's proof of identity and primary health care provider, etc.
5. Access the **Contact/Address** panel to document the phone number, address and proof of residency. \*TIP: Enter the person's primary phone number into the field labeled "Home."
6. Access the **Voter Registration** panel to document the participant's voter registration information.

## Assessment

7. Access the **Pregnancy** panel to document a woman's pregnancy/postpartum information such as Expected Due Date (EDD), pre-pregnancy weight, actual delivery date, etc.
8. Access the **Risk** panel to determine the participant's NRFs from the VOC
9. (For Infants) Access the **Nutrition Interview** panel to record breastfeeding information.

## Certification/Termination

10. Access the **Certification** panel to complete the appointment and have the participant sign the signature pad acknowledging their Colorado WIC rights and responsibilities.

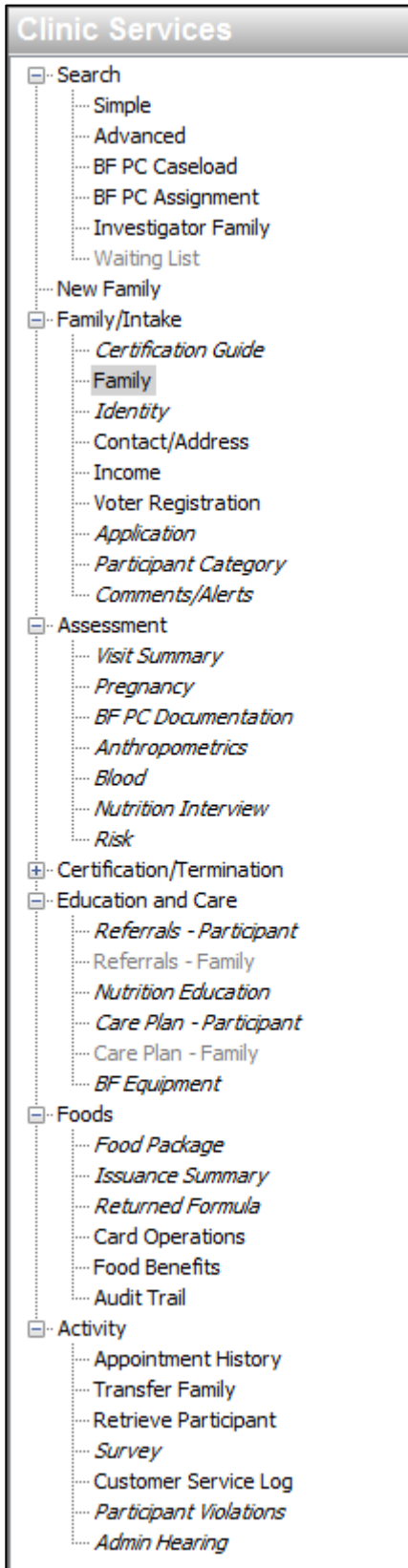
## Education and Care

11. Access the **Nutrition Education** panel to record the education and pamphlets provided.
12. Access the **Care Plan - Participant** to record the education note or care plan.

## Foods

13. Access the **Card Operations** panel to assign the family a card if necessary.
14. Access the **Food Package** panel to choose the participant individual food package
15. Access the **Food Benefits** panel to issue the family food benefits.

# In-State Transfer



## Search

1. Access the **Advanced** panel to search for a family. Click on the Family ID or Participant ID to display the family's information on the Family panel.

- If you do not have rights to access a family, a dialogue box appears and asks, "You do not have permission to this family, would you like to perform a transfer?" Click YES.

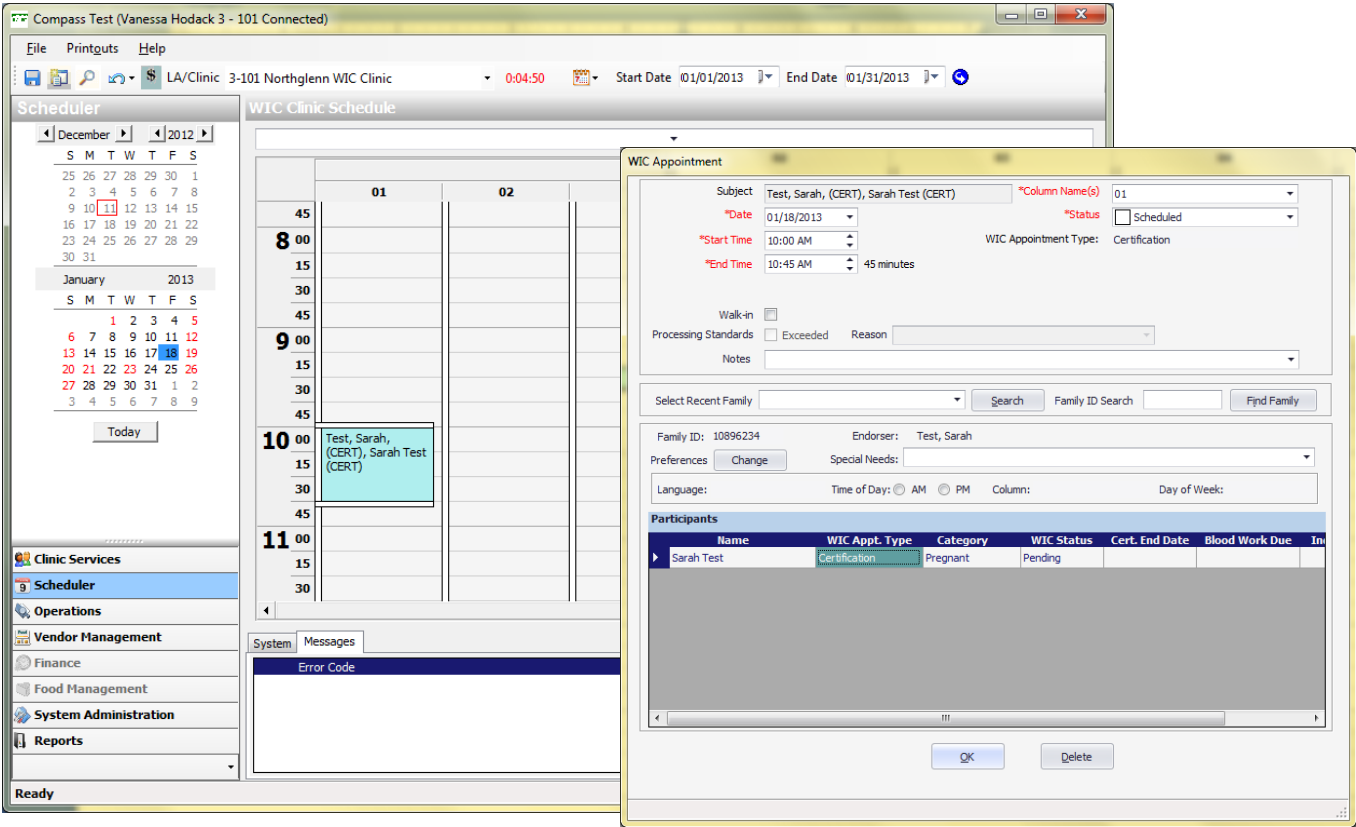
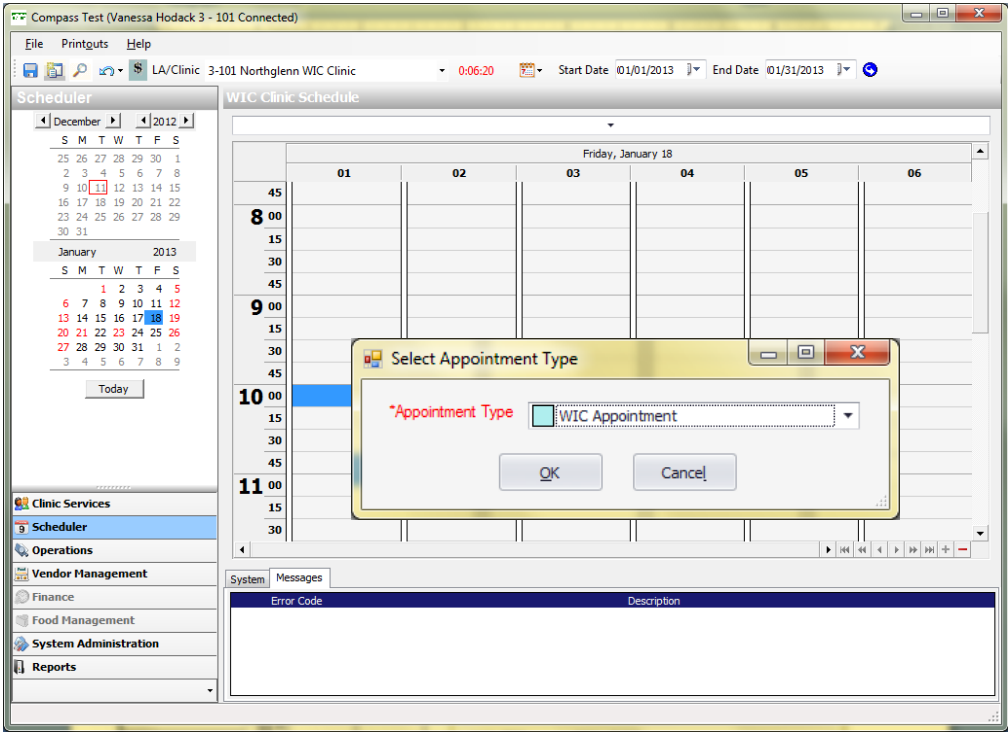
## Activity

1. On the **Transfer Family** panel, the user can transfer the family to the new clinic.


\*Finally proceed to **Scheduler** to schedule the family/participant for the appropriate appointment.

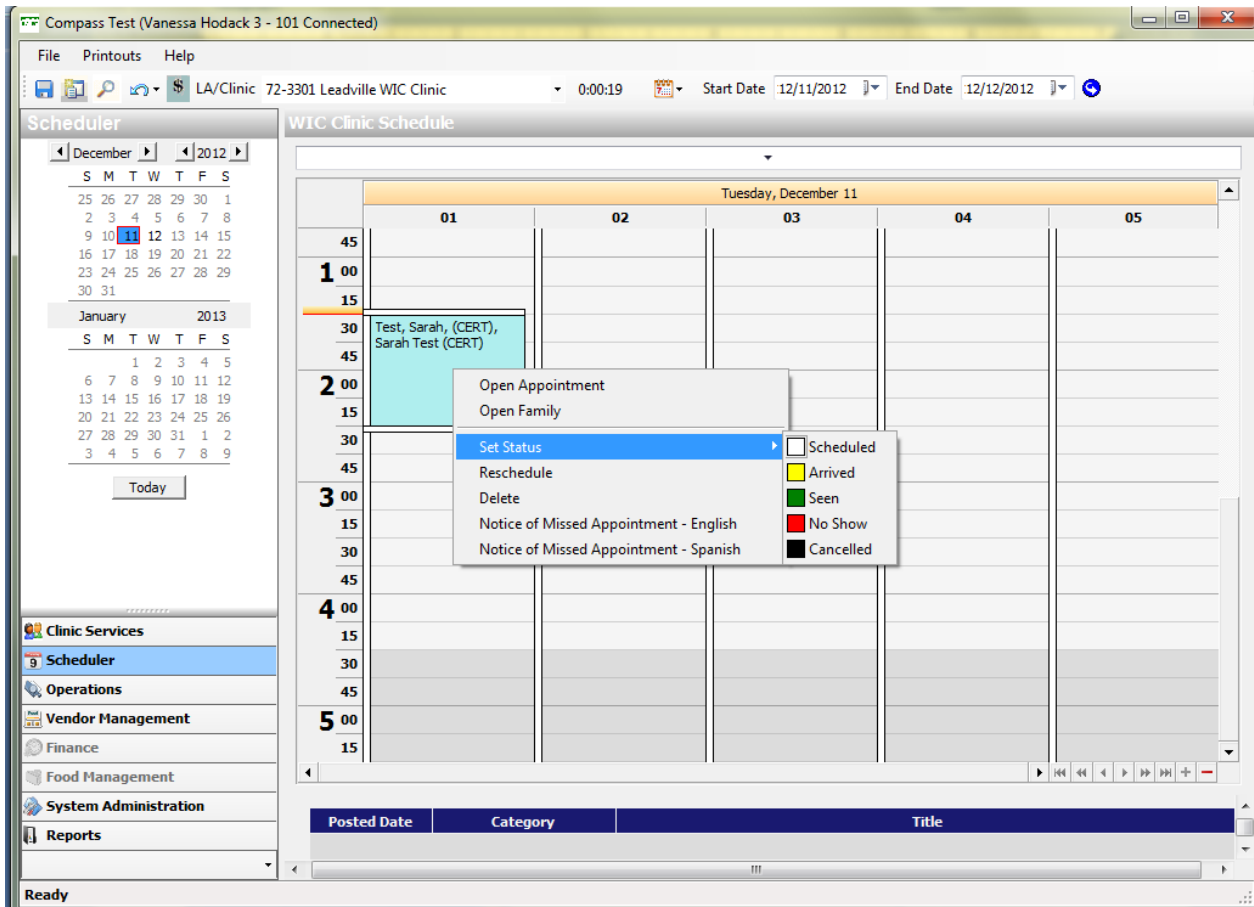
# Scheduling an Appointment

1. Access **Scheduler**
2. Access calendar on the left-hand side of the Compass screen to choose the date.
3. Once the date is chosen, find an open time slot.
4. Right click the open appointment time and choose New Appointment.
5. From **Select the Appointment Type** choose the Appointment Type.
6. From the **WIC Appointment** screen, select the family and **WIC Appointment Type**.
7. Select "Ok"
8. Appointment is now in the WIC Clinic Schedule.



# Update Appointment Status

1. Access the **Scheduler**
2. Click on the **Date Range Quick Select** icon (  ), to choose a range of dates. The appointment you want to update must be within this date range.
3. Use the calendar on the left-hand side of the screen to find the date.
4. Right click on the appointment and choose **Set Status**.
5. Update the appointment by choosing Scheduled, Arrived, Seen, No Show or Cancelled



Note: The appointment status will automatically update to “Seen” when the Nutrition Education panel is completed or benefits are issued.

# Dual Participant Search

The screenshot displays the 'Dual Participant Search' interface. At the top, search criteria are entered: First Name: Sarah, Middle Name: (empty), Last Name: Test, \*Sex: Female, and \*Date of Birth: 02/23/1990. There are checkboxes for 'Wild Card' and 'Include' for both last name and date of birth. A 'Search' button is visible. Below the search criteria, the results are shown in a table under the heading 'Search Results (State Wide Dual Participation)'. The table has columns for Family ID, Person ID, Name, and Category. One result is listed: Family ID 10896234, Person ID 10968063, Name Test, Sarah, and Category Pregnant. Two pop-up windows are overlaid on the search results. The 'Statewide Sketch' window shows participant information for LA/Clinic: 3-101 Northglenn WIC Clinic, Family ID: 10896234, Endorser: Sarah Test, Person ID: 10968063, Zip Code: 80121, Home Phone Number: (555) 555-5555, and a detailed 'Participant Information' section including Participant: Test, Sarah; Person ID: 10968063; Category: Pregnant; Date of Birth: 02/15/1990; Sex: Female; Application Type: Regular; WIC Status: Active; WIC Status Date: 12/11/2012; Certification End Date: 06/30/2013; FB Issuance Code: 3 Months; FB First Date to Use: 02/01/2013; and FB Last Date to Use: 02/28/2013. The 'Member/Proxy' window shows the 'Old Participant ID:' section with Person ID: 10968067, \*First Name: Sarah, Middle Name: (empty), \*Last Name: Test, and Suffix: (empty). It also has a 'Member Type' section with radio buttons for Endorser (selected), Additional Endorser, and Proxy. There are buttons for 'Delete', 'Make Participant', and 'Add To Aliases', and a 'Close' button at the bottom right.

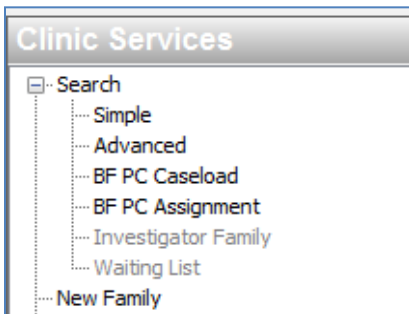
When the **Dual Participant Search** lists a possible dual, the user must click on the Family ID or Person ID to view the **Statewide Sketch**. The **Statewide Sketch** shows important participant information that will help the user determine if the participant is enrolled on WIC in another agency/clinic.

If the staff person determines that the person in the **Statewide Sketch** is the same participant, the staff person must delete this participant from being a dual by completing the following:

1. Click "Close" on the **Statewide Sketch**
2. Click "Back" on the **Dual Participation Search**
3. Click "Delete" on the **Member/Proxy** pop up screen

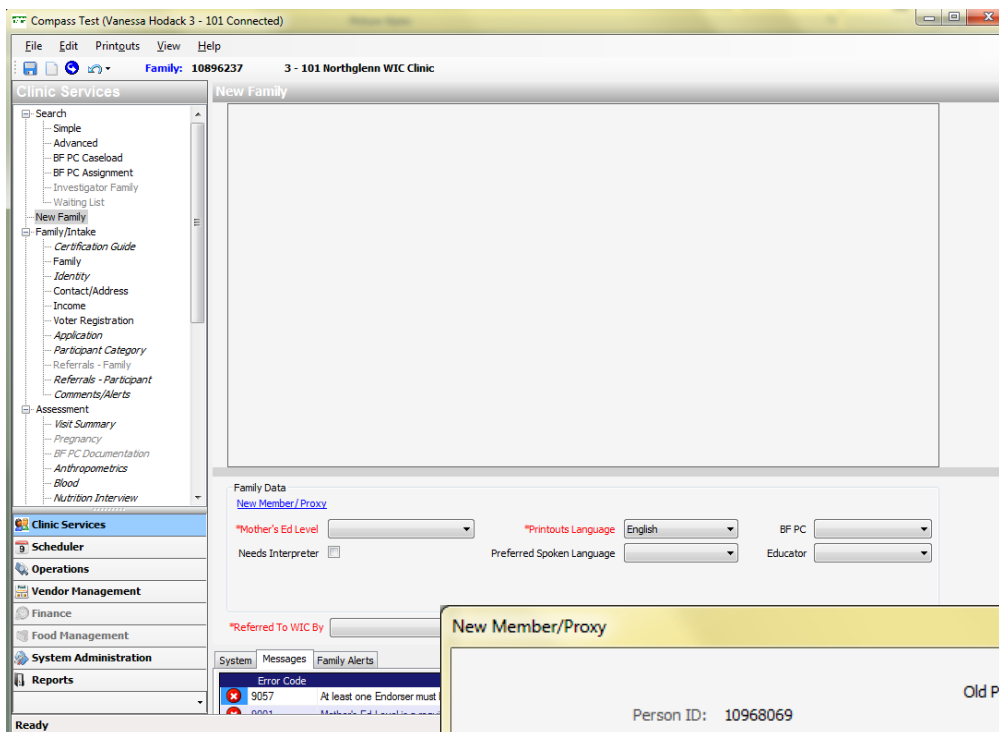
Once this is complete, the participant must be transferred into the appropriate clinic by accessing the **Transfer Family** panel. Please reference the *Quick Reference Guide - In-State Transfer* for instruction.

# Add a WIC Applicant into Compass



1. Access the **Advanced** panel to search for the participant to ensure that they are not already on WIC in Colorado. If the participant is not in the Compass system, access the **New Family** panel.

\*TIP: Remember if the participant came from a Colorado clinic that is still using the ASPENS system, they will not show up in the Compass Advanced search. Make sure to ask good questions to determine whether the participant has been on WIC in Colorado. Please refer to the Packet D Transfer Policy.



2. Within the **New Family** panel, click on the New Member/Proxy link to pull up the **New Member/Proxy** pop up

3. In the **Member/Proxy** pop up, complete the required fields indicated in red.

If the person is an Endorser, but is NOT a participant, click "Close." However, if the person is a participant, click "Make Participant."

New Member/Proxy

Person ID: 10968069 Old Participant ID:

\*First Name: Mary

Middle Name:

\*Last Name: Test

Suffix:

Special Needs:

Member Type

Endorser

Additional Endorser

Proxy

Delete

Make Participant

Add To Aliases

Close

## Add a WIC applicant into Compass (cont.)

Dual Participant Search

First Name: Mary  Wild Card First Name equals Mary  
Middle Name:  Wild Card And  
Last Name: Test  Wild Card Last Name equals Test  
\*Sex: Female  Include  
\*Date of Birth: 09/05/1990  Include

Search

Search Results (State Wide Dual Participation)

Family ID	Person ID	Name	Category
-----------	-----------	------	----------

Back Next

9032 The search criteria entered returned 0 results.

4. Complete the **Dual Participant Search** required fields (Sex and Date of Birth), then click “Search.”

If the search returns no possible duals, click “Next.” However, if another name appears, follow the *Quick Reference Guide - Dual Participant Search*.

Participant Category

Name: Mary Test

\*Participant Category: Pregnant  
Breastfeeding  
Not Breastfeeding  
Pregnant

Miscarriage

Back Next

5. Complete the **Participant Category** pop up by choosing the appropriate category and clicking “Next.”

If the participant is a postpartum women and the result of her pregnancy was a miscarriage, click the box labeled “Miscarriage.”

## Add a WIC applicant into Compass (cont.)

Application

Name: Mary Test

Application Date: 12/11/2012

Out-of-State VOC

Out-of-State VOC

Certification Start Date: [ ]/[ ]/[ ]

Certification End Date: [ ]/[ ]/[ ]

Last Benefits Start Date: [ ]/[ ]/[ ]

Last Benefits End Date: [ ]/[ ]/[ ]

6. Complete the **Application** pop up by clicking “Next” if the participant is not an Out-of-State VOC.

Enrollment

Name: Mary Test

\*Sex: Female

\*Date of Birth: 09/05/1990

Expected DOB: [ ]/[ ]/[ ]

\*Hispanic/Latino: Yes

Mother: [ ]

\*Race

White

Black

Asian

American Indian or Alaskan Native

Native Hawaiian or Other Pacific Islander

Foster Care

Entered Foster Care Date: [ ]/[ ]/[ ]

Changed Foster Families Date: [ ]/[ ]/[ ]

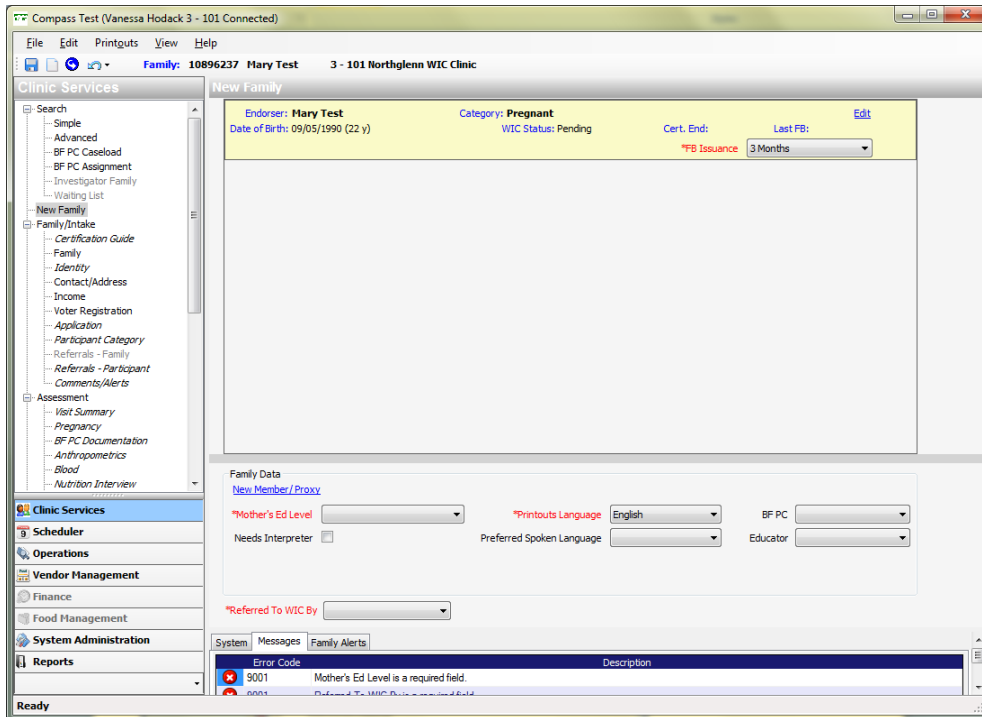
7. Complete the required fields in the **Enrollment** pop up.

If the participant is a foster child, click the “Make Foster Child” pop up to complete the required fields.

Once the screen is complete, click “Finish.” The participant will be added to the New Family screen as shown on the following page.



## Add a WIC applicant into Compass (cont.)



Compass Test (Vanessa Hodack 3 - 101 Connected)

File Edit Printouts View Help

Family: 10896237 Mary Test 3 - 101 Northglenn WIC Clinic

Clinic Services

New Family

Endorsed: **Mary Test** Category: **Pregnant** Edit

Date of Birth: 09/05/1990 (22 y) WIC Status: Pending Cert. End: Last FB: \*FB Issuance 3 Months

Family Data

New Member / Proxy

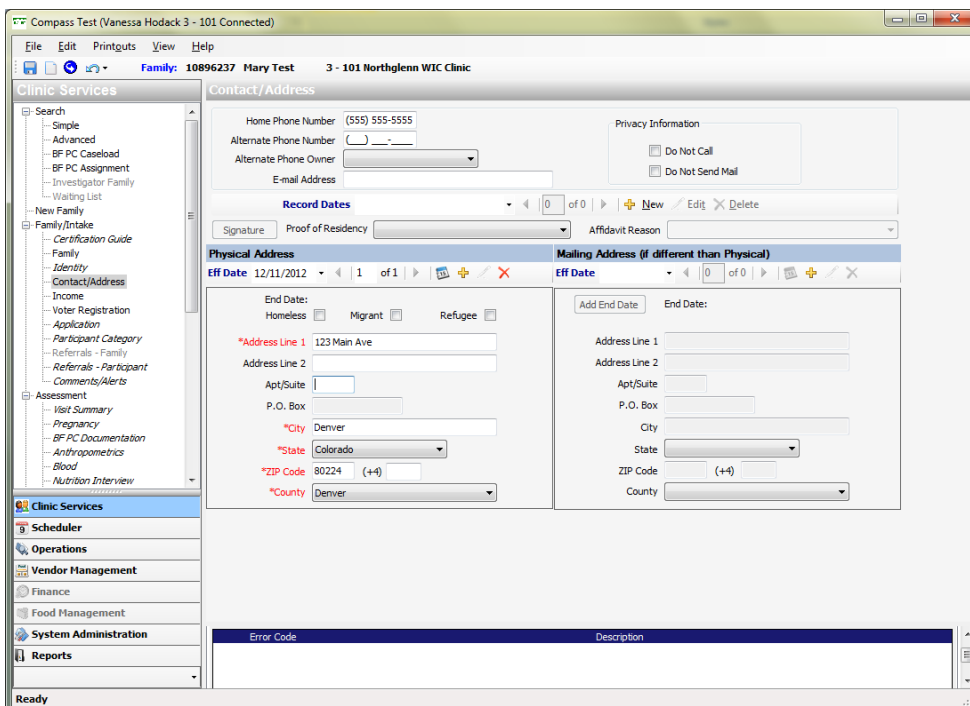
\*Mother's Ed Level [ ] \*Printouts Language English BF PC [ ]

Needs Interpreter [ ] Preferred Spoken Language [ ] Educator [ ]

\*Referred To WIC By [ ]

Error Code	Description
9001	Mother's Ed Level is a required field.

8. The family has been added to the **New Family** panel.



Compass Test (Vanessa Hodack 3 - 101 Connected)

File Edit Printouts View Help

Family: 10896237 Mary Test 3 - 101 Northglenn WIC Clinic

Clinic Services

Contact/Address

Home Phone Number (555) 555-5555 Privacy Information

Alternate Phone Number [ ] Do Not Call [ ]

Alternate Phone Owner [ ] Do Not Send Mail [ ]

E-mail Address [ ]

Record Dates [ ] of 0 [ ] New Edit Delete

Signature [ ] Proof of Residency [ ] Affidavit Reason [ ]

Physical Address

Eff Date 12/11/2012 of 1 of 1

End Date: Homeless [ ] Migrant [ ] Refugee [ ]

\*Address Line 1 123 Main Ave

Address Line 2 [ ]

Apt/Suite [ ]

P.O. Box [ ]

\*City Denver

\*State Colorado

\*ZIP Code 80224 (+)

\*County Denver

Mailing Address (if different than Physical)

Eff Date [ ] of 0 of 0

Add End Date End Date:

Address Line 1 [ ]

Address Line 2 [ ]

Apt/Suite [ ]

P.O. Box [ ]

City [ ]

State [ ]

ZIP Code (+) [ ]

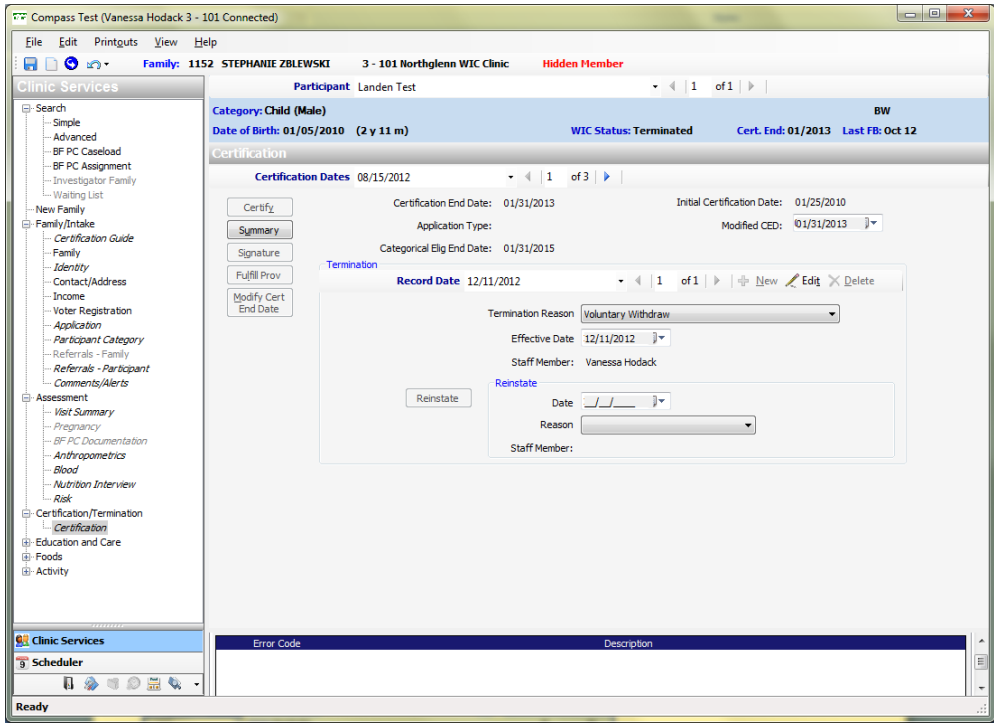
County [ ]

Error Code	Description
9001	Mother's Ed Level is a required field.

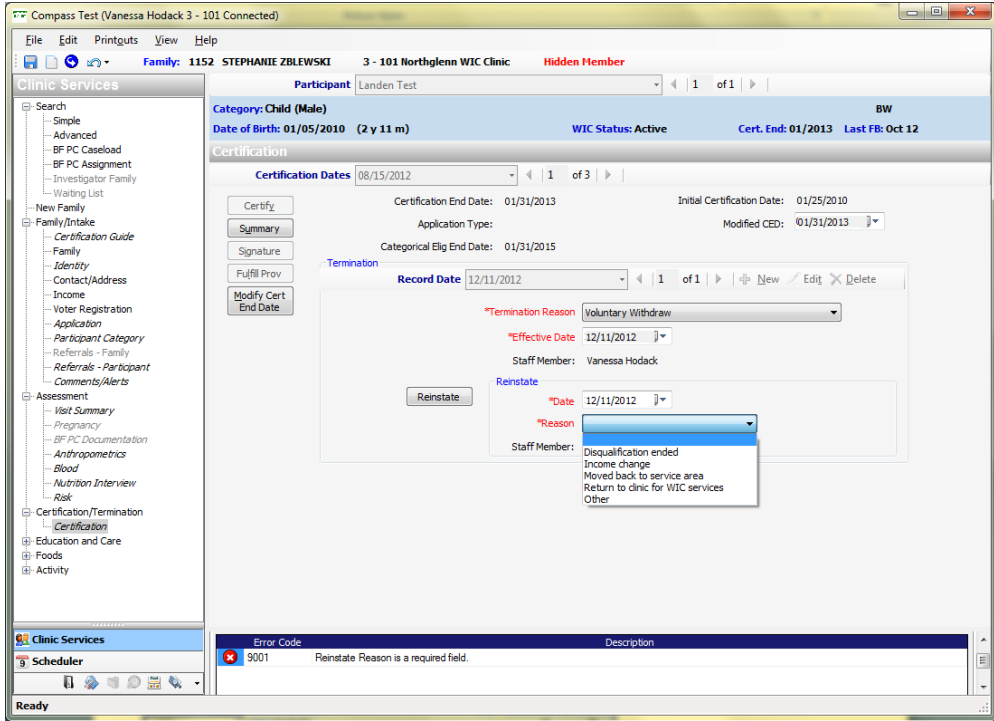
9. Go to the **Contact/Address** panel to enter the applicant's phone number and address. Note: Do not complete the Proof of Residency until the participant presents an acceptable proof of residency at the clinic.

10. Proceed to the **Scheduler** to schedule the applicant for a WIC Certification appointment.

# Reinstate a Participant



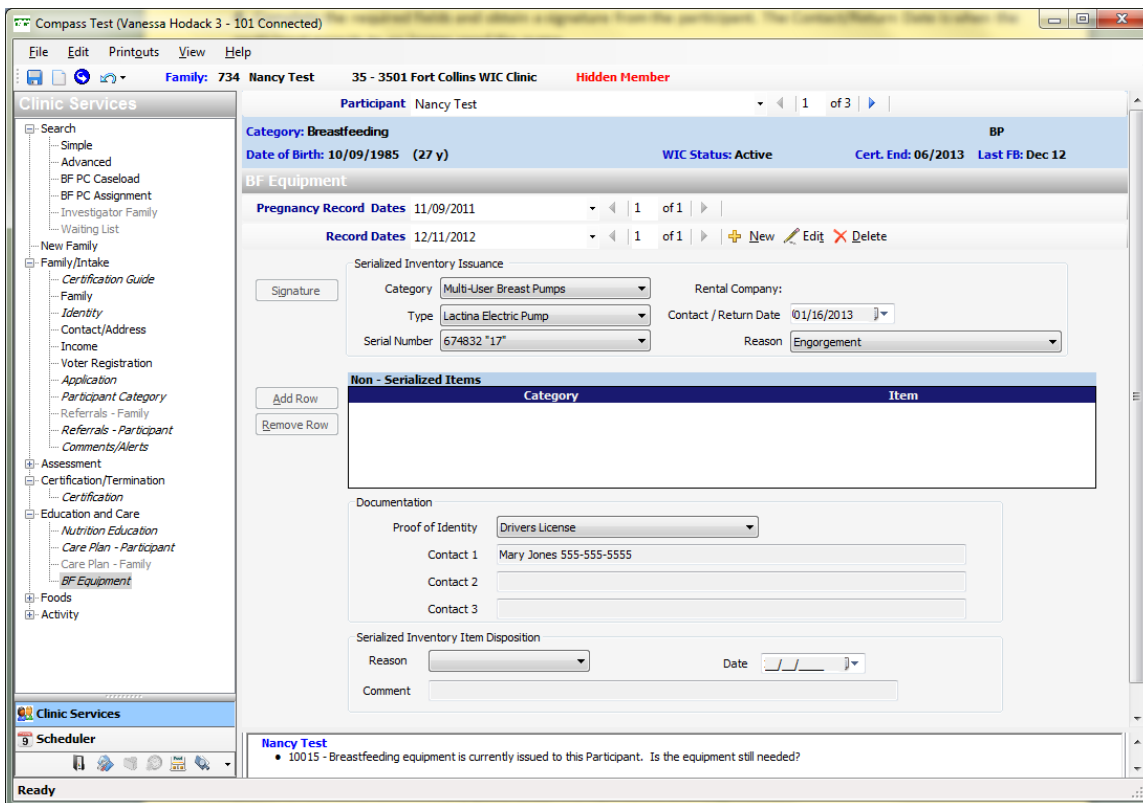
1. When a participant has been terminated and they are within their certification period (i.e. their CED is in the future), the participant may be reinstated.
2. Find the participant by performing a search.
3. Access the **Certification** panel and click “Edit” button in the Termination box.



4. Click “Reinstate” to make the participant’s WIC Status Active.
5. The user must choose a reason to reinstate from the drop down list.

# Issue/Return a Breast Pump

1. Find the participant by accessing the **Advanced** search panel.
2. Access the **BF Equipment** panel under the **Education and Care** branch to issue a breast pump.
3. Click “New” to create a new record date.
4. Complete the required fields and obtain a signature from the participant. The Contact/Return Date is when the participant expects to no longer need the pump.
5. Scan the participant’s ID into Compass.
6. To return the breast pump, click ‘Edit’ and complete the *Serialized Inventory Item Disposition* field. Completing this field will allow the pump to be issued to another participant.



## Removing/Returning Breast Pumps to/from Compass circulation:

This procedure will be followed when removing any pump from circulation for either a temporary or permanent reason: damaged, stolen, etc. When the pump is repaired and returned, then the user will choose the Add Row button and select the Transaction as Returned or Re-added to return the pump to circulation. (**Note:** Security access to perform this function is typically given to Directors and Supervisors only)

1. Go to the Operations Branch function area
2. Click on the Serialized Inventory panel under the Operations Branch
3. Find the pump that was incorrectly entered and select the History link
4. Under History, select “Add Row”, in the Transaction column select the status as Retired which removes the pump from circulation. Tab through to Comments. Under comments, type “entered into incorrect clinic”.

# Change a Participant's Category

## For Participants with a WIC Status of Active

### Pregnant to Pregnant:

1. Under **Certification/Termination** in Clinic Services, go to the **Certification** panel
2. Click "New" in Termination box.
3. Pick from Termination Reason drop down, "Terminate Pregnant – recert as Pregnant"
4. In the Effective Date field, choose today's date.
5. Under **Family/Intake**, go to the **Application** panel and click "New" application to create a new application.
6. Then click "New" to add a new pregnancy record for the current pregnancy
7. *Refer to the Quick Reference Guide - Recertification*

### Pregnant to Breastfeeding/Non-Breastfeeding

1. Under **Certification/Termination** in Clinic Services, go to the **Certification** panel
2. Click "New" in the Termination box
3. Pick from the Termination Reason drop down, "Terminate Pregnant – recert as non-BF/BF"
4. In the Effective Date field, choose today's date
5. Under **Family/Intake**, go to the **Application** panel and click "New" application to create a new application.
6. Under **Family/Intake**, go to **Participant Category** and choose the appropriate category from the drop down.
7. *Refer to the Quick Reference Guide - Recertification*

### Non-Breastfeeding to Breastfeeding

1. Under **Certification/Termination** in Clinic Services, go to the **Certification** panel
2. Click "New" in the Termination box.
3. Pick from Termination Reason drop down, "Terminate Postpartum/Non-BF – recert as BF"
4. In the Effective Date field, choose today's date
5. Under **Family/Intake**, go to the **Application** panel and click "New" application to create a new application
6. Under **Family/Intake**, go to **Participant Category** and choose the appropriate category from the drop down.
7. *Refer to the Quick Reference Guide - Recertification*

### Breastfeeding/Non-Breastfeeding to Pregnant:

1. Under **Certification/Termination** in Clinic Services, go to the **Certification** panel
2. Click "New" in the Termination box
3. Pick from Termination Reason drop down, "Terminate Postpartum/BF – recert as Pregnant"
4. In the Effective Date field, choose today's date
5. Under **Family/Intake**, go to the **Application** panel and click "New" application to create a new application
6. Under **Family/Intake**, go to **Participant Category** and choose the appropriate category from the drop down.
7. *Refer to the Quick Reference Guide - Recertification*

## Change a Participant's Category (cont.)

### Breastfeeding to Non-Breastfeeding

1. When changing the woman's participant category from Breastfeeding to Not Breastfeeding consider the following conditions:

- If the mother is < 6 months postpartum and staff change the participant category from Breastfeeding to Not Breastfeeding and click save, Compass will change the mother's CED and CEED to the end of the month in which the infant turns 6 months old. For example, if the infant's DOB is 2/18 then the mom's CED and CEED will advance to 8/31.

- If the mother is  $\geq$  6 months postpartum and staff changes the participant category from Breastfeeding to Not Breastfeeding, staff must go to the **Certification** panel and terminate the participant with the reason of "Not BF 6 months postpartum." The Effective Date of the termination will be set out 15 days from today's date. This allows staff to give the appropriate 15 days worth of benefits.

### Infant to Child:

1. Under **Family/Intake**, go to **Identity** panel and go all the way through the recertification appointment. You do not need to change the category! Once the infant turns a year, Compass will automatically change the infant's category to child. *Refer to the Quick Reference Guide - Recertification.*

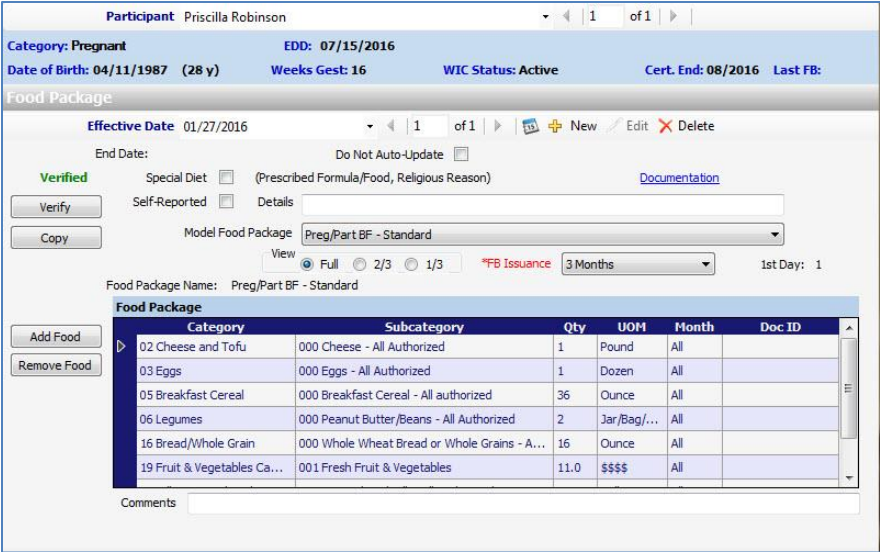
## For Participants with a WIC Status of Terminated

For a participant with a WIC Status of "Terminated" complete the following steps to change their category.

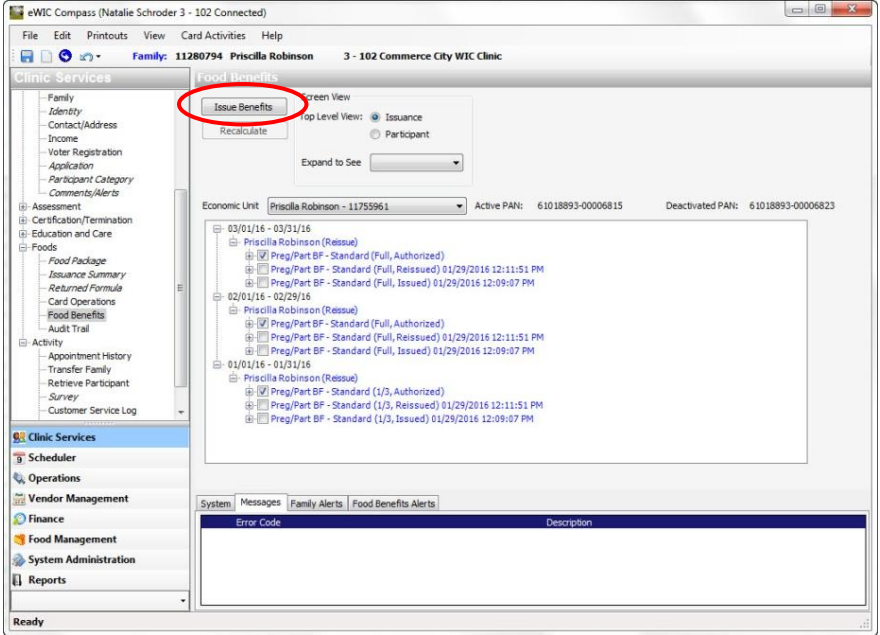
1. Under **Family/Intake**, go to the **Application** panel and click "New" to change their WIC Status from Terminated to Pending.
2. Under **Family/Intake**, go to the **Participant Category** panel and choose the appropriate category.
3. *Refer to the Quick Reference Guide - Recertification*

# How to Reissue Benefits

1. Access the **Food Package** panel, and select “New” to create a new food package.
2. Select a new food package from the Model Food Package drop down and perform a “Save.”



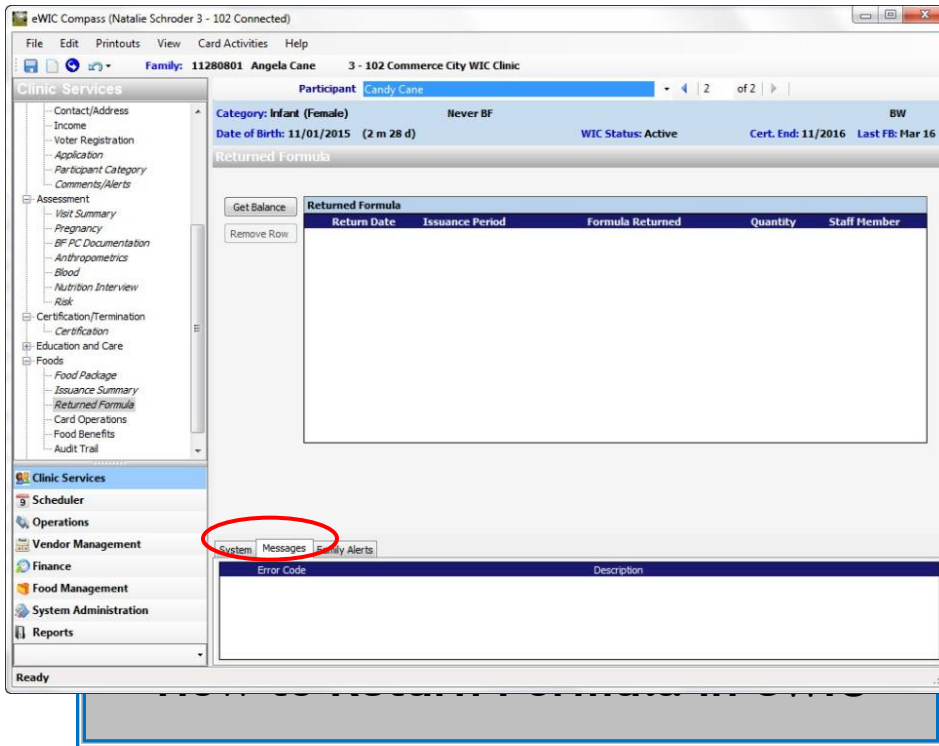
3. Access **Food Benefits** panel and verify the appropriate issuance (1 month, 2 month, 3 months). Once verified, click “Issue Benefits” button. Compass will automatically calculate the remaining food benefits for the participant.



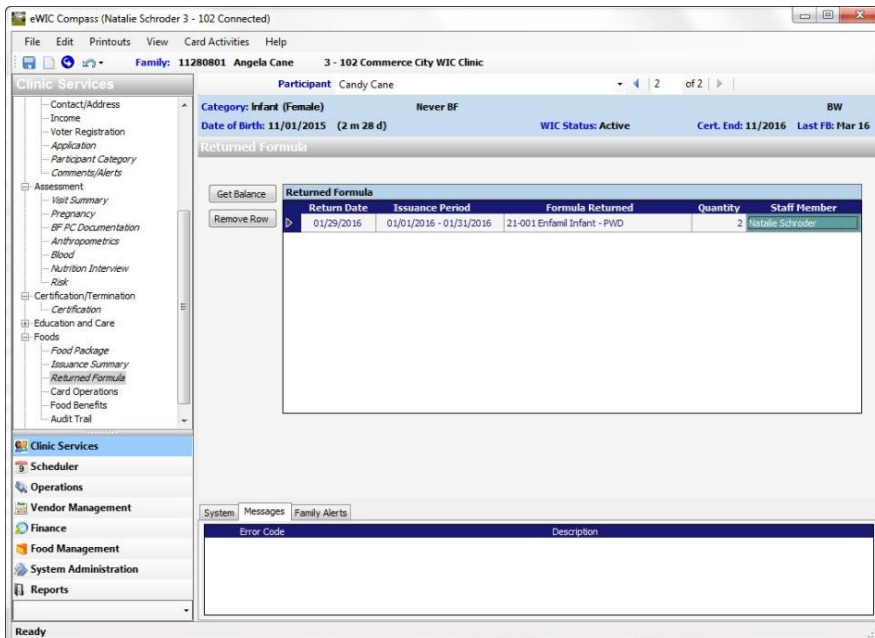
4. Obtain the endorser’s signature to acknowledge receipt of food benefits.
5. The “Family Food Benefits” list is sent to the printer.

# How to Return Formula

1. Access the **Foods** branch, and select **Return Formula** panel.



2. Select the “Get Balance” button, the returned formula grid displays a row of the current formula issued to the participant.

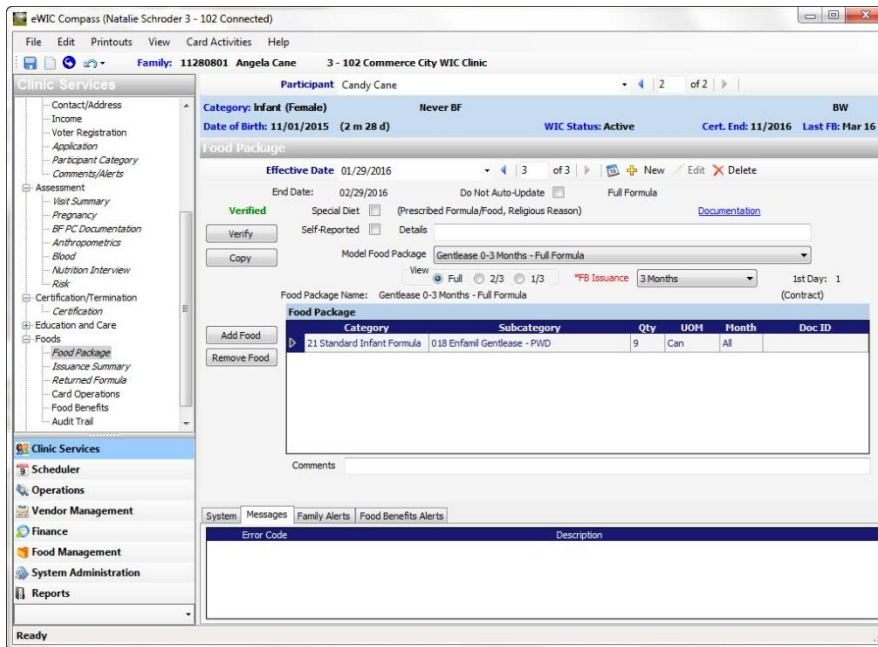


3. Enter the quantity of formula returned into the formula grid and perform a “Save.” Compass will not allow you to enter in more than what the participant purchased with the eWIC card.

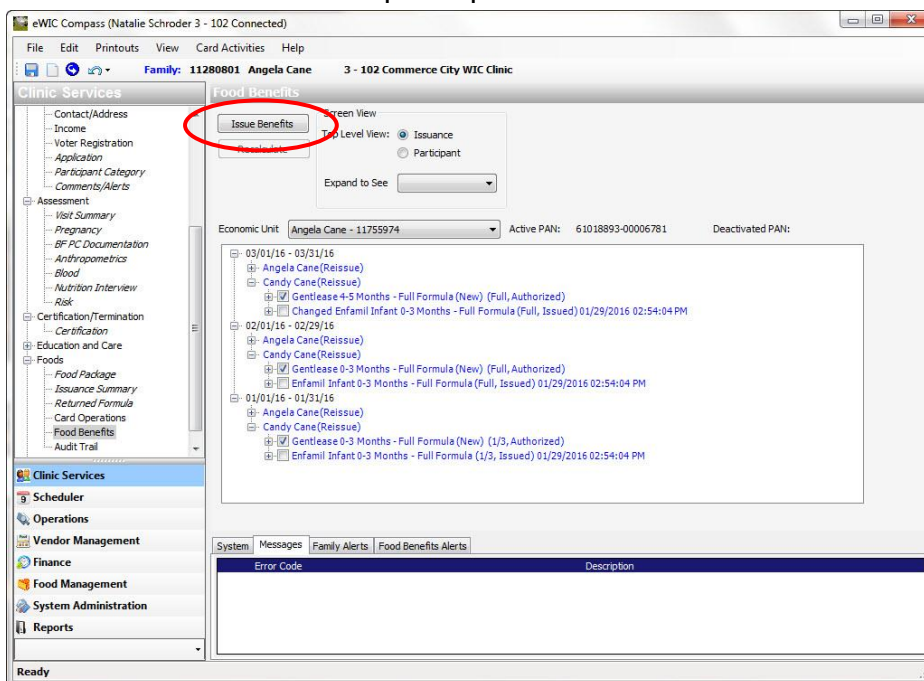
4. Access the **Food Package** panel, and click “New” to create a new food package.

## How to Return Formula (cont.)

5. Select a new food package from the Model Food Package drop down and perform a “Save.”



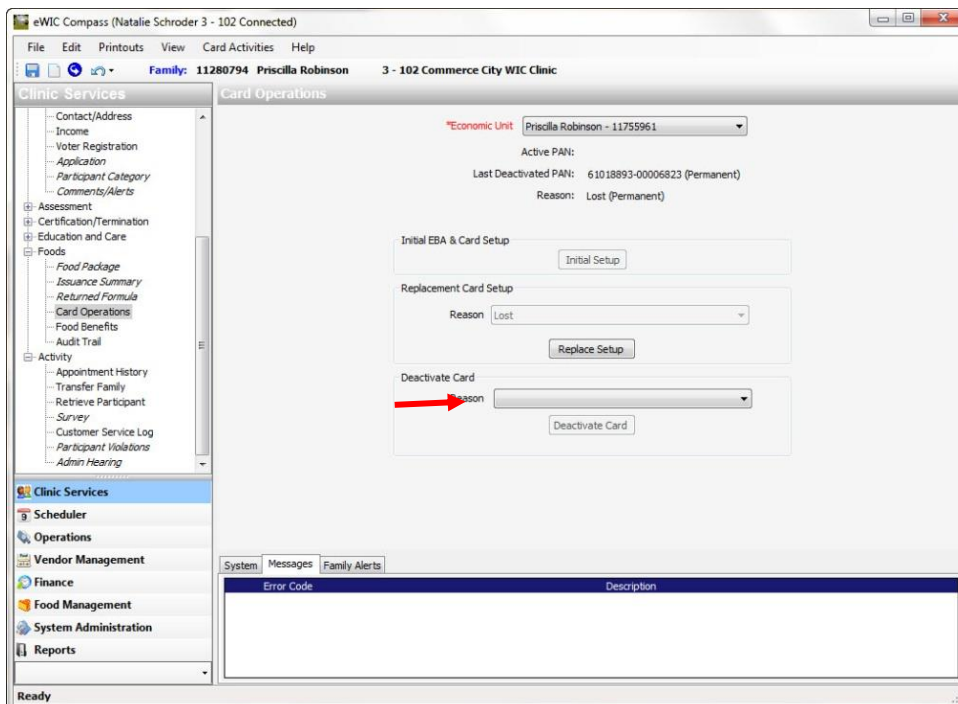
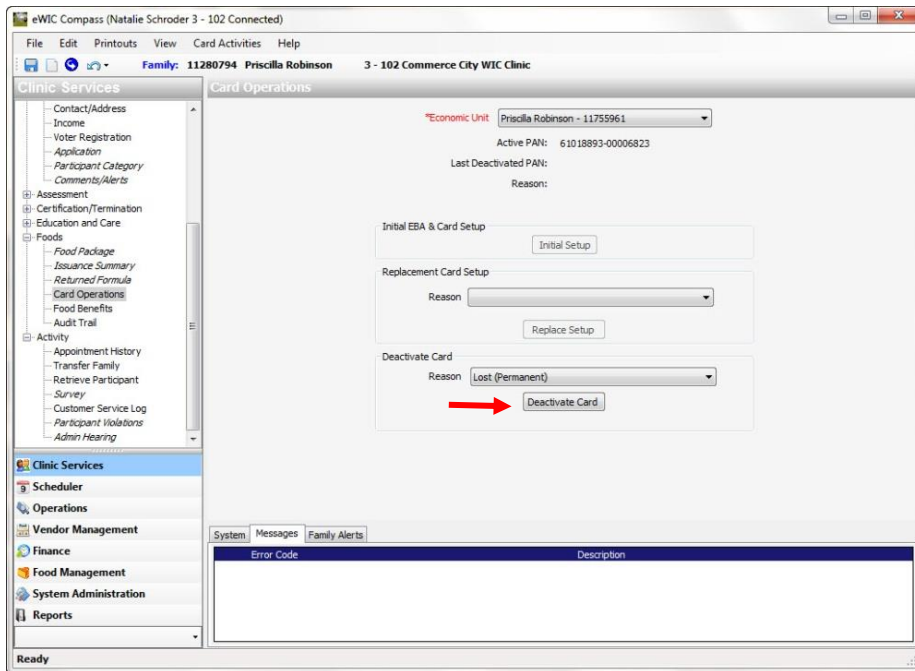
6. Access the **Food Benefits** panel, the available food benefits will display with check marks next to them. Verify the appropriate issuance (1 month, 2 month, 3 months). Once verified, click the “Issue Benefits” button. Compass will automatically calculate how much formula is available for issuance to the participant.





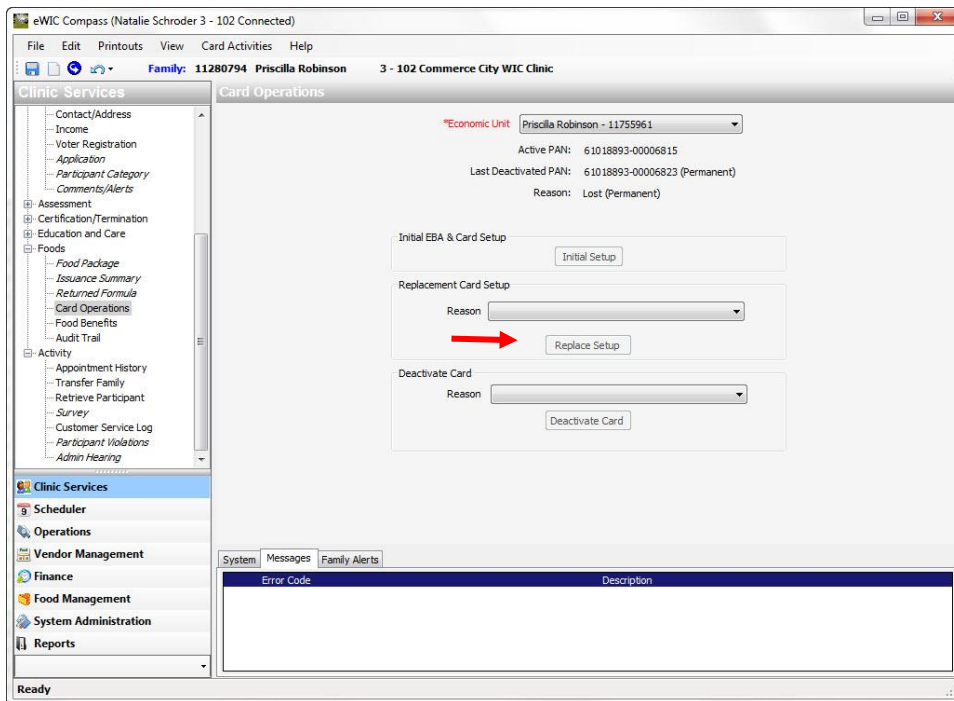
# How to Deactivate and Replace an eWIC Card

1. Access the **Card Operations** panel, go to the Deactivate Card section and select a reason from the drop down. Click “Deactivate Card”. This will permanently deactivate the PAN.



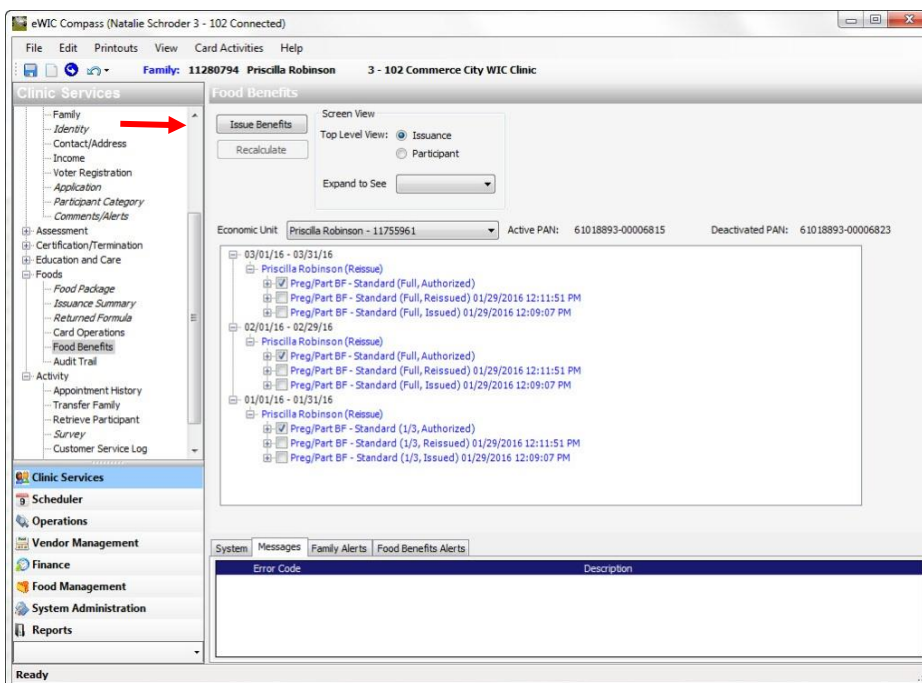
2. The deactivated PAN will display at the top of the **Card Operations** panel.

## How to Deactivate and Replace an eWIC Card (cont.)



3. Click the “Replace Setup” button, and the select PAN pop-up will display. Swipe the new eWIC card or manually enter the PAN and click “Search”. The pop-up will close if the PAN is available. The replacement PAN should now be displayed as the active PAN at the top of the **Card Operations** panel.

4. The family’s existing food benefits will move to the active PAN.



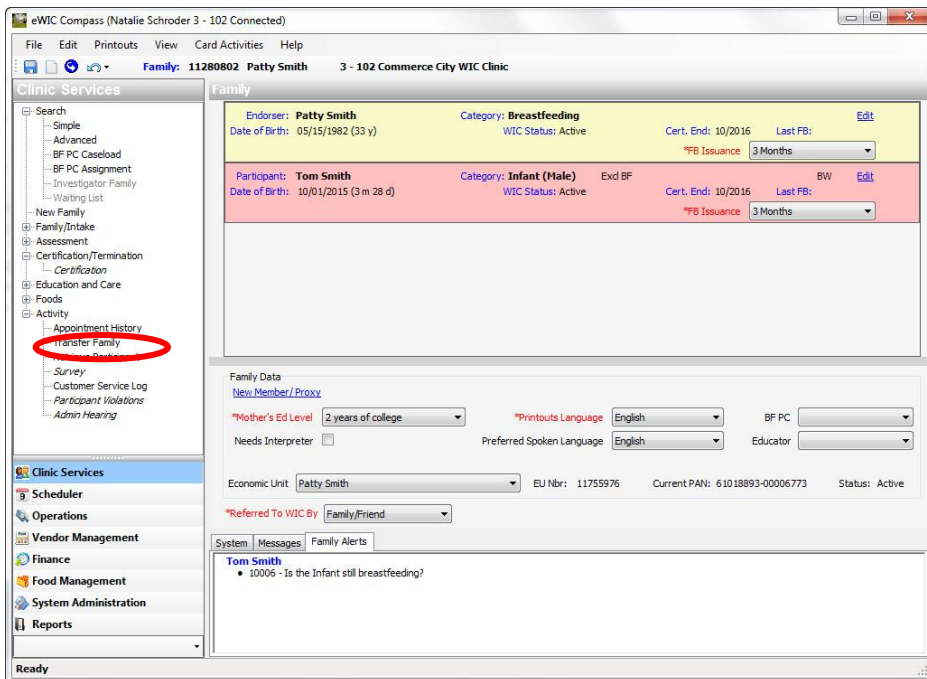
5. If you still need to issue additional food benefits, access the **Food Benefits** panel. The food benefits available for issuance will display with check marks next to them. Verify the appropriate issuance (1 month, 2 month, 3 months). Once verified, click “Issue Benefits” button.

6. Obtain the endorser’s signature to acknowledge receipt of food benefits.

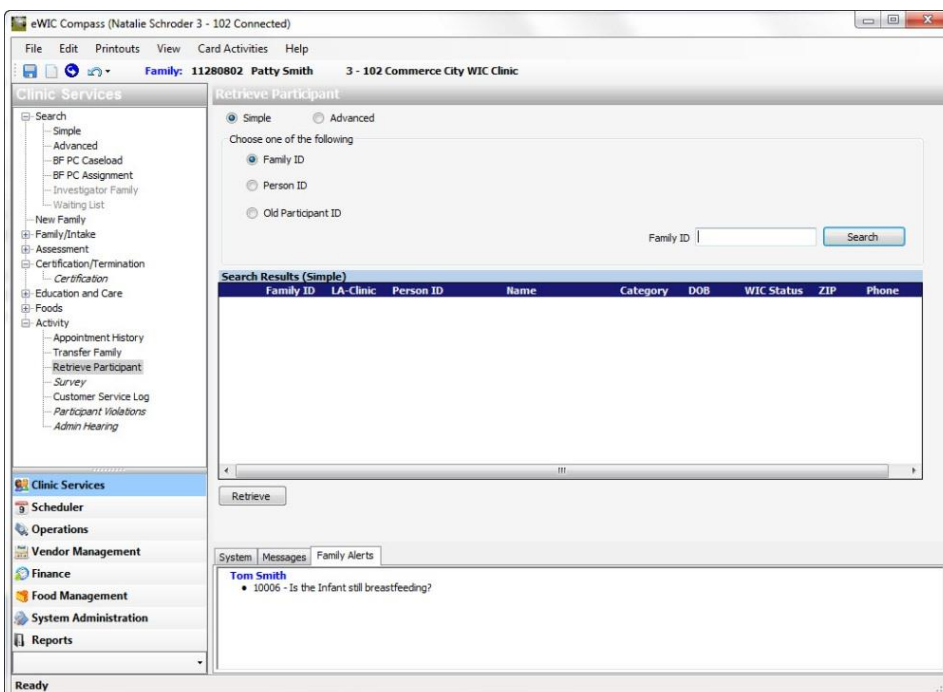
7. The “Family Food Benefits” list will be sent to the printer.

# Retrieving a Foster Child in eWIC

1. Open the family you are going to retrieve the participant into. Access the **Activity** branch, and select the **Retrieve Participant** panel.

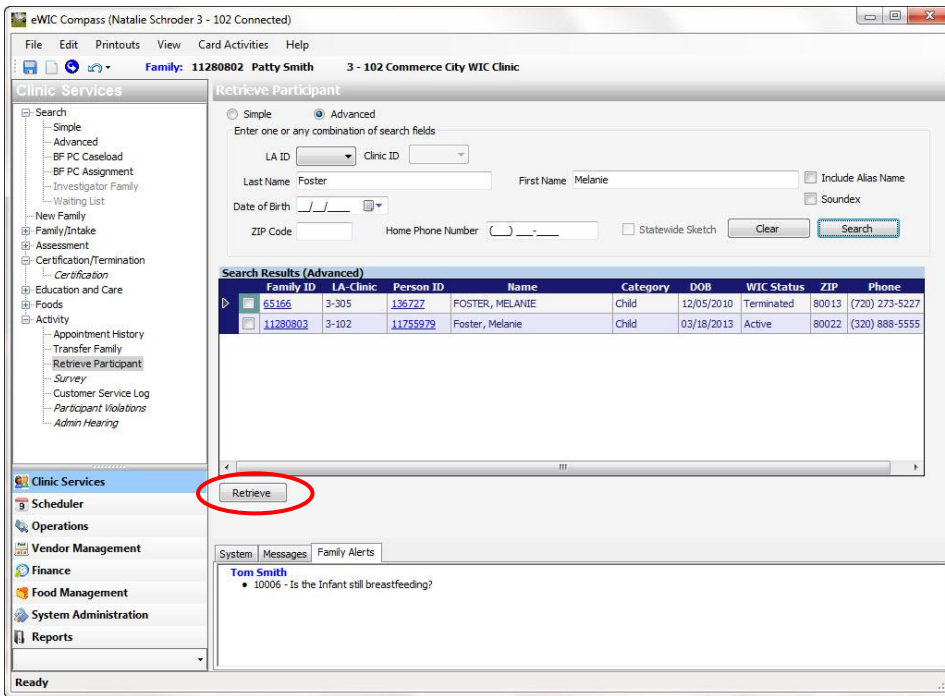


2. Conduct a Simple Search within the **Retrieve Participant** panel for the participant you are going to retrieve.



3. The family will display in the search results, click in the check box next to the participant you want to retrieve into the current family you have open in Compass and click the "Retrieve" button.

## Retrieving a Foster Child in eWIC (cont.)



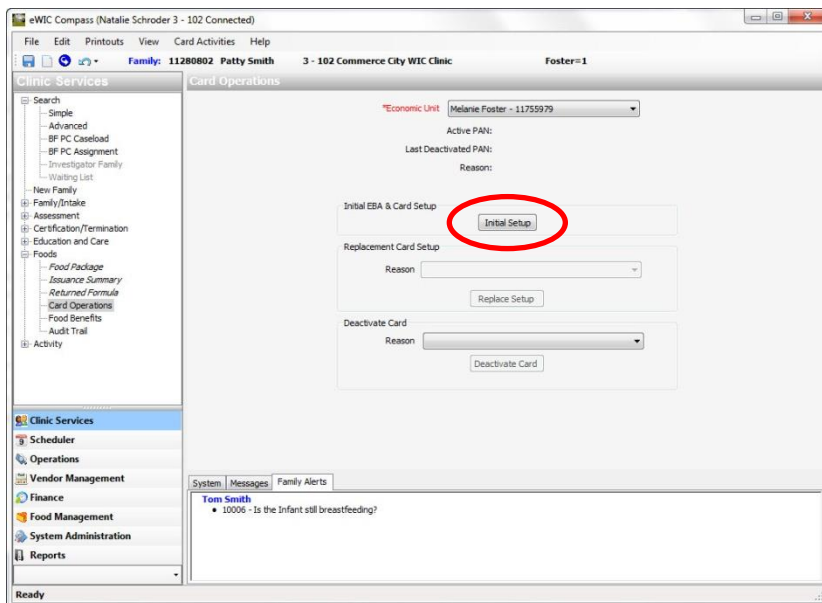
4. The family panel will display with the participant that you have retrieved into the family. If the participant is going to be a foster child you will need to make the participant a foster child in Compass.

a. In the **Family** panel, select the edit link next to the participant you will need to make a foster child in Compass.

b. The member/proxy pop-up will appear, and the select the enrollment link inside the pop-up.

c. The enrollment pop-up will appear, and select the “Make

Foster Child” button and enter the date the participant entered into foster care and click “Close” to close the pop-up.



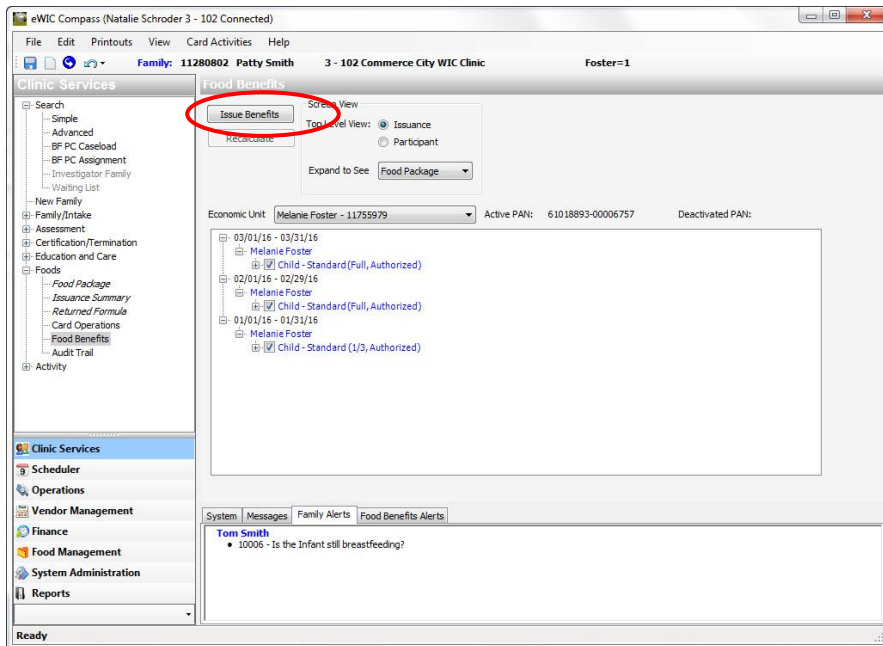
5. Assign a separate PAN for the foster child because foster children are their own household/economic unit (EU).

6. Access the **Foods** branch, and select **Card Operations** panel. Inside Card Operations, click the “Initial Setup” button and the select PAN pop-up will appear. Swipe or enter in the PAN and click “Search”.

7. Compass will check to make sure the PAN is available for use. The new card will show up next to Active PAN at the top of the screen. The foster child will be a separate Economic Unit in the Economic Unit drop down.

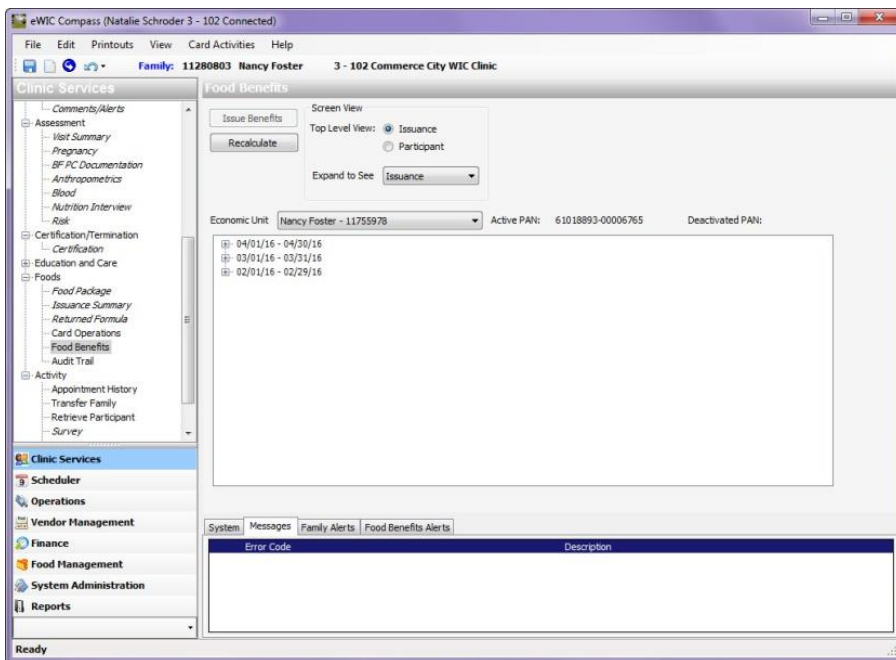
8. Access the **Food Benefits** panel, and the food benefits available for issuance will display with check marks next to them and select the “Issue Benefits” button.

## Retrieving a Foster Child in eWIC (cont.)



9. Obtain the endorser's signature to acknowledge receipt of food benefits.

10. The "Family Food Benefits" list will be sent to the printer.

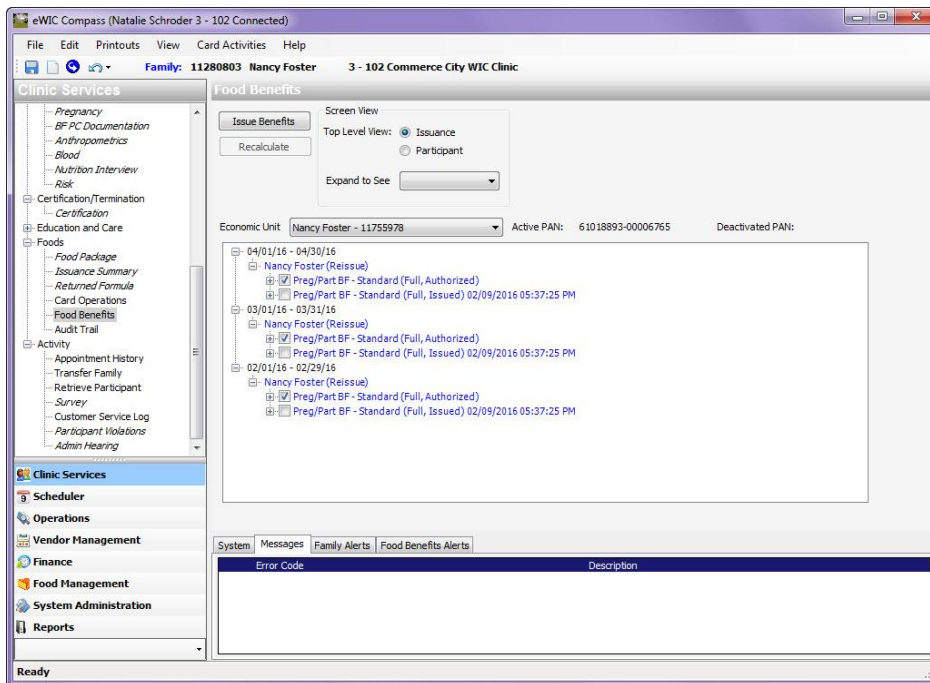


11. Access the **Simple** panel, enter the old family ID of the foster participant and click "Search". Click on the Family ID to open the family.

**NOTE:** If the old family is outside your local agency, you will need to contact that local agency's WIC clinic to have that clinic perform the following steps (the other clinic steps are in blue below):

a. Access **Food Benefits** panel, and select the "Recalculate" button. The food benefits will recalculate to remove the foster child from the old family ID.

## Retrieving a Foster Child in eWIC (cont.)

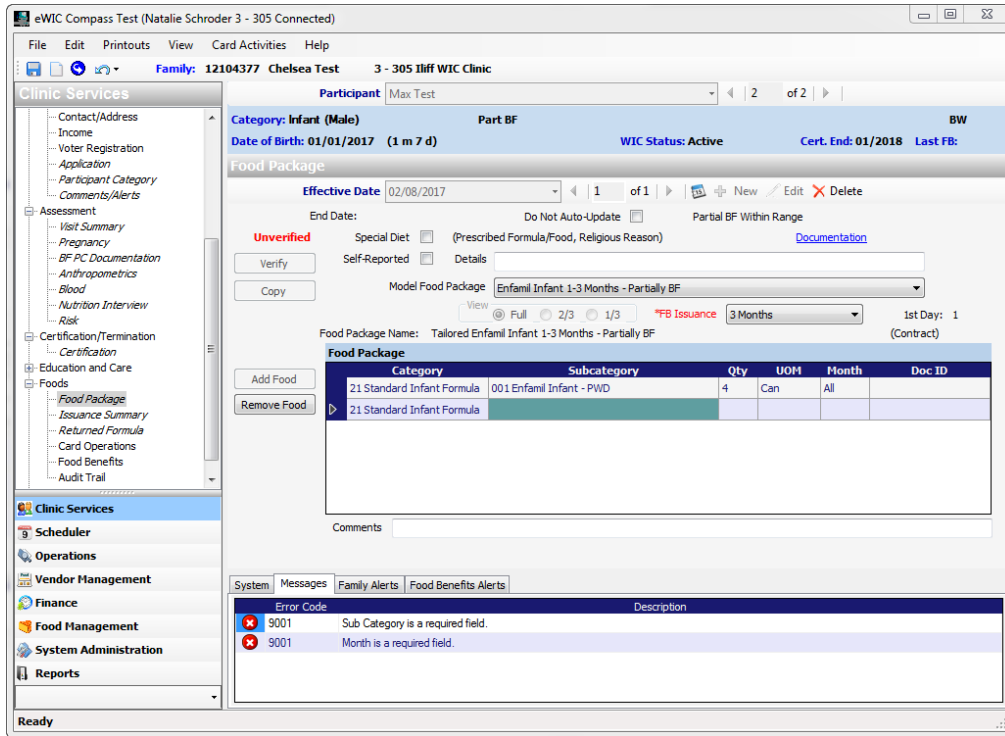


b. The available food benefits will display with check marks next to them. Click the “Issue Benefits” button. Now the family will only have benefits in the account for the current family members (the child removed no longer has benefits on their card).

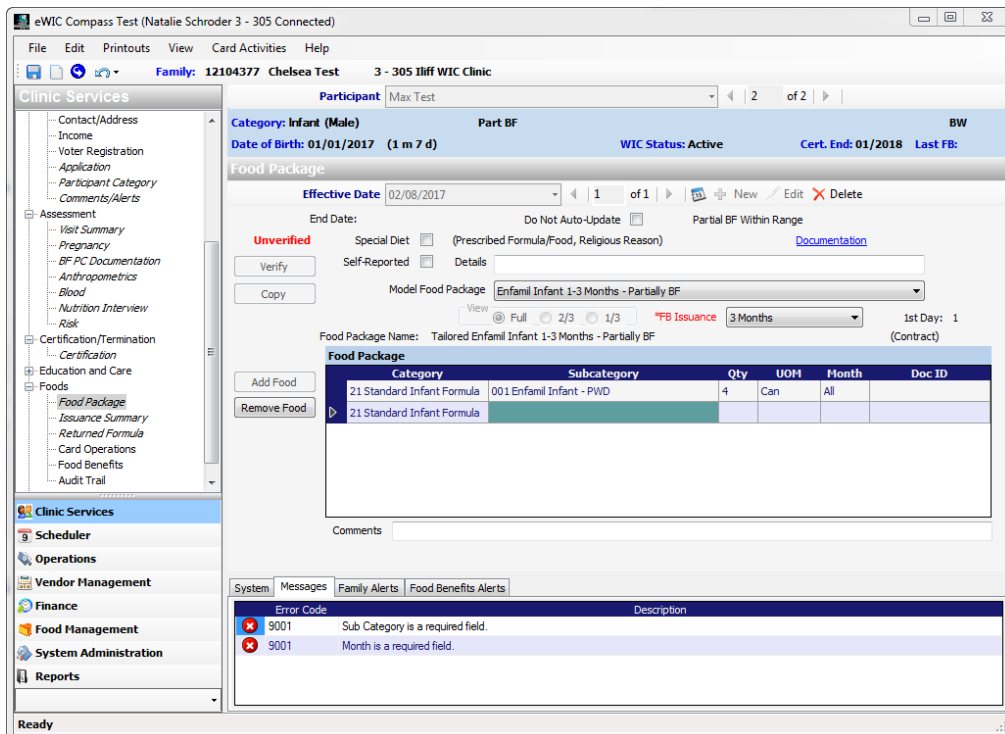
c. The Signature Pad pop-up will appear. Select “Remote Issuance” since the endorser will not be present to sign for food benefits. Click “Close” to close the pop-up. The issued food benefits are now displayed in the **Food Benefits** panel.

# Steps to Provide Out-of-Range formula for infants greater than 1 month of age

1. Access the **Nutrition Interview** panel
2. Click on “New” for a new Nutrition Interview
3. Click on the Nutrition Practices button and choose “Part BF” from the Breastfeeding Description drop down.

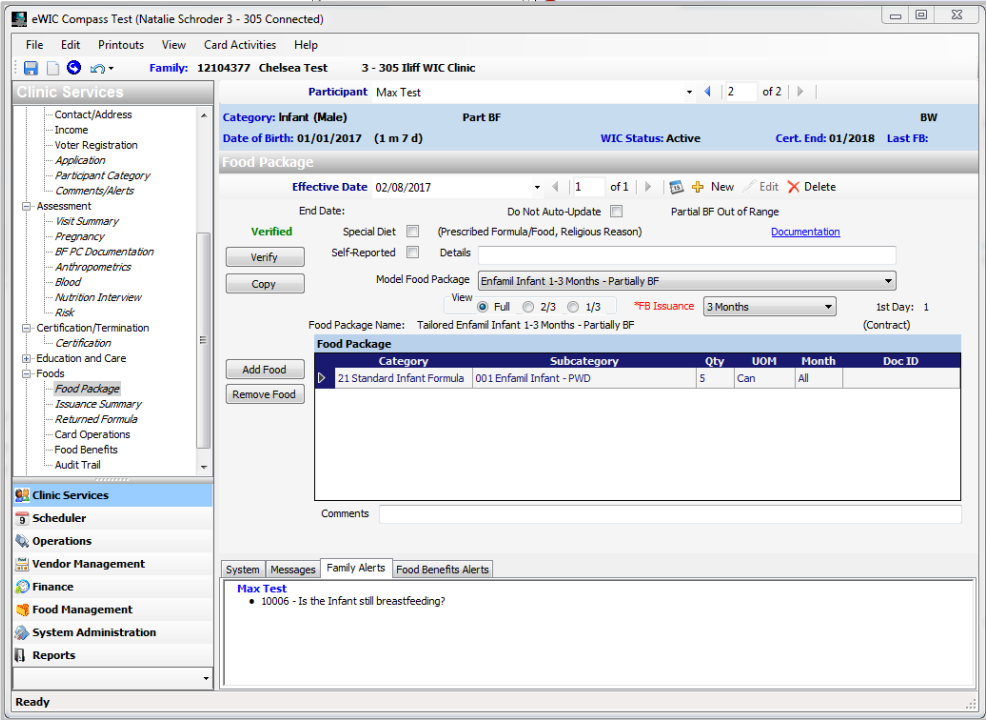
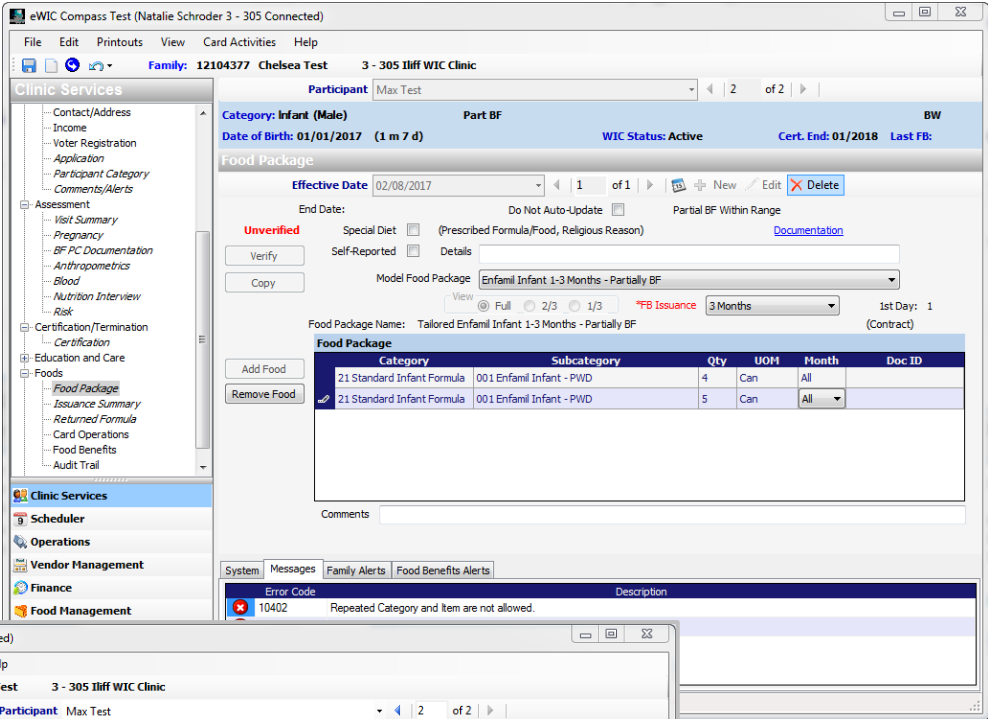


4. Access the **Food Package** panel
5. Select the infant’s record and click “New” to create a new food package
6. From the Model Food Package drop down, select a model food package
7. Click the “Add Food”
8. In the Category column select the category called 21 Infant Formula



# Steps to Provide Out-of-Range Formula for Infants Greater Than 1 Month of Age (cont.)

9. Next, in the Item Description column select the name of the formula needed
10. Enter the number of cans in Quantity (Qty) column
11. In the Month column, select "All."
12. Highlight the row with the previous amount of formula and click the "Remove Food" button. If an error message appears related to the 2/3 and 1/3 packages, click on the 2/3 and 1/3 view.



13. Press the "Verify" button.

NOTE: There will now be a message of the Food Package panel stating that the baby is "Partial BF Out of Range"



## Allow Baby Foods for Special Diet Children & Women

1. Access the **Foods** branch. Click on the Food Package panel along the Navigation Tree in Compass. Inside the Food Package panel click “New.”
2. Next select, the *Special Diet* check box. From the Model Food Package drop down, select a model food package.
3. Click on the *Documentation* link and complete the necessary medical documentation fields. Select a special diet model food package from the drop down that is as close as possible to the tailored food package you want.
4. Once you have selected the model click inside the Doc ID box next to the medical formula you are issuing and click on the Doc ID number that appears (The Doc ID number that was entered in the medical documentation).

The screenshot shows the eWIC Compass Test interface for a participant named Chelsea Test. The 'Food Package' section is active, showing an effective date of 02/08/2017. The 'Special Diet' checkbox is checked, and the 'Documentation' link is highlighted with a red arrow. Below this, a table lists food packages with columns for Category, Subcategory, Qty, UOM, Month, and Doc ID. The 'Doc ID' for the '52 Milk - Fat Reduced' item is circled in red.

Category	Subcategory	Qty	UOM	Month	Doc ID
05 Breakfast Cereal	000 Breakfast Cereal - All authorized	36	Ounce	All	
06 Legumes	000 Peanut Butter/Beans - All Authorized	1	Jar/Bag/...	All	
19 Fruit & Vegetables Ca...	000 Fruit and Vegetables - CVB	11.0	\$\$\$\$	All	
41 WIC Eligible Nutritionals	005 Ensure	18	6 Pack	All	1
52 Milk - Fat Reduced	000 Fat Reduced Milk - All Authorized	3.25	Gallon	All	
53 Juice 48 oz	000 Juice - 12 oz frozen concentrate -All aut...	2	Can	All	

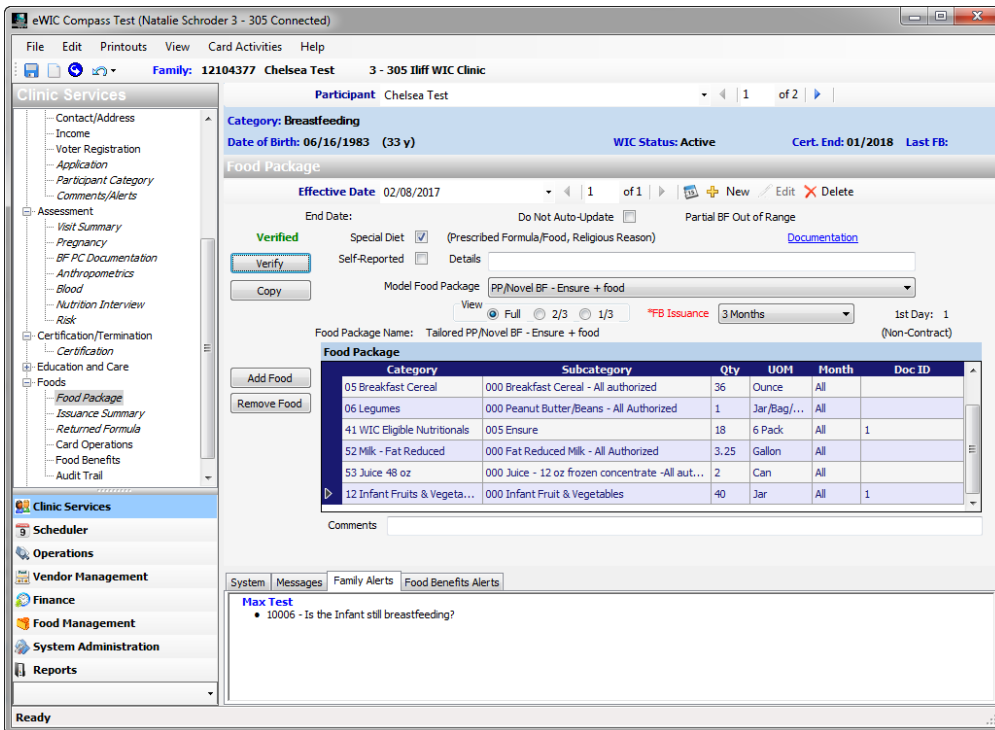
## Allow Baby Foods for Special Diet Children & Women (cont.)

1. Click on the button called “Remove Food,” highlight the fruit and vegetable check (CVB) and click on the “Remove Food” button.

The screenshot shows the eWIC Compass Test interface for a participant named Chelsea Test. The 'Food Package' section is active, showing a table of food items. A red arrow points to the 'Remove Food' button in the left sidebar. The table below is a representation of the data shown in the screenshot:

Category	Subcategory	Qty	UOM	Month	Doc ID
05 Breakfast Cereal	000 Breakfast Cereal - All authorized	36	Ounce	All	
05 Legumes	000 Peanut Butter/Beans - All Authorized	1	Jar/Bag/...	All	
19 Fruit & Vegetables Ca...	000 Fruit and Vegetables - CVB	11.0	\$\$\$	All	
41 WIC Eligible Nutritionals	005 Ensure	18	6 Pack	All	1
52 Milk - Fat Reduced	000 Fat Reduced Milk - All Authorized	3.25	Gallon	All	
53 Juice 48 oz	000 Juice - 12 oz frozen concentrate -All aut...	2	Can	All	

2. Once you have removed the fruit and vegetable benefit (CVB), click the “Add Food” button. In the “Category” section of the Food Package grid, select “Infant Fruits and Vegetables” and in the “Subcategory” section select “Infant Fruits & Vegetables.”



3. Enter 32 jars if it is a child or 40 jars if it is a woman. Click inside Doc ID and select the Doc ID that appears. (Note: Children can receive 32 jars of baby foods. Compass automatically assigns the prorated amounts which are 21 jars for the 2/3 package and 11 jars for 1/3. Women can receive 40 jars of baby foods in lieu of the fruit and vegetable check (CVB); 27 for the 2/3 prorated package and 13 for the 1/3 package.)
4. Click "Verify" & Save

# Recording Proof of Income

Proof of Income is recorded on the **Income** panel.

1. Access the **Income** panel
2. Click “New”
3. Click the “Add Row” button
4. From the Source column, choose “See Proof”.
5. From the Proof column, choose the appropriate proof of income from the drop down list
6. Input the amount
7. From the Period column, choose the appropriate period from the drop down.

Example 1: Chelsea Test gives you her check stubs that show she makes \$2,400 per month.

**Source = is always “See Proof”**

**Proof = Check Stubs**

**Amount = 2,200**

**Period = Monthly**

The screenshot shows a software interface for recording proof of income. On the left is a search tree with categories like 'Family/Intake' and 'Income'. The main panel includes fields for 'Economic Unit', 'Record Dates', 'Household Size' (set to 4), 'Eligibility Income Guideline' (\$3,970.00), and 'Calculated Income' (\$2,200.00). Below these is an 'Income Determination' table with columns for Sources, Proof, Amount, and Period. A row is entered with 'See Proof' as the source, 'Check Stubs' as the proof, '\$2,200.00' as the amount, and 'Monthly' as the period. There are also buttons for 'Add Row', 'Remove Row', and 'Signature'.

Income Determination			
Sources	Proof	Amount	Period
▶ See Proof	Check Stubs	\$2,200.00	Monthly

# Recording Proof of Income (cont.)

**Example 2:** Chelsea Test does not have any income. However, she is currently on Medicaid and SNAP.

**Source:** See Proof

**Proof:** Medicaid/SNAP/TANF

**Amount:** Ask for an estimate of her monthly household income

**Period:** Monthly

**Income Determination**

Sources	Proof	Amount	Period
See Proof	Medicaid/SNAP/TANF/F...	\$2,200.00	Monthly

**\*\*Must fill out Adjunctive Eligibility link**

**\*\*If Medicaid is used as proof of income or if a check mark is placed under Medicaid (MA Title XIX) in the Adjunctive Eligibility pop up then the Medicaid number is required. See image below.**

Adjunct Eligibility

Participant	Category	Proof	MA(Title ...	MA ID	SNAP	TANF
	Breastfeeding	Award Letter	<input checked="" type="checkbox"/>	11111111	<input type="checkbox"/>	<input type="checkbox"/>

Close

**9001 MA ID is a required field.**

## Recording Proof of Income (cont.)

**Example 3:** Chelsea Test is homeless. She does not have any income at this time.

**Source:** is always “See Proof”

**Proof:** Affidavit

**Amount:** Ask for an estimate of her monthly household income

**Period:** Monthly

**Clinic Services**

- [-] Search
  - Simple
  - Advanced
  - BF PC Caseload
  - BF PC Assignment
  - Investigator Family
  - Waiting List
- [-] New Family
- [-] Family/Intake
  - Certification Guide
  - Family
  - Identity
  - Contact/Address
  - Income**
  - Voter Registration
  - Application
  - Participant Category
  - Comments/Alerts
- [-] Assessment
- [-] Certification/Termination
- [-] Education and Care
- [-] Foods
- [-] Activity

**Income**

Economic Unit:   | 1 of 1

Record Dates: 01/09/2020 | 11 of 11 | [New](#) [Edit](#) [Delete](#)

\*Household Size: 
Eligibility Income Guideline:

Calculation Period:
Calculated Income:

[Adjunct Eligibility](#)

Income Determination				
Sources	Proof	Amount		Period
See Proof	Affidavit	\$300.00		Monthly <span style="font-size: small;">▼</span>

\*Affidavit Reason:

# Recording Proof of Income (cont.)

**Example 4:** Wilma Flintstone has just received a foster child, Bam Bam Rubble. Wilma has a foster award letter for Bam Bam \$200 month and does not have his Medicaid card currently but will be getting it from the case worker in a couple weeks.

**Endorser:** Bam Bam Rubble because he is a foster child and he is a household of 1.

**Source:** is always “See Proof”

**Proof:** Foster Award Letter

**Period:** Information from Letter

**Clinic Services**

- [-] Search
  - ... Simple
  - ... Advanced
  - ... BF PC Caseload
  - ... BF PC Assignment
  - ... Investigator Family
  - ... Waiting List
- ... New Family
- [-] Family/Intake
  - ... Certification Guide
  - ... Family
  - ... Identity
  - ... Contact/Address
  - ... Income
  - ... Voter Registration
  - ... Application
  - ... Participant Category
  - ... Comments/Alerts
- [-] Assessment
- [-] Certification/Termination
- [-] Education and Care
- [-] Foods
- [-] Activity

**Income**

Economic Unit: [ ] 1 of 1

Record Dates: 01/09/2020 11 of 11 [New] [Edit] [Delete]

Import Sources

\*Household Size:  Eligibility Income Guideline: \$1,926.00

Calculation Period: Monthly Calculated Income: \$375.00

Check Income Eligibility

Link: [Adjunct Eligibility](#)

Add Row

Remove Row

Income Determination			
Sources	Proof	Amount	Period
▶ See Proof	Foster placement/awar...	\$375.00	Monthly

Signature: [ ] Affidavit Reason: [ ]

# Aligning Certification End Dates (CED)

Option #1: When the participant's CEDs are only one month apart.

1. Access the **Family** panel and look at the family's certification end dates (CED).

The screenshot shows the eWIC Compass Test interface for a family. The 'Family' panel is active, displaying a list of participants. The participants are:

- Endorser: Natalie Test** (Category: Breastfeeding, Date of Birth: 10/28/1986, WIC Status: Active, Cert. End: 05/2017, Last FB: Feb 17)
- Participant: John Test** (Category: Infant (Male), Date of Birth: 05/26/2016, WIC Status: Active, Cert. End: 05/2017, Last FB: Feb 17)
- Participant: Jack Test** (Category: Child (Male), Date of Birth: 06/10/2014, WIC Status: Active, Cert. End: 06/2017, Last FB: Feb 17)

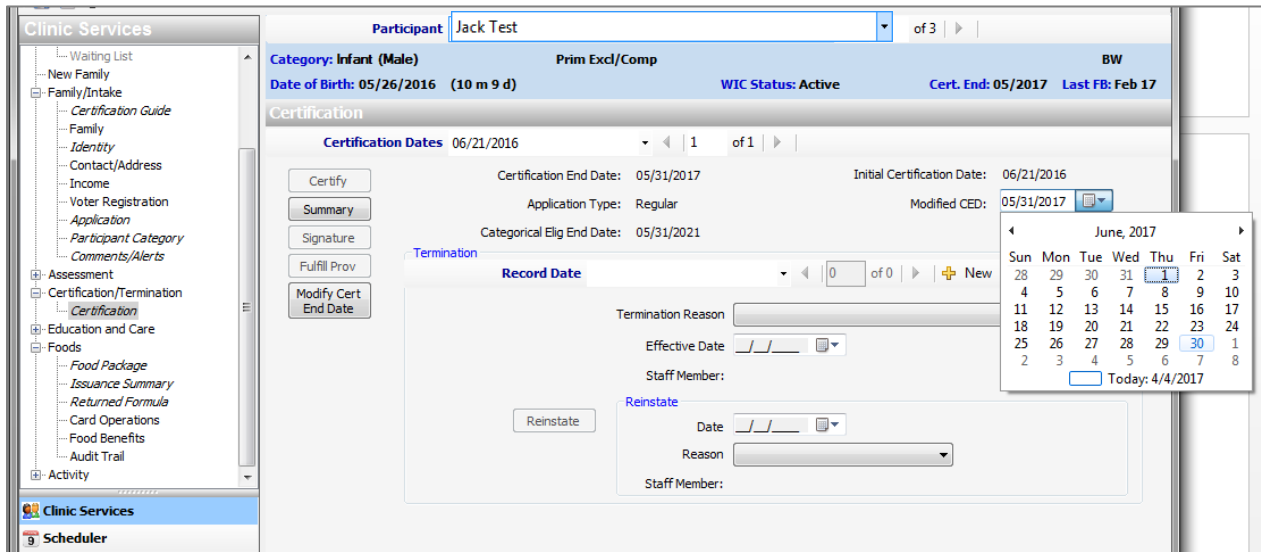
The certification end dates (CED) for John Test and Jack Test are circled in red in the original image.

2. Access the **Certification** panel to modify the certification end dates. Compass will allow you to modify a certification end date one month past or one month prior to the certification end date.
3. Select the Modify Cert End Date button.

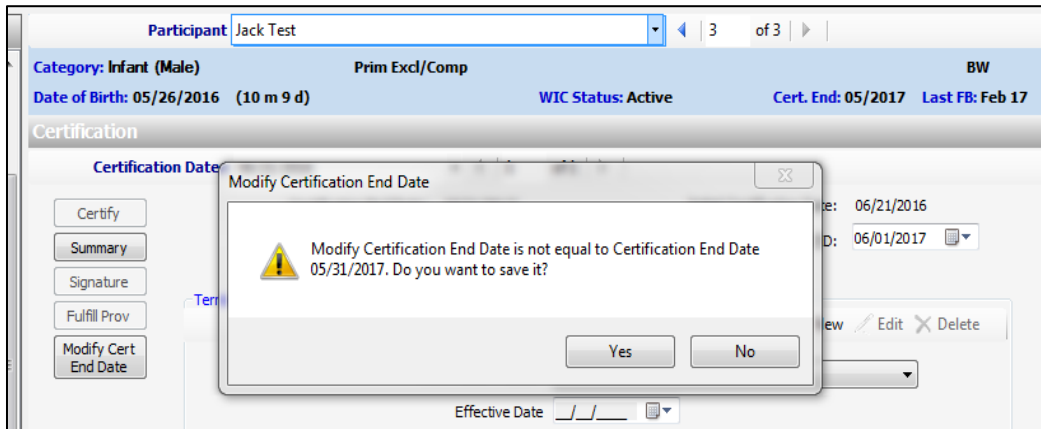
The screenshot shows the 'Certification' panel for participant Jack Test. The 'Modify Cert End Date' button is circled in red. The 'Modified CED' field is highlighted in yellow and set to 05/31/2017. The 'Certification End Date' is 05/31/2017, and the 'Initial Certification Date' is 06/21/2016.

4. The Modified CED date will be highlighted and select one month past the certification end date.

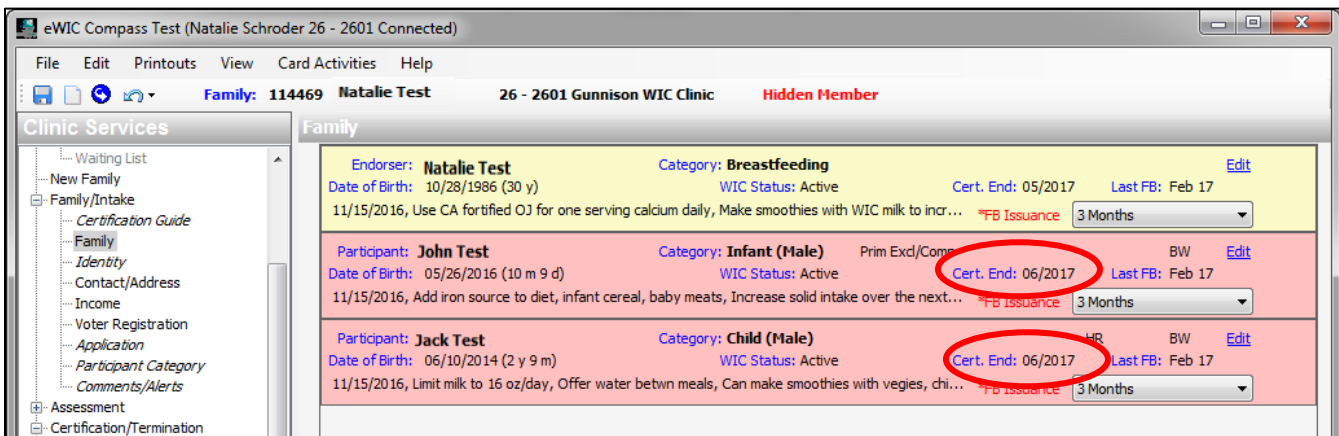




5. A pop-up will appear stating “Modify Certification End Date is not equal to the Certification End Date 5/31/17. Do you want to save it?” Select Yes.



6. The modified certification end date (CED) will now be 6/30/17 and perform a save. To verify the CED that was modified. Access **Family**



**Option #2: When participant's CEDs are greater than one month apart.**

1. Access the **Family** panel and look at the participant's CEDs.

Family			
<b>Endorser: Sara Smith</b> Date of Birth: 05/27/1987 (29 y) 9/15/2015, see infants/childls	<b>Category: Breastfeeding</b> WIC Status: Terminated	Cert. End: 03/2016 *FB Issuance	Last FB: No Food Benefits
<b>Participant: Maggie Smith</b> Date of Birth: 03/02/2015 (2 y 1 m) 12/15/2016, continue to follow dr. recommendations.	<b>Category: Child (Female)</b> WIC Status: Active	Cert. End: 03/2017 *FB Issuance	HR BW Last FB: Mar 17 3 Months
<b>Participant: Ally Smith</b> Date of Birth: 06/21/2013 (3 y 9 m) 4/4/2017, Decrease juice to 4oz	<b>Category: Child (Male)</b> WIC Status: Active	Cert. End: 06/2017 *FB Issuance	HR BW Last FB: Dec 16 3 Months
<b>Additional Endorser: John Smith</b>			<a href="#">Edit</a>

2. In this example, we are recertifying Maggie today (CED 3/2017). Sara would like to align her daughter's certifications. Terminate Ally's certification today with a reason of "Requested CED Alignment" and recertify both participants.

Participant Ally Smith			
<b>Category: Child (Male)</b> Date of Birth: 06/21/2013 (3 y 9 m)	No Longer BF WIC Status: Terminated	Cert. End: 06/2017 *Termination Reason	HR BW Last FB: Dec 16
<b>Certification</b>			
<b>Certification Dates</b>			
<input type="button" value="Certify"/> <input type="button" value="Summary"/> <input type="button" value="Signature"/> <input type="button" value="Fulfill Prov"/> <input type="button" value="Modify Cert End Date"/>	Certification End Date: 06/30/2017 Application Type: Regular Categorical Elig End Date: 06/30/2018	Initial Certification Date: 07/11/2013 Modified CED: 06/30/2017	
<b>Termination</b>			
Record Date: 04/04/2017			
*Effective Date: 04/04/2017			

# Miscellaneous



# Quick Guide for CIIS WIC Read-Only Access

CIIS: <https://ciis.state.co.us/ciis>

**CIIS WIC Read-Only Users:** Can view and print patient immunization records.

## Logging into CIIS: <https://ciis.state.co.us/ciis>

- Enter your CIIS User Name and Password. **Note:** User Name is NOT case sensitive; however, the system will auto-convert it to all caps. The password IS case sensitive.
- Click the “**Log In**” button. **Note:** When you first log into CIIS, the system may prompt you to change your password and answer password security questions.

## Searching for a participant:

By Name:

- Click “**Patients**” located in the left-hand menu. Then click “**Search**”.
- Enter at least two letters of the first and last name and click the “**Search**” button.

By WIC Person ID (PID) Number:

1. Click the “**Patients**” link located in the left-hand menu. From the “**Identifier Type**” drop down menu select “**Local IDs**.” Manually enter in the WIC PID number in the “**Identifier Value**” field. Click the “**Search**” button.

**Note:** If this is a new participant you may not be able to search using the WIC Person ID number.

The screenshot shows the "Patient Search" interface. At the top left is the title "Patient Search" with an information icon. At the top right is a "Links" dropdown menu. Below the title is a "Search Criteria" section. This section contains several input fields: "Patient ID", "Last Name", "Identifier Type" (a dropdown menu), "Identifier Value", "Middle Name", "DOB" (with a calendar icon), and "Gender" (a dropdown menu). The "Identifier Type" dropdown menu is open, showing options: "LOCAL ID", "INSURANCE ID", "LAST 4 OF SSN", "LOCAL ID" (highlighted), "MEDICAID ID", and "MEDICARE ID". A mouse cursor is pointing at the highlighted "LOCAL ID" option. There are also "Previous Criteria", "Clear", and "Search" buttons.

## How to view a participant’s record:

Once you locate the participant in the search results, click on the Action dropdown and select “**Immunizations**”. You can view the participant’s record on the Immunizations Home screen, as well as view recommended vaccines and immunization details for the participant.

## Quick Guide for CIIS WIC Read-Only Access

Search Results - 1 record(s)

ID	Name	Insurance	Gender	DOB	Action
	DOE, JANE 1111 S HOLLY CIR		F	05/11/2016	<a href="#">Demographics</a> <a href="#">Immunizations</a>

### Recording immunization (IZ) information into Compass:

IZ assessment for WIC continues to be based on counting valid DTaPs (only) for all infants and children. Count the number of unique DTaPs listed on the participant's immunization record in CIIS, and enter that number into Compass in the Nutrition Interview panel.

**Important Note:** The same DTaP vaccination may be counted under more than one vaccine type. Be sure to only count it once as shown on page 3. Do not count invalid DTaP doses indicated by a ! symbol .

At the top of the page lists "**Recommended Immunizations for today**". If vaccines are listed, scroll down and click the "**Recommend**" button. A new window will appear and you can print off the list and share it with the endorser/proxy and refer the family to where IZs may be received.

### Using CIIS as proof of ID for Babies and Children:

If a baby or child has immunizations recorded in CIIS you may use it as proof of ID. If the baby/child's name appears in CIIS but has no immunization history then the immunization record in CIIS cannot be used as proof of ID.

## Quick Guide for CIIS WIC Read-Only Access

☐ Recommended Immunizations for today, 5/3/2018 (1Y 11M 22D) ←

**Vaccine**  
Influenza Quad Inj PF

List of recommended vaccines.

Please do not rely solely on the Recommender to forecast immunizations. Utilize clinical judgment and consult both the ACIP recommended immunization schedules and the CDC Pink Book @ <http://www.cdc.gov/vaccines/pubs/pinkbook/index.html#chapters>

Vaccine	Dose	Date	Age	Clinic
<b>Tetanus containing</b>				
DTaP-HepB-IPV (Pedia	1	07/22/2016	0Y 2M 11D	RFM
DTaP-HepB-IPV (Pedia	2	09/28/2016	0Y 4M 17D	RFM
DTaP-HepB-IPV (Pedia	3	11/21/2016	0Y 6M 10D	RFM
DTaP	4	08/15/2017	1Y 3M 4D	PAL
<b>Polio</b>				
DTaP-HepB-IPV (Pedia	1	07/22/2016	0Y 2M 11D	RFM
DTaP-HepB-IPV (Pedia	2	09/28/2016	0Y 4M 17D	RFM
DTaP-HepB-IPV (Pedia	3	11/21/2016	0Y 6M 10D	RFM

This child has received 4 DTaP vaccines.

These DTaP vaccines are the same as above and should not be counted twice.

## How to print the participant's Immunization Record (Yellow Card) or School Certificate of Immunization for families

CIIS does generate an official Immunization Record (Yellow Card) and a School Certificate of Immunization.

When on the Immunization Home Screen, at the top click on the **Links** dropdown and select either the "Immunization Record (Yellow Card)" or "School Certificate of Immunization" to view. To print, click the print icon.

**Immunizations Home** ⓘ Links ▾

[Learn More](#)

**View**

DOB: 05/11/2016 | Age: 1Y 11M 22D | Remind: [icon]

☐ Recommended Immunizations for today, 5/3/2018 (1Y 11M 22D)

**Vaccine**  
Influenza Quad Inj PF

- Immunization Record (Yellow Card)
- Patient Immunization Summary
- Immunization Registration . . .
- ACIP Child and Adolescent Immunization Schedule
- ACIP Child and Adolescent Catch-up Immunization Schedule
- Colorado Board of Health School Requirements
- Patient Administrative Record
- CDC Travel Vaccine Recommendations
- CPT Codes to CVX Codes
- College Certificate of Immunization
- School Certificate of Immunization

# Local Policies/Procedures/ Referrals

Content of this section to be determined by each agency/clinic

