

Previously Section 7 - Eligibility

Table of Contents

Page 1 of 2

WIC Program Eligibility Requirement	1
Definitions of WIC Population	1
Documentation (Proof) of Identity	2
Physical Presence Requirement.....	4
Documentation (Proof) of Residency	4
WIC Endorser.....	5
Release of WIC Records to Endorser	7
Income Eligibility.....	8
Documentation (Proof) of Income	8
Acceptable Types of Income	8
Participants Declaring Zero Income	9
Determining Family/Household Size	9
Income Determination for Military Personnel	14
Adjunctive Eligibility	16
Migrant & Homeless.....	17
No Documentation of Address or Income.....	18
Proof of Eligibility Verification.....	18
Nutritional Risk Eligibility and Priority	19
Nutrition Risk Factors	19
Pregnant Woman	20
Breastfeeding Women	25
Non-Breastfeeding Woman	29
Infants	32
Child	40
Clinical/Health/Medical Conditions	48

Previously Section 7 - Eligibility

Table of Contents

Page 2 of 2

Prenatal Weight Gain	56
Growth Percentiles and Risking for Potential Growth Failure	57
Processing Standards	58
Waiting Lists	59
Priority System Definitions	61
Length of Certification Periods	61
Required Medical/Nutritional Data.....	62
Notification of Ineligibility, Termination or Denial of Services.....	67
Certification and Food Benefits to WIC Staff or their family	69
Verification of Certification Procedure - Transfer Policy.....	69
Unused Food Benefits.....	71
Participant Notification	71
Confidentiality and Release of Participant Information	72
Subpoenas and Court Orders	73
Commodity Supplemental Food Program.....	74

WIC Program Eligibility Requirements

To be certified as eligible for WIC Program benefits, an applicant must meet all the following criteria:

- **Categorical:** The individual must be a pregnant, postpartum or breastfeeding woman, or an infant or child under five years of age.
- **Residence:** The individual must reside in Colorado.
- **Income:** The family's income must meet specified guidelines.
- **Nutritional Risk:** The individual must be determined to be at nutritional risk, as documented by a thorough nutritional assessment (growth, iron, health/medical, nutrition practices, lifestyle, personal factors, etc).

Definitions of WIC Population - Categorical Eligibility

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC Program) is designed to serve pregnant, postpartum and breastfeeding women, and infants and children.

A	PREGNANT WOMAN*	Woman determined to have one or more fetuses in utero.
B	NON-BREASTFEEDING, POSTPARTUM WOMAN	A woman up to six months after termination of pregnancy. Termination of pregnancy may occur with delivery of an infant or be due to miscarriage or therapeutic abortion.
C	BREASTFEEDING WOMAN	A woman up to one year postpartum who is breastfeeding an infant on the average of at least once a day.
D	INFANT	A person under one year of age (has not yet reached their first birthday).
E	CHILD	A person who has had their first birthday and until their fifth birthday.

**Proof of Pregnancy*

No local agency may require proof of pregnancy as a condition of eligibility for WIC services. Requiring confirmation of an applicant's pregnancy can act as a barrier to intervention and enrolling women in WIC as early as possible in their pregnancy. Agencies may ask women for proof of pregnancy in cases of suspected dishonesty; however, the agency may not withhold services, disqualify, or terminate the participant if they refuse to provide proof. In cases of suspected dishonesty, participants may be reminded that they have signed a form stating that all information they have presented to determine eligibility is truthful.

Providing WIC Services to Pregnant Women

Research has shown that WIC has its greatest impact on pregnancy outcome when a pregnant woman begins receiving WIC benefits at least six months before giving birth. With this in mind, each local agency should focus efforts to reach and enroll eligible women in the early months of pregnancy. This includes increased efforts to contact pregnant women who miss certification appointments. In addition, every effort must be made to reduce barriers that can prevent pregnant women from receiving WIC services.

Obtaining Information During Initial Contact: When making a certification appointment for a pregnant woman, each WIC staff person obtains the applicant's current mailing address and phone number and enters it on the Contact/Address panel in Compass.

Contacting pregnant women who miss their first certification appointment: Federal WIC regulations require the local agency to attempt one contact, either by telephone (speaking with the participant or leaving a voice message) or by mail, to every pregnant woman who misses her first WIC certification appointment. Whenever the initial contact is unsuccessful, a second attempt must be made, either by phone or mail. Regardless of the type of contact used, remind the potential applicant of the importance and benefits of WIC. When the contact is made by mail, the potential applicant is responsible to contact the local agency to schedule a second appointment.

The local agency is not required to take further action if a woman: (1) does not respond to a written request asking that she contact the local agency to establish a second appointment, (2) has had her phone/message phone disconnected and the notice sent by mail is returned, (3) responds to a telephone or written contact by saying she is no longer interested in applying for WIC, or (4) arranges for and fails to attend a second appointment.

Reducing Barriers to WIC Services for Pregnant Women: Many eligible women do not choose to participate in WIC for a variety of reasons, even after contacting the local agency for a certification appointment. Local agency staff should identify participation barriers that may reduce a pregnant woman's choice to participate in WIC.

Logistical Considerations: Locations with other health and welfare offices and establishment of strong referral mechanisms may effectively reduce the no show rate for pregnant women as it makes access to services easier. Evening and weekend clinic hours would be of help to many participants.

Documentation: Some local agencies may require documentation that participants feel is excessive. Some locally imposed requirements may create barriers by adding requirements or by too rigidly interpreting State and Federal regulations (i.e., requiring pay check stubs, income tax forms, or other proof of income when none is available). However, pregnant women must not be treated differently than other potential participants when asked for documentation.

Improving Access to WIC: Participants may schedule a certification appointment, unaware of potential problems they may experience (e.g. transportation, child care). Local WIC agencies should seek creative solutions to alleviate barriers, e.g., recruiting volunteers to assist with child care or transportation, aligning WIC clinic hours with public transportation.

Documentation (Proof) of Identity

WIC participants, initial endorsers and additional endorsers are required to present an acceptable proof of identity (ID) at all certification, recertification, mid-certification and follow-up visits. Documentation of identity for WIC participants is recorded on the Identity panel of the Compass system during all certifications and recertifications as required by the system. However, identity of each participant must be verified at each appointment.

Acceptable Proof of ID Documentation Includes:

- Driver's license - must be issued by a state or national government, be current, and include a picture.
- Health First Colorado (Colorado's Medicaid Program) card.
- Work/School ID.
- Passport/U.S. Government ID - must be issued by a state or national government, be current, and include a picture.
- U.S. Passport Card.
- Alien Registration Receipt Card/Permanent Resident Card.
- Temporary Resident Card.
- Employment Authorization Card.
- Tribal Identification Card.
- U.S. Certificate of Naturalization.
- Certificate of U.S. Citizenship.
- U.S. Citizenship Identification Card.
- Department of Corrections ID.
- Green Card.
- Colorado Identification Card.
- Military Identification Card.
- Original or certified copy of birth certificate from any state or country, including temporary birth certificates.
- U.S. Immunization Record (infant or child only). May be viewed in Colorado Immunization Information System (CIIS). CIIS may only be used as proof of ID if immunization records are present in the record.U.S. Hospital Documentation (infant only).
- Colorado eWIC card signed by initial or additional endorser (Recertification, Mid-certifications and Follow up visits only).

- Staff recognition (Recertification, Mid-certification and Follow up visits only).
- Original Social Security card.
- Foster Child Papers (issued by State or Local Human Services).
- Other (must have State Office approval when used for eligibility determination).
 - ✓ State Office must approve “Other” forms of ID not included in the above list before users may enter the “Other” code on the Identity panel. When “Other” is chosen as the proof of ID, a description of the “Other” documentation must be entered in the Comments/Alerts panel.
- The following documents are acceptable (when they include a minimum of hospital identifier, infant date of birth and mother’s name):
 - ✓ Infant wristband.
 - ✓ Hospital discharge papers.
 - ✓ Footprint card.
 - ✓ Application for birth certificate.
 - ✓ Documentation of birth from a Certified Nurse Midwife/ Registered Midwife.

Unacceptable Types of ID Documentation for Eligibility Determination Include:

- Foreign Consulate Card.
- Foreign Electoral Card.
- Non-U.S. Immunization Record.

No Documentation

Compass does not allow food benefits issuance when the *Proof of Identity* field is not completed. Other fields may be completed and the client will remain uniquely pending until the *Proof of Identity* field and certification are completed.

Transfer Visits

Participants transferring to one WIC agency from another agency (in-state or out-of state) must provide proof of identity (ID) at the new clinic. Proof of ID is required for each participant and the endorser. Enter that participant’s type of ID proof on the Identity panel. Acceptable forms of ID include all of those allowed at initial certification visits. Although staff recognition and the eWIC card are accepted forms of ID for recertification, mid-certification and follow up visits, they are not acceptable forms at a transfer visit. The participant’s Verification of Certification (VOC) card by itself is not adequate documentation of ID. For out-of-state transfers, Compass requires that proof of ID and residence be entered before food benefits can be issued. For in-state transfers, even though policy requires presentation of proof of ID, Compass does not require proof of ID or residency to be entered in order to issue food benefits. When proof of residency is not presented at an in-state transfer, issue one month’s food benefits and require proof of residency to be presented at the next visit in one month.

Identification for Initial and Additional Endorser

The initial and additional endorser must present an acceptable proof of ID at the time endorser is established, and when a signature is captured on the Certification panel and Food Benefits panel. There are more acceptable types of ID for endorsers than acceptable types of ID for program eligibility determination. When appropriate, select “Other” in Compass and write a note in the participant’s Comments/Alerts panel indicating a description of the “Other” documentation.

Change of Name

Documentation is required when a participant reports a name change (marriage, divorce, or other legal name change) before changes can be made to the participant record. The proof can be any of the listed acceptable forms for proof of identification, as well as other forms of proof, such as an announcement in a newspaper or a court document.

Physical Presence Requirement

WIC endorsers and participants must either be physically present at certification and recertification visits or qualify for a physical presence exemption.

Exemptions to the Physical Presence Requirement

The Americans with Disabilities Act of 1990 and the Child Nutrition and WIC Reauthorization Act of 2004 specify exemptions to the physical presence requirement. These exemptions are:

- *Disability*: either the applicant or the applicant's parent or caretaker has a disability. Examples of qualifying conditions include: (1) A medical condition that necessitates the use of medical equipment not easily transportable; (2) A medical condition that requires confinement to bed rest and/or; (3) a serious illness that may be exacerbated by coming in to the WIC clinic.
- An infant or child who was present at his/her initial WIC certification and is *receiving ongoing health care*
- An infant or child who was present at his/her initial WIC certification AND was present at certification or recertification within the last 12 months AND is under the care of one or more *working parents* (or primary working caretakers) whose working status presents a barrier to bringing the infant or child in to the WIC clinic.
- *Infants under 8 weeks of age* who cannot be present at certification for a reason determined to be appropriate by local agency and for whom all necessary certification information is provided.

Exemption from being physically present must be reevaluated on a case-by-case basis. Participants exempted from being physically present at a certification or recertification visit must provide all documentation required for certification or recertification (such as current height, weight, hemoglobin, and nutrition and health information). The local agency schedules an appointment for the applicant's parent, caregiver, or proxy to bring in all documents and information necessary to determine the applicant's eligibility for the WIC Program.

Documentation (Proof) of Residence

One criterion for WIC eligibility is that an applicant resides in Colorado. Participants must provide documentation of residence (address) at all certification, recertification, and transfer visits. *Note: Electronic or paper versions of proof of residence are acceptable.*

Documentation of residence is recorded on the Contact/Address panel using the appropriate code to indicate type of documentation presented. Documentation of residence is for the household or economic unit. In most cases the documentation presented will be for the parent or endorser and apply to all members of the household.

All forms of documentation must show name, address and current date(s). Rental agreements, rent or mortgage receipts, SNAP Eligibility Letters and landlord letters must indicate a time frame that includes the WIC certification or recertification date. Utility bills, bank statements and WIC/Public Assistance letters should be for a period within 30 days or be postmarked within 30 days of the WIC certification/recertification date. Staff reviews for inconsistencies in residence (i.e., driver's license indicating one address and a utility bill indicating a different address). When contradictions are identified, actual residence must be established.

Acceptable Proof of Documentation of Residence Includes:

- Driver's license.
- Rent or mortgage receipts.
- Government ID/Document (including Colorado Identification Card and Colorado Address Confidentiality Program authorization card).
- Rental agreement.
- **Government mail (including eligibility notices from Medicaid/SNAP/TANF -postmarked envelope or card showing current address).**
- Bank or credit card statement/personal check or pay stub with printed address.
- Utility or other bill (including electric, gas, phone, cable, water).
- Written statement from landlord including the parent's, endorser's, or participant's name. In the event that the parent, participant, or endorser's name is not stated on any of the above types (for example, a pregnant woman may live with a friend and all utility and rent bills may be in the friend's name), the applicant may present a letter from the person with whom they live. This is an example of a "written statement from landlord."

- Car Registration/Title/Insurance.
- Pay stub/W2 form.
- Affidavit. In the event a person lacks documentation of residence, an affidavit may be used attesting to the place of their current residence identity. If a participant has documentation of residence, but fails to bring it to their certification visit, the local clinic may complete a Provisional Certification, issue one month of food benefits, and schedule the participant to return in 30 days or less with the required documentation.
- Length of residency cannot be a prerequisite to receiving WIC benefits. Documentation of residence establishes where a person currently lives. It does not necessarily represent legal residence or legal residency status. While participants must live in Colorado, they do not need to be legal residents or citizens of Colorado or the United States.
- Other. When “Other” is selected, WIC staff must include a description of that proof in the Comments/Alerts panel for that visit day. “Display as Alert” and “Expiration Date” should not be completed. Prior approval from State Office is not required to use “Other” for proof of residence.

Transferring Participants

When participants transfer from another (in-state or out-of-state) WIC clinic/agency, documentation of their new residence and documentation of each participant’s identity must be provided. Enter the type of residency documentation in the Compass computer system.

Change of Address

When active participants notify WIC of a change of address, enter their new address into the Contact/Address panel to ensure continued receipt of notices mailed from WIC. When a participant moves and prefers to receive WIC from the same local agency, proof of the new residence is not required until the next certification visit. When a move requires the participant to be served by another Colorado Local WIC Agency, agency, the accepting agency handles the participant as a transfer and documents per (above) policy: *Documentation (Proof) of Residence: Transferring Participants*.

- Mail with a P.O. Box is not an acceptable form of proof of residence. Forms that prove physical residence are acceptable, i.e., an energy bill or telephone bill that indicates where service is provided.
- Written statements from landlords must include name of the parent, endorser or participant, address of the residence, landlord’s or primary renter’s name, signature, and date. The letter may be from the actual landlord or from the primary renter of the residence.

WIC Endorser

Endorser - The active participant (woman category only) or a primary caregiver of the WIC participant who usually brings the participant to WIC for certifications and nutrition education. The endorser represents and signs for the WIC participant(s) in qualifying them for eligibility. The endorser has the best knowledge of the participant’s health/nutrition history and current lifestyle habits. There are two categories of endorsers: initial endorser and additional endorser. The initial and additional endorser must present an acceptable proof of ID at the certification visit and for receipt of food benefits. The proof of ID for an endorser, additional endorser or proxy are documented through the signature capture on the Certification panel and the Food Benefits panel. All endorsers, regardless if they do or do not participate on WIC, must present an acceptable type of proof of ID. However, the requirements for acceptable types of proof of ID are less stringent for non-WIC participating endorsers than for endorsers who are WIC participants. When an endorser is not a WIC participant, select *Other* from the proof of ID dropdown in Compass. After showing an acceptable proof of ID at the initial certification and after the initial or additional endorser signs the eWIC card, this eWIC card is an acceptable type of proof of ID at recertification, mid-certification and follow-up visits for all household members, including the initial endorser, additional endorser and participant.

Initial Endorser - For the majority of participants on the WIC Program, the initial endorser is the participant herself or a parent or legal guardian of an infant or child. There are cases when, although not a parent or legal guardian, the initial endorser is the WIC participant’s primary caregiver such as a developmentally-disabled woman having another adult serve as the endorser or a grandmother serving as the endorser if the mother is working and unable to attend the WIC appointments. When the initial endorser is not a parent or legal guardian, he or she must provide written documentation as to why they have been selected as an endorser. This documentation is scanned into the participant’s Compass record or is maintained in a central file. Examples of acceptable documentation are:

1) written permission from the adult participant or parent naming the caretaker as endorser, or, 2) in unusual situations such as child abandonment, or the incarceration or incapacitation of the parent or legal guardian, the caregiver may write a self-statement describing the circumstances surrounding the parent or legal guardian and why they have been selected to be the endorser.

Additional Endorser - Person designated by the initial endorser as a second person who can sign for the WIC participant(s) in qualifying them for eligibility. The additional endorser is typically the other parent or a legal guardian of the WIC participant. The additional endorser can be the child's primary caregiver.

Endorsers' Rights and Responsibilities:

Either endorser may participate in the participant's nutrition assessment and education, obtain food benefits,, change WIC appointments, and update participant information. Both endorsers have ownership of this WIC participant's information and may receive copies of WIC participant information during that time period each was endorser without consent of the other endorser. When an endorser represents a WIC participant, WIC staff and the endorser(s) agree to partner towards providing optimal WIC benefits to the participant. Responsibilities are identical for both types of endorser.

Procedure to Add an Additional Endorser:

1. WIC staff can decide whether or not to ask the initial endorser if he/she chooses to identify the additional endorser.
2. Initial endorser is not mandated to designate an additional endorser.
3. When adding the additional endorser, both the initial endorser and the additional endorser must be physically present at the WIC appointment.
4. WIC user enters the additional endorser's name on the Family panel. The additional endorser must show an acceptable proof of identification at the time endorsership is established.
5. The proof of identification is captured on the Certification panel and Food Benefits panel when the additional endorser's signature is captured.
6. WIC staff must explain to both the initial and additional endorser the rights and responsibilities of each endorser.
7. In the majority of situations, the initial endorser decides whether to add or remove the additional endorser.
8. By signing on the Certification panel during the participant's certification or recertification, the initial endorser/additional endorser acknowledges his/her Rights and Responsibilities.
9. Either endorser's signature on the Food Benefits panel verifies receipt of food benefits and acknowledgement of the Rights and Responsibilities.

Removing Endorsers

When removing the additional endorser, the initial endorser provides a written statement which the user scans into the participant's record.

Certain situations exist that justify removing the initial endorser without their permission. This may occur when an additional endorser presents legal documentation that he/she has full custody of the participant (see Change of Custody section below) or if the initial endorser is no longer available (e.g., deserts the family or is incarcerated).

Changing Endorsers

Every effort should be made to maintain established endorser(s). When either the initial or the additional endorsers are unable to attend a WIC appointment, it is best to designate a *proxy* as opposed to changing *endorsers*. WIC staff should problem solve with the endorser before opting to change endorser (e.g., offer alternate appointment times or a different clinic location, use a proxy and/or an alternate shopper). Nevertheless, certain situations require changing the endorser are:

- **Initial Endorser Choice:** Initial endorser voluntarily requests change or removal of either endorser by providing the WIC clinic staff signed and dated permission. Staff can request that the initial endorser presents legal documentation prior to changing endorser(s). Staff scans this written permission to relinquish/change endorser(s) and ties it to the participant's Compass record. When scanning is unavailable, this written permission is maintained in a WIC clinic central file. Proof of residence and income must be presented when the participant has moved and/or the economic unit has changed.

- **Change of Custody:** If at any time a caregiver or additional endorser arrives at the WIC clinic with legal proof of full (100%) custody of a child participant, endorserhip may be changed with accompanying proof of identification. Proof of income and residence from the new endorser must also be provided if the participant has moved and/or the economic unit has changed. If the family unit previously had two endorsers, the endorser with full custody may choose to either maintain or remove the other endorser. When a caregiver arrives with legal proof of partial (<100%) custody, it is the caregivers' role to determine if one or both will be the WIC endorser. WIC staff is discouraged from taking sides or making decisions regarding endorserhip. In difficult situations, staff can refer caregivers to the Department of Human Services for assistance.
- **Foster Care:** A foster parent becomes the WIC endorser of a foster child with proof of custody by a welfare agency or Department of Human Services. Should foster parent designation change, the new foster parents become the new WIC endorser with proof of custody, income, residence and identification.

For information on providing WIC services when both endorsers are unavailable see *Clinic Procedures: WIC Proxy & Interim Endorser Procedures*.

Release of WIC Records to Endorser

The WIC Program releases participant records to the current initial and/or additional WIC endorser/s only for that period of time they personally are the endorser. Endorser must show proof of identification to obtain the records. Records should not be released to others, including the Department of Social Services (DSS), without written approval from the endorser. Records of a child in foster care may only be released to DSS for that time while the child was in foster care. Do not release records to proxies, past or interim endorsers, relatives, or nonlegal guardians. Document details of records inquiries and releases in the participant's care plan (see *Confidentiality and Release of Participant Data*).

WIC Income Eligibility

In order to financially qualify for the WIC Program, a participant's combined household gross income cannot exceed the WIC Income Eligibility Guidelines (IEG). The WIC IEGs are 185% of the Federal Poverty Guidelines published in the Federal Register on **March 15, 2017**. The WIC IEGs listed below are in effect for Colorado beginning **July 1, 2017**.

WIC INCOME ELIGIBILITY GUIDELINES
 Effective July 1, 2017 - June 30, 2018

HOUSEHOLD SIZE*	GROSS INCOME		
	YEARLY	MONTHLY	WEEKLY
1	22,311	1,860	430
2	30,044	2,504	578
3	37,777	3,149	727
4	45,510	3,793	876
5	53,243	4,437	1,024
6	60,976	5,082	1,173
7	68,709	5,726	1,322
8	76,442	6,371	1,471
For each additional family member, add:	+\$7,733	+\$645	+\$149

NOTE: An income assessment should be conducted counting a pregnant woman as a household size of one first. If she is over income, then the agency can increase the household size by the number of fetuses in utero.

Use the following steps to manually calculate gross income. Compass calculations follow these same steps.

1. If a household has only one income source or if all income sources have the same frequency, compare the income, or the sum of the separate incomes, to the published IEGs for the appropriate frequency and household size.
2. When multiple pay periods occur within the past 30 days, a pay stub from each pay period must be presented for the full 30 days.
3. If a household reports income sources at more than one frequency, perform the following calculations:
 - Annualize all income by multiplying weekly income by 52, income received every two weeks by 26, income received twice a month by 24, and income received monthly by 12.
 - Do not round the values resulting from each conversion.
 - Add together all the unrounded, converted values.
 - Compare the total to the annual income for the appropriate household size to determine income eligibility.

Documentation (Proof) of Income

The endorser/participant discloses information during the certification and recertification visits that determines WIC income eligibility. The number of persons in the economic unit, the monthly (income received within the last 30 days) or annual gross household income, and the type/s of documentation presented are all recorded in Compass. Applicants are screened for income at certification and recertification visits. They should not be asked for income information between certification dates. However, should a participant notify WIC that their income or financial situation has changed during a certification period, their household's income must be reassessed.

Note: Electronic or paper versions of proof of income are acceptable.

Acceptable Types of Income Documentation Include:

- Verification of participation or eligibility notice for TANF (Temporary Assistance for Needy Families), Health First Colorado (Medicaid), or SNAP (Supplemental Nutrition Assistance Program or "food stamps") is acceptable documentation for adjunctive eligibility.

Refer to **section on Adjunctive Eligibility** to determine when a participant qualifies as adjunctively income eligible. Active participation in Colorado Works/TANF may be verified via official award letters, the Colorado PEAK system, and the Colorado Benefit Management System (CBMS). Active Health First Colorado participation may also be verified through the Health First Colorado Voice Response System and the Health First Colorado Portal.

- Disability Assistance (SSI): Letter or check stubs.
- Military Leave and Earnings Statement (LES).
- Check stubs from employment.
- Federal or State W-2 forms or income tax forms. When using the W-2 or income tax forms, staff must ensure that assessment of the annual income is appropriate. **See policy** on *Current Income vs. Annual Income*.
- Unemployment Letter/Notice.
- Written Statement from employer or other person.
- Savings, checking, or CD account statements (when check stubs or tax documents are not available).
- Self-employment documentation/financial records.
- Child support/alimony document.
- Student Award Letter.
- Foster Placement/Award Letter.
- Verification of Certification (VOC).
- Affidavit.
- Other. In the event an applicant provides documentation that clearly establishes household income but the form of documentation presented is not listed in Compass, enter “Other” in Compass along with a description of the documentation in the Notes column.
- No documentation.
- In the event an applicant lacks documentation of income, select “Affidavit”, to attest to their income. When an applicant truly lacks documentation of income they may self-declare their gross income. Enter the declared income on the Income panel under “Amount” field, document source as “Verbal Report” and list “Affidavit” as proof of income. Once the Income Determination Table is complete, collect the applicant/endorser’s signature.
- In the event a person has documentation of income but has not brought it to the WIC appointment, leave the Income Determination Table in the Income panel blank. Provisionally certify the participant and issue one month of food benefits. Schedule the participant to return with proof of income within 30 days.

Participants Declaring Zero Income

Using WIC’s definition of income, it is possible but not common that a WIC applicant’s household receives zero income. When an applicant declares zero income for their household, staff should question how basic living necessities such as food, shelter, medical care, and clothing are obtained. Given WIC’s definition of economic unit (a group of related or unrelated persons sharing financial and other resources), some WIC participants may incorrectly report having zero income. For example, an unemployed pregnant woman may report zero income even though she lives with a friend who provides shelter, water, electricity, and/or food. In this example the pregnant woman is actually part of the larger household and must report the income of her friend (and any other household members).

Transferring Participants

When a participant transfers from one WIC clinic to another (in-state or from out-of-state) within their certification period, their income need not be reevaluated during the transfer visit since it was already verified at certification.

Determining Family/Household Size

For the purposes of determining WIC income eligibility, the terms “family,” “economic unit,” and “household size” are interchangeable. A family is defined as a group of related or non-related individuals who usually (although not necessarily) live together and share economic resources and consumption of goods and/or services. Residents of a homeless facility or an institution are not considered members of a single family. It is reasonable to assume that persons living together (other than those living in institutional setting and homeless facilities), whether related or not, are likely to be receiving support and have some blended resources. This would render them members of the economic unit with whom they live.

- **Pregnant woman:** In the case of a pregnant woman who is otherwise ineligible for participation in the program because the family of the woman is of insufficient size to meet the income eligibility standards of the program, the pregnant woman shall be considered to have satisfied the income eligibility standards if, by increasing the number of individuals in the family of the woman by 1 individual, the income eligibility standard would be met. Therefore, the State agency must perform an income eligibility determination without including the unborn fetus or embryos as part of the economic unit in order to determine if they are ineligible. If they are ineligible, the agency can increase the household size by the number of fetuses. It is not allowed to automatically include an unborn fetus or embryo when determining income eligibility. This policy should not be used in those individual cases where increasing the woman's family size conflicts with her cultural, personal, or religious beliefs.
- **Foster child:** A foster child who is living with a family, but remains the legal responsibility of welfare or other agency is considered a family of one. This foster child's income is the amount of money paid to the foster parent to care for the child.
- **Adopted child:** When a family has adopted a child or has accepted legal responsibility for a child, the child is counted as a member of the family with whom he/she lives. The size and total income of that family are used to determine the child's income eligibility for WIC.
- **Joint custody:** A child that resides in more than one home as a result of a joint custody situation shall be considered as part of the household of the parent/guardian who is applying for WIC on behalf of the child. A child may only receive benefits as part of one household or family. It may be beneficial to issue food benefits on a monthly basis when custody is in question.
- **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.
- **Child in school/institution:** A child who resides in a school or institution, and the child's support is being paid for by the parent or guardian, the child may be counted in the family size of that parent/guardian.
- **Minor:** The determinant of whether a minor is emancipated and thus a separate economic unit for WIC Program purposes is whether or not the minor is living as a separate household without any economic support from any other persons in the household. If the minor receives any support for which she does not pay, such as shelter or meals, she should not be considered a separate household. For example, if the minor has a separate apartment with kitchen facilities in the family's home and the minor pays all expenses for her own support; it is possible that the minor may then be considered a separate household.
- **More than one family in a house:** It is possible for two separate families to live under the same roof. In determining household number it is important to determine the economic independence of the family applying for WIC. The income they report must be sufficient to cover their living expenses (i.e., food, clothing, and daycare). Financial resources and support must be retained separately. (See related policy in *Special Populations section, WIC Program Services to the Homeless.*)
- **Temporary living situation:** If an individual who meets the definition of homeless is living temporarily in a shelter or friend's home, he/she can be considered a separate economic unit. If after 365 days the participant continues to live in the same residence, then the entire household is considered an economic unit and the total household income should be used for WIC screening.
- **Deployed military service member:** Military personnel living overseas or assigned to a military base, even though they are not living with the family, should be considered members of the economic unit when they are sharing financial resources with the household. When a military individual is counted as a member of the economic unit, their income must also be included in the economic unit.

Examples:

- ✓ A pregnant woman and her one child live with the woman's boyfriend and his two children. They share food, utility, and rental expenses. The woman has a job and receives child support for her child. The boyfriend has a job. In this case, the economic unit is 6 (pregnant woman counts as two). Income for both adults plus the child support must be included in the income determination.
- ✓ A woman who is not categorically eligible for WIC lives in a house with her two children (one applying for WIC), and the grandmother. The woman is employed and the grandmother receives social security. They share food and other expenses. The economic unit is 4. The woman's income plus the grandmother's social security need to be included in the income determination.
- ✓ A pregnant woman lives with her parents and her younger sister. The pregnant woman is unemployed. Both parents are employed as is the younger sister. The parents provide for all expenses except that the younger sister contributes money for groceries. The economic unit is 5. The income of both parents and the sister need to be included in the income determination.

- ✓ A pregnant woman and her daughter live in the woman's parent's house. The pregnant woman is employed and provides the food, clothing, and other living expenses for herself and her daughter. The parents do not provide any money, and do not share income or food with their daughter or her child. The economic unit is 3 (pregnant woman counts as 2). Only the pregnant woman's income needs to be considered in the income determination. Even though the parents provide "housing" this is not considered income, but is considered an "in-kind" benefit.

Income

Income is defined as the total gross income of all household members. Current income is defined as all income received by the household during the month (30 days) prior to the date the application for WIC benefits is made. If the income assessment is being done prospectively (e.g., the sole support of that family has just been laid off but has been authorized to receive unemployment benefits for the next six months), "current" refers to income that will be available to the family in the next 30 days. Gross income is all income before deductions are made for income taxes, employee social security taxes, insurance premiums, bonds, etc. It also includes any money received or withdrawn from any source, including savings. Certain cash payments are excluded from WIC determination (see income and benefits exclusion list). Applicants need to show documentation of all income. Income is generally determined on current income (meaning income received in the previous month), but may also be determined as an annual rate of income when appropriate (see next page). WIC regulations do not permit a household's income to be reduced for hardships, high medical bills, child care payments, taxes, child support, alimony, insurance, or other deductions.

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. Example: A divorced woman's has full custody of a child and her ex-husband pays child care expenses directly to the child's day care center. Those payments are considered an in-kind benefit and are not included in her income. However, if the ex-husband pays the money directly to the divorced woman who then pays the day care then the money is included as income. Another example would be the case where a person receives housing without cost as part of their job. The value of in-kind housing is not considered income. If a person receives a housing allowance (money) then it is considered income.

Current Income versus Annual Income

The intent of WIC income determination procedures is to target benefits to individuals most in need who lack the resources to provide for adequate nutrition at a critical time for growth and development. Therefore, local WIC agency staff should consider the income of the household during the past 12 months and the family's current rate of income to determine which indicator best reflects the family's financial status.

Income determination for a family with temporarily low income should be based on the family's annual rate of income. Temporary low income means income that is below a family's normal level due to infrequency or irregularity of employment. This applies to families with individuals who are employed, but not currently receiving income. Families who might be in this category may include, but are not limited to, construction workers, seasonal agricultural workers such as farmers, self-employed persons, teachers, and persons on extended leave due to childbirth or illness. When the adult members of a family become unemployed their income while unemployed should be used for income determination.

If an individual's income increases and this increase is expected to be sustained (such as a raise in salary), current income should be used for income determination. Annual income should not be used to reflect a lower income. If an individual's income decreases and the decrease is expected to be sustained (for example, if a person has lost a higher paying job and has had to take a lower paying job) again current income should be used.

Participants are certified for the entire certification period based on financial information provided at the certification/recertification visit. Therefore, income information should not be solicited from the participant at a mid-certification or follow-up visit. However, if a change of income is volunteered by the participant, staff members are obliged to determine if the participant is still financially eligible. If the participant is found to be over income, all members of their household should be disqualified from WIC even if they are currently within a certification period. **This is also required if staff receives information from another source besides the participant (third party, anonymous tip, etc.)**

Participants who are within their certification period should be issued 15 more days of food benefits, made ineligible, and be given a Notice of Ineligibility. This reassessment is not required if there is 90 days or less left in the certification period.

Income Inclusions

Income means gross income before deductions for income taxes, employee's social security taxes, insurance premiums, bonds, etc. Income includes the following:

- Monetary compensation for services, including wages, salary, commissions, or fees, including active military payments.
- Social Security, Social Security Disability.
- Dividends or interest on savings or bonds, income from estates or trusts, or net rental income.
- Public assistance or welfare payments, foster care payments (SNAP benefits are not counted as income).
- Unemployment Compensation.
- Government civilian employee or military retirement or pensions or veteran's payments.
- Private pensions or annuities.
- Alimony or child support payments.
- Military clothing allowance.
- Any Cost-Of-Living Allowance (COLA) provided to military personnel on duty in designated high-cost areas within the 48 contiguous states of the United States. This allowance is referred to as the continental United States (CONUS) COLA.
- Regular contributions from persons not living in the household.
- Net royalties.
- Other cash income including, but not limited to, cash amounts received or withdrawn from any source including savings, investments, trust accounts or other resources which are readily available to the family (See Lump Sum Payments below).
- Education grants and loans are considered income when determining WIC eligibility dependent on the source of the grant or loan (see Income and Benefits Exclusion List). Money received from the G.I. Bill for educational purposes is considered income.
- Lump sum payments may be considered income depending on its classification. Lump sum payments are classified as either "new money" or "reimbursements" for lost assets or for injuries.
 - ✓ Lump sum payments that represent "new money" intended to be used as income should be considered as "other cash income" and counted as income for WIC income eligibility determinations. Examples of "new money" include: gifts, inheritances, lottery winnings, workers' compensation for lost income, and severance pay.
 - ✓ Lump sum payments that represent reimbursements should not be counted as income. Examples of lump sum payments as "reimbursements" that do not count as income include: mileage reimbursements, amounts received from insurance companies (home or auto) for loss or damage of real or personal property incurred by a household, such as payment of medical bills resulting from accident or injury.
 - ✓ Lump sum payments may not fall easily into the categories of "reimbursements" or "new money" but may in fact represent both. Examples include legal or medical settlements that provide reimbursement for lost property and medical expenses, as well as compensation for tangible or intangible physical or mental injury. In the case that a lump sum payment falls into both categories, the payment should be treated in a way to most accurately reflect the economic situation of the household.
 - ✓ For those lump sum payments which are considered as income, the lump sum should be counted as annual income or be divided by 12 to estimate a monthly income.

Self-Employed Individuals

Both farm and non-farm self-employed persons are assessed for WIC income eligibility using net income rather than gross income. WIC agencies are encouraged to use the applicant's most recently completed Internal Revenue Service (IRS) tax returns as a basis for calculating net income for both farm and non-farm self-employed income. State and local agencies should use the adjusted net income figure indicated on the completed Federal tax return; it is not the responsibility of the local WIC staff to challenge or recalculate that amount.

Income and Benefits Exclusion

Income for the purpose of WIC income eligibility criteria shall not include the following:

- Any Basic Allowance for Housing (BAH) received by military services personnel for residing off base or as payments for privatized on-base housing.
- Any Cost-Of-Living Allowance (COLA) provided to a member of a uniformed service who is on duty outside the contiguous states of the United States. This allowance is referred to as the Overseas Continental United States (OCONUS) COLA. Some members of a military family may remain stateside and apply for WIC while a family member on duty overseas receives the OCONUS COLA.

- Combat pay is an additional payment (Chapter 5 of Title 37 of the United States Code) received by the household member who is deployed to a designated combat zone. Combat pay received by service members is normally reflected in the entitlements column of the military Leave and Earning Statement (LES). Family Separation Hardship (FSH) Hardship Duty Pay (HDP) are also exclusions. Combat pay, Hardship Duty Pay, and Family Separation pay are excluded from WIC income eligibility determination when:
 - ✓ Received in addition to the service member's basic pay; and
 - ✓ Received as a result of the service member's deployment to or service in an area that has been designated a combat zone; and
 - ✓ Not received by the service member prior to his/her deployment to or service in the designated combat zone.
 - ✓ Received as Deployment Extension Incentive Pay (DEIP)/Deployment Extension Stabilization Program (DESP) pay. DEIP/DESP payments are given to active service members who agree to extend their military service by completing deployment with their units without re-enlisting. This exemption to income applies until the service member returns to a military installation within the United States. (Note: Any additional DEIP or DESP payment received by the service member while serving within the United States must be counted as income for WIC eligibility determination purposes.)
- The value of in-kind housing and other in-kind benefits.
- Reimbursements from the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (Pub. L. 91-646, sec. 216, 42 U.S.C. 4636).
- Any payment to volunteers under Title I (VISTA and others) and Title II (RSVP, foster grandparents, and others) of the Domestic Volunteers Service Act of 1973 (Pub. L. 93-113, sec. 404(g), 42 U.S.C. 5044(g)) to the extent excluded by that Act.
- Payment to volunteers under section 8(b)(1)(B) of the Small Business Act (SCORE and ACE) (Pub. L. 95-510, sec. 101, 15 U.S.C. 637(b)(1)(D)).
- Income derived from certain sub marginal land of the United States which is held in trust for certain Indian tribes (Pub. L. 94-114, sec. 6, 25 U.S.C. 459e).
- Payments received: Job Training Partnership Act (Pub.L. 97-300, sec. 42(b),29 .S.C. 1552(b));
- Income derived from the disposition of funds to the Grand River Band of Ottawa Indians (Pub. L. 94-540, sec 6).
- Payments received under the Alaska Native Claims Settlement Act (Pub. L. 100-241, sec. 15, 43 U.S.C. sec. 1626(c)).
- The value of assistance to children or their families under the National School Lunch Act, as amended (Pub. L. 94-105, sec. 9(d), 42 U.S.C. sec. 1760(e)), the Child Nutrition Act of 1966 (including free or reduced-price lunches or breakfasts, and meals or supplements in the Child and Adult Care Program and Summer Food Service Program) (Pub. L. 89-642, sec. 11(b), 42 U.S.C. sec. 1780(b)), and the Food Stamp Act of 1977 (Food Stamp Program, including Food Distribution Program on Indian Reservations) (Pub. L. 95-113, sec. 1301, 7 U.S.C. sec 2017(b)).
- Payments by the Indian Claims Commission to the Confederate Tribes and Bands of the Yakima Indian Nation or Apache Tribe of the Mescalero Reservation (Pub.L.95-433,sec.2,25USC609c-1).
- Payments to the Passamaquoddy Tribe and the Penobscot Nation or any of their members received pursuant to the Maine Indian Claims Settlement Act of 1980 (Pub. L. 96-420, sec. 6, 9(c), 25 U.S.C 1725(l), 1728(c)).
- Payments under the Low-income Home Energy Assistance Act, as amended (Pub. L. 99-125, sec. 504(c), 42 U.S.C. sec. 8624(f)).
- Student financial assistance received from any program funded in whole or part under Title IV of Higher Education Act of 1965, including the Pell Grant, Supplemental Educational Opportunity Grant, State Student Incentive Grants, National Direct Student Loan, PLUS, College Work Study, and Byrd Honor Scholarship programs, which is used for costs described in section 472 (1) and (2) of that Act (Pub. L. 99-498, section 479B, 20 U.S.C. 1087uu). The specified costs set forth in section 472 (1) and (2) of the Higher Education Act are tuition and fees normally assessed a student carrying the same academic workload as determined by the institution, and including the costs for rental or purchase of any equipment, materials, or supplies required of all students in the same course of study; and an allowance for books, supplies, transportation, and miscellaneous personal expenses for a student attending the institution on at least a half-time basis, as determined by the institution. The specified costs set forth in section 472 (1) and (2) of the Act are those costs which are related to the costs of attendance at the educational institution and do not include room and board and dependent care expenses.
- Payments under the Disaster Relief Act of 1974, as amended by the Disaster Relief and Emergency Assistance Amendments of 1989 (Pub. L. 100-707, sec. 105 (l), 42 U.S.C. sec. 5155(d)).

- Effective July 1, 1991, payments received under the Carl D. Perkins Vocational Education Act, as amended by the Carl D. Perkins Vocational and Applied Technology Education Act Amendments of 1990 (Pub. L. 101-392, sec. 501, 20 U.S.C. sec. 2466d).
- Payments pursuant to the Agent Orange Compensation Exclusion Act (Pub. L. 101-201, sec.1).
- Payments received for Wartime Relocation of Civilians under the Civil Liberties Act of 1988 (Pub. L. 100-383, sec. 105 (f)(2), 50 App. U.S.C. sec. 1989b-4(f)(2)).
- Value of any child care payments made under section 402(g)(1)(E) of the Social Security Act, as amended by the Family Support Act (Pub. L. 100-485, sec. 301, 42 U.S.C. sec. 602 (g)(1)(E)).
- Value of any "at-risk" block grant child care payments made under section 5081 of Pub.L. 101-508, which amended section 402(l) of the Social Security Act.
- Value of any child care provided or paid for under the Child Care and Development Block Grant Act, as amended (Pub. L. 102-586, sec. 8(b), 42 U.S.C. 9858q).
- Mandatory salary reduction amount for military service personnel which is used to fund the Veteran's Educational Assistance Act of 1984 (GI Bill), as amended (Pub L. 99-576, sec. 303(a)(1), 38 U.S.C. sec. 1411 (b)).
- Payments received under the Old Age Assistance Claims Settlement Act except for per capita shares in excess of \$2000 (Pub. L.98-500, sec. 8, 25 U.S.C. sec. 2307).
- Payments received under the Cranston-Gonzales National Affordable Housing Act, unless the income of the family equals or exceeds 80 percent of the median income of the area (Pub. L. 101-625, sec. 522(l)(4), 42 U.S.C. sec.1437 (nt)).
- Payments received under the Housing and Community Development Act of 1987, unless the income of the family increases at any time to no less than 50 percent of the median income of the area (Pub. L.100-242, sec. 126(c)(5)(A), 25 U.S.C. sec. 2307).
- Payments received under the Sac and Fox Indian claims agreement (Pub. L. 94-189, sec 6).
- Payments received under the Judgment Award Authorization Act, as amended (Pub. L. 97-458, sec. 4, 25 U.S.C. sec. 1407 and Pub. L. 98-64, sec. 2(b), 25 U.S.C. sec. 117b(b)).
- Payments for the relocation assistance of members of Navajo and Hopi Tribes (Pub. L. 93-531, sec. 22, U.S.C. sec. 640d-21).
- Payments to the Turtle Mountain Band of Chippewas, Arizona (Pub. L. 97-403, sec.9).
- Payments to the Blackfeet, Grosventre, and Assiniboine tribes (Montana) and the Papago (Arizona) (Pub. L. 97-408, sec. 8(d)).
- Payments to the Assiniboine Tribe of the Fort Belknap Indian community and the Assiniboine Tribe of the Fort Peck Indian Reservation (Montana) (Pub. L. 98-124, sec. 5).
- Payments to the Red Lake Band of Chippewas (Pub. L. 98-123, sec. 3).
- Payments received under the Saginaw Chippewa Indian Tribe of Michigan Distribution of Judgment Funds Act (Pub. L. 99-346, sec. 6(b)(2)).
- Payments to the Chippewas of Mississippi (Pub. L. 99-377, sec. 4(b)).
- Payments received under the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 through the prescription drug discount program must not be treated as income.
- Earned Income Tax Credit (EITC) refund/payments.
- National Flood Insurance program payments (USDA Policy Letter WC-06-02-P).
- Treatment of Family subsistence Supplemental Allowance (FSSA)(USDA Policy Letter WC-06-03-P).
- Loans, not including amounts to which the applicant has constant or unlimited access.
- Filipino Veterans Equity Compensation Fund payments (Public Law 111-5, Sections 1002(c) and 1002(g)).

Income Determination of Military Personnel

Household Size

Military personnel living overseas or assigned to a military base, even though they are not living with the family, should be considered members of the economic unit when they are sharing financial resources with the household. When a military individual is counted as a member of the economic unit, their income must also be included in the economic unit.

Income Definition

According to WIC regulations income is defined as any "cash income before deductions." Unless income is specifically excluded by regulations it must be included as income. Specific exclusions that apply to military personnel include:

- Any Basic Allowance for Housing (BAH) received by military services personnel for residing off-base or as payments for privatized on-base housing.
- Any Cost-Of-Living Allowance (COLA) provided to a member of a uniformed service who is on duty outside the contiguous states of the United States. This allowance is referred to as the Overseas Continental United States (OCONUS) COLA.
- The value of in-kind housing and other in-kind benefits.
- Combat pay/hazardous duty pay (IMP/HFP) received by service members during a deployment.
- Combat pay is excluded if it is:
 - ✓ Received in addition to the service member's basic pay; and
 - ✓ Received as a result of the service member's deployment to or service in an area that has been designated as a combat zone; and
 - ✓ Not received by the service member prior to his/her deployment to or service in the designated combat zone.
 - ✓ Received as Deployment Extension Incentive Pay (DEIP) / Deployment Extension Stabilization Program (DESP) pay. DEIP/DESP payments are given to active service members who agree to extend their military service by completing deployment with their units without re-enlisting. This exemption to income applies until the service member returns to a military installation within the United States. (Note: Any additional DEIP or DESP payment received by the service member while serving within the United States must be counted as income for WIC eligibility determination purposes.)

All other forms of income that are not specifically excluded (see income definitions) must be considered as income. Some forms of income that must be included for military personnel would be military clothing allowance, cost-of-living allowance for the continental United States (CONUS COLA), Basic Allowance for Subsistence (BAS), and/or foreign duty pay.

Current Income versus Annual Income

When military personnel are assigned to duty that results in a temporary increase in income (which would be the case for personnel assigned overseas or to a military base during an action), income calculations are based on the last 12 months rather than on the current monthly income. Bonuses, such as reenlistment and hazardous duty pay should be annualized (amount divided by 12) when determining monthly income. If income has decreased as a result of military assignment, as in the case of a reservist who has had to suspend more lucrative employment, then current monthly rate of income should be used.

Documentation of Income

Documentation of income should be done according to current Colorado WIC policy. In the situation where the family is unable to document military income because the documentation of gross income is only available to the military person serving overseas, then the local agency should work with the applicant to best determine gross military income. This may result in self-declaration of the family's gross military income. This is an acceptable option when necessary. If self-declaration occurs, it must be documented with an Affidavit. When military income is self-declared, other family income should still be documented.

Children in Temporary Care of Friends or Relatives

When a child's only caregiver parent or both parents have been called to active duty and the child has been sent to live with another family, calculate income as follows:

- When financial information is known for the child's military family unit then this information can be used. The child would be considered a part of the original military family unit.
- When the family unit's financial information is not available and the parent/s send adequate money to the family caring for the child, then the child can be considered a household of one. If there is no financial information available from the parent/s of the child's previous economic unit and the new family receives inadequate compensation to provide care for the child, then the child is considered part of the economic unit where the child now lives.

Verification of Certification (VOC)

Local agency staff members are reminded to issue a VOC when a military family is relocating because of reassignment of a family member while in the middle of their certification period.

Adjunctive Eligibility

WIC accepts current participation in Health First Colorado, Temporary Assistance to Needy Families (TANF - referred to as Colorado Works Program), or the Supplemental Nutrition Assistance Program (SNAP) as evidence of financial eligibility for participation in WIC. USDA refers to this as adjunctive eligibility. Persons who are currently participating in these programs have already had their income screened by these programs and are automatically income eligible for WIC.

It is possible that the household income of persons who are adjunctively income eligible exceeds the *WIC Income Eligibility Guidelines*. In this instance, adjunctive eligibility takes precedence. Completion of the Adjunct Eligibility field overrides any amounts entered in the Income Determination field and allows the certification to continue. By completing the Adjunct Eligibility field in Compass, the WIC user verifies they witnessed proof of current enrollment in Health First Colorado, SNAP or TANF during the certification/recertification visit.

For participants who present a Health First Colorado (Colorado's Medicaid Program) card or who claim to participate in Health First Colorado:

- Verify the participant is an active Health First Colorado participant. If verified, enter the Health First Colorado information into the Adjunct Eligibility field, and enter the Health First Colorado number in the 'MA ID' field.
- The participant must also verbally declare their household's gross income and staff enters that amount into the Income Determination field with Verbal as the Source and Medicaid/SNAP/TANF as the Proof. Once the participant is determined to be active on Health First Colorado, SNAP, or TANF, no other proof of income is required.
- In the instance where a child presents an active Colorado Health First Colorado card as proof of income and other family members are categorically eligible, complete the Adjunct Eligibility link for the child with Health First Colorado and leave the Income Determination box blank. Next certify the child and provisionally certify the remaining participants in the household. Upon return next month, proof of household income must be presented in order to certify the remaining household members and the WIC user must enter the income amount into the Income Determination field in the Income panel.
- At this appointment, if Health First Colorado cannot be verified and all proofs of income are not available, the participant must return within 30 days with acceptable proof/s of income.
- If adjunctive eligibility is used to financially qualify a participant, monthly gross income, the economic unit size, and proof of income must be recorded on the Income panel. (Note: Compass will block Certification/Recertification of any participant when household income entered in the Income Determination field exceeds the current IEGs unless Medicaid, SNAP, or TANF information is entered in the Adjunct Eligibility hyperlink.
- A mother or infant's Health First Colorado, SNAP, or TANF participation income-qualifies any categorically eligible family member. Additionally, due to the Needy Newborn Health First Colorado Coverage legislation, when a newborn's mother has Health First Colorado benefits, that infant is automatically eligible to receive Health First Colorado until one year of age. If the newborn's WIC certification occurs prior to the infant being assigned a Health First Colorado number, enter "Pending" for the infant in the MA ID field in Compass.
- Adjunctive income eligible WIC participants receive benefits for a full certification unless the endorser/participant reports that they no longer receive Health First Colorado, TANF, or SNAP during the certification period.
- When participants report that they are no longer receiving Health First Colorado, TANF, or SNAP: When 90 days or less remains in the certification period, the remainder of the household's food benefits may remain active through the current certification period. When the remaining certification period is longer than 90 days, redetermine income eligibility. If over income, issue 15 days of benefits (from the date of disqualification) and give a *Notification of Ineligibility, Termination, or Denial of Services* to the disqualified participant. If the participant's food benefits extend beyond 15 days from the date of disqualification, no additional food issuance is required. Other family members participating in the WIC Program based on this participant's adjunctive eligibility must also be rescreened for income eligibility.

For participants who present a Supplemental Nutrition Assistance Program (SNAP) Eligibility Notice or TANF Eligibility Notice:

- The WIC certification/recertification date must be within the valid dates listed on the SNAP or TANF Eligibility Notice.
- The participant must verbally declare their gross income. Enter the amount in Compass in the Income Determination Field with Verbal as the Source and Medicaid/SNAP/TANF as the Proof.

- SNAP must be checked in the Adjunct Eligibility field.

In some cases, if one member of a household is receiving Health First Colorado, TANF, or SNAP benefits, adjunctive income eligibility may then apply to other members of the household.

- If the household has SNAP benefits, all members of the household have WIC adjunctive income eligibility.
- If a pregnant woman has Health First Colorado, all members of her household qualify for adjunctive eligibility (verification that the participant is active on Health First Colorado is required)
- If an infant has a Health First Colorado card, all members of his/her household have adjunctive income eligibility.
- If one member of the household receives TANF benefits, all members of the household have adjunctive income eligibility.

A participant may self-declare adjunctive eligibility for a 30-day period if they have failed to bring documentation to a certification/recertification visit. Presumptive eligibility with any of the above programs does NOT adjunctively qualify an individual for WIC because income documentation is not required at presumptive eligibility enrollment.

Adjunctive income eligibility does not apply to other household members when:

- A child has Health First Colorado.
- A foster child (even if an infant) has Health First Colorado. A foster child can never confer adjunctive income eligibility to other household members since WIC considers the foster child a one-person household.
- A postpartum woman has Health First Colorado.

Emergency Health First Colorado provides mother medical coverage for delivery only.

Emergency Health First Colorado does not adjunctively income qualify a pregnant woman for WIC. However Needy Newborn Health First Colorado Coverage legislation authorizes her infant automatic Health First Colorado eligibility for the infant's first year of life.

Migrant

If an in-stream migrant farm worker participant needs to be certified again because the participant's Verification of Certification card has expired, the participant shall be considered income eligible for the next certification period. However, the income of an in stream migrant farm worker family must be determined at least once a year. Any determination that a migrant has met the income standard, either in the migrant's home base area before the migrant has entered the stream for a particular agricultural season, or in an instream area during the agricultural season, shall satisfy the income criteria using VOC for the migrant participant in any state for any subsequent certification while the migrant is instream during that agricultural season. (This procedure applies only to instream migrant farm workers.) If there is no indication that this was completed on the Verification of Certification (VOC) card, the local agency must determine financial eligibility at the next certification. (See the Special Populations section in this Procedure Manual for more information.) Lack of documentation for income should not be a barrier for migrant farm worker families to receive WIC benefits. Farm workers who are unable to provide documentation of income may self declare their income. See section: *No Documentation of Address and/or Income*.

Homeless

Benefits cannot be denied to a homeless person due to the individual's inability to provide documentation of financial eligibility. A homeless person who reports zero income or is unable to provide documentation of income may self-declare income. Lack of documentation should not be a barrier for homeless people to receive WIC benefits (See [Section 10. Special Populations](#) for more information).

No Documentation of Address and/or Income

The applicant must bring in two out of the three proofs in order to qualify for a Provisional Certification. If an applicant brings proof of identity but is missing adequate documentation for both income AND residency, food benefits may not be issued at this visit. Instead, schedule another WIC appointment for the applicant to bring all required documentation.

There are two situations when an applicant may not have documentation of residence or income. In one situation they have documentation, but for whatever reason have not brought the documentation to the WIC visit. In the other situation, the applicant does not have documentation or does not have reasonable access to the documentation. These two situations are handled differently:

Applicant brings identification but only one of the two additional proofs required (i.e.: brought proof of residence but not proof of income) to the certification/recertification visit. As the applicant has two of the three required proofs:

WIC staff explains to the applicant the need for documentation and helps the applicant identify those forms of documentation available to them. WIC staff provisionally certifies the applicant for 30 days and provides one month of food benefits. WIC participant signs the Rights and Responsibilities form and returns to WIC within the next 30 days with the necessary documentation.

If the participant returns within the 30 day grace period with the necessary documentation, WIC staff records the types of documentation presented on the Income and/or Contact/Address panel, certifies the participant, and provides food benefits.

If the participant does not return within the 30 day grace period with the necessary documentation, they cannot receive additional food benefits and a second grace period may not be granted.

Applicant Does Not Have either Income or Residency Documentation:

In rare situations, an applicant may not have documentation of address or income. Possible examples are:

- an undocumented farm worker who is paid in cash and the employer refuses to provide documentation;
- a person who has no home and is living out of a car;
- documentation does not exist because of theft, loss, or disaster.

WIC staff should work with applicants to identify possible forms of documentation including letters from employers and landlords. When an applicant does not have documentation of residence or income, they may verbally declare their residence or income.

Income: On the income panel in Compass, “Verbal Report” is the source, “Affidavit” is the proof, and the self-declared income amount is entered. Capture the endorser/participant’s signature to attest to the income amount.

Residence: On the Contact/Address panel, record “Affidavit.” Capture the endorser/participant’s signature to attest to residence or income.

Certify the participant for the normal time frame.

Proof of Eligibility Verification

Verification means a process whereby the information presented, such as pay stubs, is validated through an external source of information other than the WIC participant. Such external sources include employer verification of wages, local welfare office verification, verification of address through a landlord, etc.

Local WIC staff may verify questionable documentation presented for identity, residence, or income. Examples of when this might occur include but are not limited to:

- The clinic receives a call from a third party who reports that a WIC participant did not disclose their full income.
- A WIC participant claims to have zero income yet they are seen by WIC staff working at a local restaurant.
- A participant claims to live at one address, but their documentation is inconsistent and indicates they may live at another location in another county.

By signing the *Rights and Responsibilities*, the endorser/participant gives WIC permission to verify information presented for certification on the WIC Program.

Nutritional Risk Eligibility and Priority

One criterion for WIC eligibility is that the applicant has nutritional/medical risk. Assignment of nutritional/medical risk(s) at the certification/recertification visit determines whether the participant is at low or high nutritional risk. Low or high-risk classification determines the scope of counseling services the participant receives from WIC. Nutritional risk assignment also determines the participant's priority (1-6, 1 being the highest priority). The priority system is utilized when a local agency has reached its maximum participation level and ensures that participants with the highest nutritional risk receive benefits.

Nutrition Risk Factors

Local WIC agencies must apply the Colorado WIC Program nutritional risk factor definitions when risking an applicant/participant for the program. Nutritional/medical risk(s) are identified at certification and recertification. Compass assigns the participant a low or high-risk classification based on the nutritional risk factors assigned to a specific participant.

PREGNANT WOMAN

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	Underweight - Prepregnancy Body Mass Index (BMI) <18.5	1	L	S
111	Overweight - Prepregnancy Body Mass Index (BMI) ≥25.0	1	L	S
131	Low Maternal Weight Gain - 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
132	Maternal Weight Loss During Pregnancy - Is defined as follows: ▶ During 1 st trimester: any weight loss below pregravid weight. ▶ 2 nd or 3 rd trimester (14-40 weeks gestation): weight loss of ≥ 2 pounds (≥ 1 kg)	1	H	S
133	High Maternal Weight Gain - 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. Note: Singleton pregnancy only	1	H	U
201	Low Hematocrit/Low Hemoglobin - Hemoglobin value below those listed in <i>Hemoglobin Levels Indicating NRF #201</i> table.	1	L	S
201B	Severely Low Hematocrit/Hemoglobin - 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	Elevated Blood Lead Levels - Blood lead level of ≥ 5 micrograms/deciliter within the past twelve months.	1	H	S
300 Series	Medical Conditions *See <i>Clinical/Health/Medical Conditions List</i> for definitions, codes, and risk level (high or low).	1	L/H	U
401	Failure to Meet Dietary Guidelines for Americans 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). 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.	4	L	U

Compass Code	Name/Definition	Priority	Risk	User or System Assigned
427	INAPPROPRIATE NUTRITION PRACTICES For WOMEN: Routine nutrition practices that may result in impaired nutrient status, disease, or health problems. These practices, with examples, are outlined below:	4	L	U
427A	Consuming dietary supplements with potentially harmful consequences - Examples of dietary supplements which when ingested in excess of recommended dosages, may be toxic or have harmful consequences: ▶ Single or multiple vitamins; ▶ Mineral supplements; and ▶ Herbal or botanical supplements/remedies/teas.	4	L	U
427B	Consuming a diet very low in calories and/or essential nutrients; or impaired caloric intake or absorption of essential nutrients following bariatric surgery - Examples are: ▶ Strict vegan diet; ▶ Low-carbohydrate, high-protein diet; ▶ Macrobiotic diet; and ▶ Any other diet restricting calories and/or essential nutrients.	4	L	U
427C	Compulsively ingesting non-food items (pica) - 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).	4	L	U
427D	Inadequate vitamin/mineral supplementation recognized as essential by national public health policy - Examples are: ▶ Consumption of < 27 mg of iron as a supplement daily. ▶ Consumption < 150 µg of supplemental iodine per day.	4	L	U

Compass Code	Name/Definition	Priority	Risk	User or System Assigned
427E	<p>Pregnant woman ingesting foods that could be contaminated with pathogenic microorganisms - Examples of potentially harmful foods are:</p> <ul style="list-style-type: none"> ▶ Raw fish or shellfish, including oysters, clams, mussels, and scallops; ▶ Refrigerated smoked seafood, unless it is an ingredient in a cooked dish, such as a casserole; ▶ Raw or undercooked meat or poultry; ▶ Hot dogs, luncheon meats (cold cuts), fermented and dry sausage and other deli-style meat or poultry products unless reheated until steaming hot; ▶ Refrigerated pâté or meat spreads; ▶ Unpasteurized milk or foods containing unpasteurized milk; ▶ Soft cheeses such as feta, Brie, Camembert, blue-veined cheeses and Mexican style cheese such as queso blanco, queso fresco, or Panela unless labeled as made with pasteurized milk; ▶ Raw or undercooked eggs or foods containing raw or lightly cooked eggs including certain salad dressings, cookie and cake batters, sauces, and beverages such as unpasteurized eggnog; ▶ Raw sprouts (alfalfa, clover, and radish); or ▶ Unpasteurized fruit or vegetable juices. 	4	L	U
501	<p>Possibility of Regression in Nutritional Status - 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>Note: Regression cannot be assigned to a participant two certification periods in a row.</p>	4	L	U
502	<p>Transfer of Certification - 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
601	<p>Breastfeeding Mother of Infant at Nutritional Risk - A breastfeeding woman whose breastfed infant has been determined to be at nutritional risk.</p>			
601A	Priority 1 mother	1	L	U
601B	Priority 2 mother	2	L	U
601D	Priority 4 mother	4	L	U
	Note: Mother must be the same priority as at-risk infant			
602	<p>Breastfeeding Complications or Potential Complications- A breastfeeding woman with any of the following complications or potential complications for breastfeeding:</p>			

<p>602A</p> <p>602B</p> <p>602C</p> <p>602D</p> <p>602E</p> <p>602F</p> <p>602G</p> <p>602H</p>	<ul style="list-style-type: none"> ▶ severe breast engorgement ▶ recurrent plugged ducts ▶ mastitis (fever or flu-like symptoms with localized breast tenderness) ▶ flat or inverted nipples ▶ cracked, bleeding, or severely sore nipples ▶ age 40 years or older ▶ failure of milk to come in by 4 days postpartum ▶ tandem nursing (breastfeeding two siblings who are not twins). <p>Note: High Risk must be seen by a Lactation Management Specialist (LMS/CLC/IBCLC) or WIC High Risk Counselor within 24 hours.</p>	<p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p>	<p>H</p> <p>H</p> <p>H</p> <p>H</p> <p>H</p> <p>L</p> <p>H</p> <p>H</p>	<p>U</p> <p>U</p> <p>U</p> <p>U</p> <p>U</p> <p>U</p> <p>U</p> <p>U</p>
<p>801</p>	<p>Homelessness - Woman who lacks a fixed and regular night time residence; or whose primary night time residence is:</p> <ul style="list-style-type: none"> ▶ 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. 	<p>4</p>	<p>L</p>	<p>U</p>

Compass Code	Name/Definition	Priority	Risk	User or System Assigned
802	<p>Migrancy - Categorically eligible woman who is a member of a family that contains at least one individual:</p> <ul style="list-style-type: none"> ▶ 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
901	<p>Recipient of Abuse - 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>Woman or Primary Caregiver with Limited Ability to Make Feeding Decisions and/or Prepare Food - Pregnant woman assessed to have a limited ability to make appropriate feeding decisions and/or prepare food. Examples include a woman who is:</p> <ul style="list-style-type: none"> ▶ ≤ 17 years of age; ▶ Mentally disabled/delayed and/or have a mental illness such as clinical depression (diagnosed by a physician or licensed psychologist); ▶ Physically disabled to a degree which restricts or limits food preparation abilities; or ▶ Currently using or having a history of abusing alcohol or other drugs. 	4	L	U
903	<p>Foster Care - 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>Environmental Tobacco Smoke Exposure (ETS) - Exposure to smoke from tobacco products inside the home.</p>	1	L	U

BREASTFEEDING WOMAN

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	Underweight - Current Body Mass Index (BMI) <18.5	1	L	S
111	Overweight - ▶ 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	High Maternal Weight Gain - 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	Low Hematocrit/Low Hemoglobin - Hemoglobin value below those listed in <i>Hemoglobin Levels Indicating NRF #201</i> table.	1	L	S
201B	Severely Low Hematocrit/Hemoglobin - 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	Elevated Blood Lead Levels - Blood lead level of ≥ 5 micrograms/deciliter within the past twelve months.	1	H	S
300 Series	Medical Conditions - *See <i>Clinical/Health/Medical Conditions List</i> for definitions, codes, and risk level (high or low).	1	L/H	U
401	Failure to Meet Dietary Guidelines for Americans - 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	INAPPROPRIATE NUTRITION PRACTICES For WOMEN Routine nutrition practices that may result in impaired nutrient status, disease, or health problems. These practices, with examples, are outlined below:	4	L	U

Compass Code	Name/Definition	Priority	Risk	User or System Assigned
427A	Consuming dietary supplements with potentially harmful consequences - Examples of dietary supplements which when ingested in excess of recommended dosages, may be toxic or have harmful consequences: ▶ Single or multiple vitamins; ▶ Mineral supplements; and ▶ Herbal or botanical supplements/remedies/teas.	4	L	U
427B	Consuming a diet very low in calories and/or essential nutrients; or impaired caloric intake or absorption of essential nutrients following bariatric surgery - Examples are: ▶ Strict vegan diet; ▶ Low-carbohydrate, high-protein diet; ▶ Macrobiotic diet; and ▶ Any other diet restricting calories and/or essential nutrients.	4	L	U
427C	Compulsively ingesting non-food items (pica) - 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)	4	L	U
427D	Inadequate vitamin/mineral supplementation recognized as essential by national public health policy - Examples are: ▶ Consumption of < 150 µg of supplemental iodine per day ▶ Consumption of < 400 mcg of folic acid from fortified foods and/or supplements daily.	4	L	U
501	Possibility of Regression in Nutritional Status - 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. Note: Regression cannot be assigned to a participant two certification periods in a row.	4	L	U

Compass Code	Name/Definition	Priority	Risk	User or System Assigned
502	Transfer of Certification - 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.	N/A	L	S
601	Breastfeeding Mother of Infant at Nutritional Risk - 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	Breastfeeding Complications or Potential Complications- 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	L	S
602G	▶ failure of milk to come in by 4 days postpartum	1	H	U
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.				
801	Homelessness - 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

Compass Code	Name/Definition	Priority	Risk	User or System Assigned
802	<p>Migrancy - Categorically eligible woman who is a member of a family that contains at least one individual:</p> <ul style="list-style-type: none"> ▶ 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
901	<p>Recipient of Abuse - 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>Woman or Primary Caregiver with Limited Ability to Make Feeding Decisions and/or Prepare Food - Breastfeeding woman assessed to have a limited ability to make appropriate feeding decisions and/or prepare food. Examples include a woman who is:</p> <ul style="list-style-type: none"> ▶ < 17 years of age; ▶ Mentally disabled/delayed and/or have a mental illness such as clinical depression (diagnosed by a physician or licensed psychologist); ▶ Physically disabled to a degree which restricts or limits food preparation abilities; ▶ Currently using or having a history of abusing alcohol or other drugs. 	4	L	U
903	<p>Foster Care - 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>Environmental Tobacco Smoke Exposure (ETS) - 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

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	Name/Definition	Priority	Risk	User or System Assigned
101	Underweight - Current Body Mass Index (BMI) <18.5	6	L	S
111	Overweight - Prepregnancy Body Mass Index (BMI) \geq 25.0	6	L	S
133	High Maternal Weight Gain - 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	Low Hematocrit/Low Hemoglobin - Hemoglobin value below those listed in <i>Hemoglobin Levels Indicating NRF #201</i> table.	6	L	S
201B	Severely Low Hematocrit/Low Hemoglobin - 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	Elevated Blood Lead Levels - Blood lead level of \geq 5 micrograms/deciliter within the past twelve months.	6	H	S
300 Series	Medical Conditions - *See <i>Clinical/Health/Medical Conditions List</i> for definitions, codes, and risk level (high or low).	6	L/H	U
401	Failure to Meet Dietary Guidelines for Americans - 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	INAPPROPRIATE NUTRITION PRACTICES For WOMEN Routine nutrition practices that may result in impaired nutrient status, disease, or health problems. These practices, with examples, are outlined below:	6	L	U
427A	Consuming dietary supplements with potentially harmful consequences - Examples of dietary supplements which when ingested in excess of recommended dosages, may be toxic or have harmful consequences are: ▶ Single or multiple vitamins; ▶ Mineral supplements; and ▶ Herbal or botanical supplements/remedies/teas.	6	L	U

Compass Codes	Name/Definition	Priority	Risk	User or System Assigned
427B	Consuming a diet very low in calories and/or essential nutrients; or impaired caloric intake or absorption of essential nutrients following bariatric surgery - Examples are: ▶ Strict vegan diet; ▶ Low-carbohydrate, high-protein diet; ▶ Macrobiotic diet; and ▶ Any other diet restricting calories and/or essential nutrients.	6	L	U
427C	Compulsively ingesting non-food items (pica) - 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)	6	L	U
427D	Inadequate vitamin/mineral supplementation recognized as essential by national public health policy - For example: ▶ Consumption of less than 400 mcg of folic acid from fortified foods and/or supplements daily by non-pregnant woman.	6	L	U
501	Possibility of Regression - A participant who has previously been certified eligible for the Program may be considered to be at nutritional risk in the next certification period if the Competent WIC Authority (CWA) determines there is a possibility of regression in nutritional status without the benefits that the WIC Program provides. Note: Regression cannot be assigned to a participant two certification periods in a row.	6	L	U
502	Transfer of Certification - 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.	N/A	L	S

Compass Codes	Name/Definition	Priority	Risk	User or System Assigned
801	<p>Homelessness - Woman who lacks a fixed and regular night time residence; or whose primary night time residence is:</p> <ul style="list-style-type: none"> ▶ 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. 	6	L	U
802	<p>Migrancy - Categorically eligible woman who is a member of a family that contains at least one individual:</p> <ul style="list-style-type: none"> ▶ 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. 	6	L	U
901	<p>Recipient of Abuse - 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>Woman or Primary Caregiver with Limited Ability to Make Feeding Decisions and/or Prepare Food - Non-breastfeeding woman assessed to have a limited ability to make appropriate feeding decisions and/or prepare food. Examples include a woman who is:</p> <ul style="list-style-type: none"> ▶ ≤ 17 years of age; ▶ Mentally disabled/delayed and/or have a mental illness such as clinical depression (diagnosed by a physician or licensed psychologist); ▶ Physically disabled to a degree which restricts or limits food preparation abilities; or ▶ Currently using or having a history of abusing alcohol or other drugs. 	6	L	U
903	<p>Foster Care - 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>Environmental Tobacco Smoke Exposure (ETS) - Exposure to smoke from tobacco products inside the home.</p> <p>Note: ETS is also known as passive, secondhand, or involuntary smoke.</p>	6	L	U

INFANT

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	At Risk of Underweight - > 2nd percentile and ≤ 5 th percentile weight-for-length	1	L	S
103B	Underweight- ≤ 2nd percentile weight-for-length Note: CDC labels the 2.3 rd percentile as the 2 nd percentile on the Birth to 24 months gender specific growth charts.	1	H	S
114	At Risk of Overweight- ► 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	High Weight-for-Length - ≥ 98 th percentile weight-for-length Note: CDC labels the 97.7 th percentile as the 98 th percentile on the Birth to 24 months gender specific growth charts.	1	L	S
121A	At Risk for Short Stature - > 2nd percentile and < 5th percentile length-for-age as plotted on the CDC Birth to 24 months gender specific growth charts. Note: CDC labels the 2.3 rd percentile as the 2 nd percentile on the birth to 24 months gender-specific growth charts. Note: Assignment for premature infant is based on adjusted gestational age.	1	L	S
121B	Short Stature - ≤ 2nd percentile length-for-age as plotted on the CDC Birth to 24 months gender specific growth charts. Note: CDC labels the 2.3 rd percentile as the 2 nd percentile on the birth to 24 months gender-specific growth charts. Note: Assignment for premature infant is based on adjusted gestational age.	1	L	S
134	Failure to Thrive - Presence of failure to thrive (FTT) diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self reported by endorser/caregiver.	1	H	U

Compass Code	Name/Definition	Priority	Risk	User or System Assigned
135	<p>Inadequate Growth - <i>Infants from birth to 1 month of age:</i></p> <ul style="list-style-type: none"> Excessive weight loss after birth (Current weight is $\leq 92\%$ of birth weight) <p style="text-align: center;">or</p> <ul style="list-style-type: none"> Not back to birth weight by 2 weeks of age <p>Note: Both above criteria require further assessment and counseling by the WIC High Risk Counselor within 24 hours of risk identification.</p>	1	H	S
	<p><i>Infants from 1 month to 12 months of age:</i> Any weight gain that is less than the expected weight gain as calculated from the <i>Minimum Expected Weight Gain Tables</i> using current weight and the most recent previous weight.</p> <p>Note: WIC High Risk Counselor visit is required within 30 days of risk identification.</p>	1	H	U
141A	Low Birth Weight - Birth weight defined as ≤ 5 pounds 8 ounces (≤ 2500 grams)	1	H	S
141B	Very Low Birth Weight - Birth weight defined as ≤ 3 pounds 5 ounces (≤ 1500 grams)	1	H	S
142	Prematurity - Infant born ≤ 37 weeks/0 days gestation	1	L	S
151	Small for Gestational Age (SGA) - Diagnosed as small for gestational age.	1	H	U
153	Large for Gestational Age (LGA) - Birth weight of ≥ 9 pounds (≥ 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	Low Hematocrit/Low Hemoglobin - Hemoglobin value below those listed in <i>Hemoglobin Levels Indicating NRF #201</i> table.	1	L	S
201B	Severely Low Hematocrit/Hemoglobin - 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	Elevated Blood Lead Levels - Blood lead level of ≥ 5 micrograms/deciliter within the past twelve months.	1	H	S
300 Series	Medical Conditions - *See <i>Clinical/Health/Medical Conditions List</i> for definitions, codes, and risk level (high or low).	1	L/H	U

Compass Code	Name/Definition	Priority	Risk	User or System Assigned
411	INAPPROPRIATE NUTRITION PRACTICES FOR INFANTS: 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	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. 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	Routinely using nursing bottles or cups improperly. ▶ Using a bottle to feed fruit juice. ▶ Feeding any sugar-containing fluids, such as soda/soft drinks, gelatin water, corn syrup solutions, and sweetened tea. ▶ Allowing the infant to fall asleep or be put to bed with a bottle at naps or bedtime. ▶ Allowing the infant to use the bottle without restriction (e.g. walking around with a bottle) or as a pacifier. ▶ Propping the bottle when feeding. ▶ Allowing an infant to carry around and drink throughout the day from a covered or training cup. ▶ Adding any food (cereal or other solid foods) to the infant’s bottle.	4	L	U
411C	Routinely offering complementary foods* or other substances that are inappropriate in type or timing. 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	Name/Definition	Priority	Risk	User or System Assigned
411D	<p>Routinely using feeding practices that disregard the developmental needs or stage of the infant.</p> <ul style="list-style-type: none"> ▶ Inability to recognize, insensitivity to, or disregarding the infant’s cues for hunger and satiety (e.g., forcing an infant to eat a certain type and/or amount of food or beverage or ignoring an infant’s hunger cues). ▶ Feeding foods of inappropriate consistency, size, or shape that put infants at risk of choking. ▶ Not supporting an infant’s need for growing independence with self-feeding (e.g., solely spoon-feeding an infant who is able and ready to finger-feed and/or try self-feeding with appropriate utensils). ▶ Feeding an infant 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). 	4	L	U
411E	<p>Feeding foods to an infant that could be contaminated with harmful microorganisms or toxins.</p> <p>Examples of potentially harmful foods:</p> <ul style="list-style-type: none"> ▶ Unpasteurized fruit or vegetable juice; ▶ Unpasteurized dairy products or soft cheeses such as feta, Brie, Camembert, blue-veined, and Mexican-style cheese; ▶ Honey (added to liquids or solid foods, used in cooking, as part of processed foods, on a pacifier, etc.); ▶ Raw or undercooked meat, fish, poultry, or eggs; ▶ Raw vegetable sprouts (alfalfa, clover, bean, and radish); ▶ Deli meats, hot dogs, and processed meats (avoid unless heated until steaming hot). ▶ Donor human milk acquired directly from individuals or the Internet. 	4	L	U
411F	<p>Routinely feeding inappropriately diluted formula.</p> <ul style="list-style-type: none"> ▶ Failure to follow manufacturer’s mixing instructions (to include stretching formula for household economic reasons). ▶ Failure to follow specific instructions accompanying a prescription. 	4	L	U
411G	<p>Routinely limiting the frequency of nursing of the exclusively breastfed infant when human milk is the sole source of nutrients.</p> <p>Examples of inappropriate frequency of nursing:</p> <ul style="list-style-type: none"> ▶ Scheduled feedings instead of demand feedings; and ▶ Less than 8 feedings in 24 hours if less than 2 months of age. 	4	L	U

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

Compass Code	Name/Definition	Priority	Risk	User or System Assigned
411K	<p>Routinely not providing dietary supplements recognized as essential by national public health policy when an infant's diet alone cannot meet nutrient requirements.</p> <ul style="list-style-type: none"> ▶ Infants who are 6 months of age or older who are ingesting less than 0.25 mg of fluoride daily when the water supply contains less than 0.3 ppm fluoride. ▶ Infants who are exclusively breastfed, or who are ingesting less than one liter (or 1 quart) per day of vitamin D-fortified formula and are not taking a supplement of 400 IU of vitamin D. 	4	L	U
428	<p>Dietary Risk Associated with Complementary Feeding Practices - Infant 4-12 months of age who has begun to or is expected to begin to:</p> <ol style="list-style-type: none"> 1) consume complementary foods and beverages, 2) eat independently, 3) be weaned from breast milk or infant formula, or 4) transition from a diet based on infant/toddler foods to one based on the <i>Dietary Guidelines for Americans</i>. <p>Note: 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>Possibility of Regression - A participant who has previously been certified eligible for the Program may be considered to be at nutritional risk in the next certification period if the Competent WIC Authority (CWA) determines there is a possibility of regression in nutritional status without the benefits that the WIC Program provides.</p> <p>Note: Regression cannot be assigned to a participant two certification periods in a row.</p>	4	L	U
502	<p>Transfer of Certification - 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>Breastfeeding Complications or Potential Complications - Breastfed infant with any of the following complications or potential complications for breastfeeding:</p> <ul style="list-style-type: none"> ▶ jaundice ▶ weak or ineffective suck ▶ difficulty latching onto mother's breast ▶ inadequate stooling (for age, as determined by a physician or other health care professional), and/or less than 6 wet diapers per day. <p>Note: 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	Name/Definition	Priority	Risk	User or System Assigned
701	<p>Infant Up to 6 Months Old of WIC Mother or of a Woman Who Would Have Been Eligible During Pregnancy -</p> <p>Infant < 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>Breastfeeding Infant of Woman at Nutritional Risk -</p> <p>Priority 1 infant</p> <p>Priority 2 infant</p> <p>Priority 4 infant</p> <p>Note: Infant must be the same priority as at-risk mother</p>	1 2 4	L L L	S S S
703	<p>Infant Born of Woman with Mental Retardation or Alcohol or Drug Abuse during Most Recent Pregnancy-</p> <p>Infant born of a woman:</p> <ul style="list-style-type: none"> ▶ With presence of mental retardation diagnosed, documented, or reported by a physician or psychologist or someone working under a physicians orders, or as self-reported by applicant/participant/caregiver; or ▶ Documentation or self-report of any use of alcohol or illegal drugs during most recent pregnancy. 	1	H	U
801	<p>Homelessness -</p> <p>Infant who lacks a fixed and regular nighttime residence; or whose primary nighttime residence is:</p> <ul style="list-style-type: none"> ▶ A supervised publicly or privately operated shelter (including a welfare hotel, a congregate shelter, or a shelter for victims of domestic violence) designed to provide temporary living accommodations; ▶ An institution that provides a temporary residence for individuals intended to be institutionalized; ▶ A temporary accommodation of not more than 365 days in the residence of another individual; or ▶ A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings. 	4	L	U
802	<p>Migrancy -</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

Compass Code	Name/Definition	Priority	Risk	User or System Assigned
901	<p>Recipient of Abuse - 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
902	<p>Infant of Primary Caregiver with Limited Ability to Make Feeding Decisions and/or Prepare Food - Infant whose primary caregiver is assessed to have a limited ability to make appropriate feeding decisions and/or prepare food. Examples include care givers who are: <ul style="list-style-type: none"> ▶ ≤ 17 years of age; ▶ Mentally disabled/delayed and/or have a mental illness such as clinical depression (diagnosed by a physician or licensed psychologist); ▶ Physically disabled to a degree which restricts or limits food preparation abilities; or ▶ Currently using or having a history of abusing alcohol or other drugs. </p>	4	L	U
903	<p>Foster Care - 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>Environmental Tobacco Smoke Exposure (ETS) - 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

CHILD

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>At Risk of Underweight - <i>Child \geq 12 months to <24 months:</i> > 2nd percentile and \leq 5th percentile weight-for-length</p> <p><i>Child 2-5 years of age:</i> > 5th percentile and \leq 10th percentile Body Mass Index (BMI)-for-age</p>	3	L	S
103B	<p>Underweight - <i>Child \geq 12 months to <24 months:</i> \leq 2nd percentile weight-for-length</p> <p>Note: CDC labels the 2.3rd percentile as the 2nd percentile on the Birth to 24 months gender specific growth charts.</p> <p><i>Child 2-5 years of age:</i> \leq 5th percentile Body Mass Index (BMI)-for-age</p>	3	H	S
113	<p>Obese - <i>Child 2-5 years of age:</i> \geq 95th percentile Body Mass Index (BMI)-for-age</p> <p>Note: standing height only</p>	3	H	S
114	<p>Overweight - <i>Child 2-5 years of age:</i> \geq 85th and < 95th percentile Body Mass Index (BMI)-for-age</p>	3	L	S
	<p>At Risk of Overweight - <i>Child \geq 12 months to 5 years of age:</i> Biological mother** and/or biological father with a BMI \geq 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 <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
115	<p>High Weight-for-Length - <i>Child \geq 12 months to < 24 months of age:</i> > 98th percentile weight-for-length as plotted on the CDC Birth to 24 months gender specific growth charts.</p> <p>Note: CDC labels the 97.7th percentile as the 98th percentile on the Birth to 24 months gender specific growth charts.</p>	3	L	S

Compass Code	Name/Definition	Priority	Risk	User or System Assigned
121A	<p>At Risk for Short Stature - <i>Child \geq 12 months to < 24 months of age:</i> > 2nd percentile and \leq 5th percentile length-for-age as plotted on the CDC Birth to 24 months gender specific growth charts.</p> <p>Note: CDC labels the 2.3rd percentile as the 2nd percentile on the Birth to 24 months gender specific growth charts.</p> <p>Note: Assignment for a child with a history of prematurity is based on adjusted gestational age.</p> <p><i>Child 2-5 years of age:</i> > 5th percentile and \leq 10th percentile height-for-age.</p>	3	L	S
121B	<p>Short Stature - <i>Child \geq 12 months to < 24 months of age:</i> < 2nd percentile length-for-age as plotted on the CDC Birth to 24 months gender specific growth charts.</p> <p>Note: CDC labels the 2.3rd percentile as the 2nd percentile on the birth to 24 months gender-specific growth charts.</p> <p>Note: Assignment for a child with a history of prematurity is based on adjusted gestational age.</p> <p><i>Child 2-5 years of age:</i> \leq 5th percentile height-for-age</p>	3	L	S
134	<p>Failure to Thrive - Presence of failure to thrive (FTT) diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self reported by endorser/caregiver.</p>	3	H	U
135	<p>Inadequate Growth - Any weight gain that is less than the expected weight gain from the <i>Minimum Expected Weight Gain (MEWG)</i> Table using current weight and the most recent previous weight.</p> <p>High Risk Identification: Refer to the WIC High Risk Counselor within 30 days when at least one of the following conditions is also present:</p> <ul style="list-style-type: none"> ▶ Growth drops two channels in 6 months or less for weight-for-age, length/height-for-age, or weight-for-length/height, or BMI-for-age; or ▶ Weight loss or no weight gain between two weights taken at least 3 months and no more than 6 months apart; or ▶ Both weight-for-age and length-for-age are less than the 5th percentile. 	3 3	L H	U U

Compass Code	Name/Definition	Priority	Risk	User or System Assigned
	<p>Exception: <i>Child was previously assigned NRF 113 (BMI for age was \geq the 95th percentile). At current WIC visit, child's growth does not meet minimum expected weight gain. Refer to the WIC High Risk Counselor only when one or both of the following conditions are present:</i></p> <ul style="list-style-type: none"> • <i>Current weight is < 75th percentile BMI-for-age; - or -</i> • <i>Weight loss or inadequate weight gain was due to illness, food insecurity, or improper dietary/feeding practices.</i> 			
141A	<p>Low Birth Weight - <i>Child < 24 months of age:</i> Birth weight defined as \leq 5 pounds 8 ounces (\leq 2500 grams)</p>	3	L	S
141B	<p>Very Low Birth Weight - <i>Child < 24 months of age:</i> Birth weight defined as \leq 3 pounds 5 ounces (\leq 1500 grams)</p>	3	L	S
142	<p>Prematurity - <i>Child < 24 months of age:</i> Born \leq 37 weeks/0 days gestation</p>	3	L	U
151	<p>Small for Gestational Age (SGA) - <i>Child < 24 months of age:</i> Diagnosed as small for gestational age.</p>	3	L	U
201	<p>Low Hematocrit/Low Hemoglobin - Hemoglobin value below those listed in <i>Hemoglobin Levels Indicating NRF #201</i> table.</p>	3	L	S
201B	<p>Severely Low Hematocrit/Hemoglobin - 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.</p>	3	H	U
211	<p>Elevated Blood Lead Levels - Blood lead level of \geq 5 micrograms/deciliter within the past twelve months.</p>	3	H	S
300 Series	<p>Medical Conditions - *See <i>Clinical/Health/Medical Conditions List</i> for definitions, codes, and risk level (high or low).</p>	3	L/H	U
401	<p>Failure to Meet Dietary Guidelines for Americans - Child \geq 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).</p> <p>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.</p>	5	L	U

Compass Code	Name/Definition	Priority	Risk	User or System Assigned
425	INAPPROPRIATE NUTRITION PRACTICES FOR CHILDREN - Routine use of feeding practices that may result in impaired nutrient status, disease, or health problems.	5	L	U
425A	Routinely feeding inappropriate beverages as the primary milk source - Examples of inappropriate beverages as primary milk source: ▶ Non-fat or reduced-fat milks between 12 and 24 months of age only (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	Routinely feeding a child any sugar-containing fluids - Examples of sugar-containing fluids: ▶ Soda/soft drinks ▶ Gelatin water ▶ Corn syrup solutions; and ▶ Sweetened tea	5	L	U
425C	Routinely using nursing bottles, cups, or pacifiers inappropriately - ▶ Using a bottle to feed: • Fruit juice, or • Diluted cereal or other solid foods. ▶ Allowing the child to fall asleep or be put to bed with a bottle at naps or bedtime. ▶ Allowing the child to use the bottle without restriction (e.g., walking around with a bottle) or as a pacifier. ▶ Using a bottle for feeding or drinking beyond 14 months of age. ▶ Using a pacifier dipped in sweet agents such as sugar, honey, or syrups. ▶ Allowing a child to carry around and drink throughout the day from a covered or training cup.	5	L	U

Compass Code	Name/Definition	Priority	Risk	User or System Assigned
425D	<p>Routinely using feeding practices that disregard the developmental needs or stages of the child -</p> <ul style="list-style-type: none"> ▶ 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). ▶ Feeding foods of inappropriate consistency, size, or shape that puts child at risk of choking. ▶ Not supporting a child's need for growing independence with self-feeding (e.g., solely spoon-feeding a child who is able and ready to finger-feed and/or try self-feeding with appropriate utensils). ▶ Feeding a child food with an inappropriate texture based on his/her developmental stage (e.g., feeding primarily pureed or liquid foods when the child is ready and capable of eating mashed, chopped or appropriate finger foods). 	5	L	U
425E	<p>Feeding foods to a child that could be contaminated with harmful microorganisms or toxins- Examples of potentially harmful foods for a child:</p> <ul style="list-style-type: none"> ▶ Unpasteurized fruit or vegetable juice; ▶ Unpasteurized dairy products or soft cheeses such as feta, Brie, Camembert, blue-veined, and Mexican-style cheese; ▶ Raw or undercooked meat, fish, poultry, or eggs; ▶ Raw vegetable sprouts (alfalfa, clover, bean, and radish); and ▶ Deli meat, hot dogs, and processed meats (avoid unless heated until steaming hot). 	5	L	U
425F	<p>Routinely feeding a diet very low in calories and/or essential nutrients - Examples:</p> <ul style="list-style-type: none"> ▶ Vegan diet; ▶ Macrobiotic diet; and ▶ Other diets very low in calories and/or essential nutrients. 	5	L	U
425G	<p>Feeding dietary supplements with potentially harmful consequences - Examples of dietary supplements which when fed in excess of recommended dosage may be toxic or have harmful consequences:</p> <ul style="list-style-type: none"> ▶ Single or multi-vitamins; ▶ Mineral supplements; and ▶ Herbal or botanical supplements/remedies/teas. 	5	L	U

Compass Code	Name/Definition	Priority	Risk	User or System Assigned
425H	<p>Routinely not providing dietary supplements recognized as essential by national public health policy when a child's diet alone cannot meet nutrient requirements -</p> <ul style="list-style-type: none"> ▶ Providing child < 36 months of age less than 0.25 mg of fluoride daily when the water supply contains less than 0.3 ppm fluoride. ▶ 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. ▶ 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. 	5	L	U
425I	<p>Routine ingestion of nonfood items (pica) -Examples of inappropriate nonfood items:</p> <ul style="list-style-type: none"> ▶ Ashes; ▶ Carpet fibers; ▶ Cigarettes or cigarette butts; ▶ Clay; ▶ Dust; ▶ Foam rubber; ▶ Paint chips; ▶ Soil; and ▶ Starch (laundry or cornstarch). 	5	L	U
428	<p>Dietary Risk Associated with Complementary Feeding Practices - Child ≥ 12 to < 24 months of age who has begun to or is expected to begin to:</p> <ol style="list-style-type: none"> 1) Consume complementary foods and beverages, 2) Eat independently, 3) Be weaned from breast milk or infant formula, or 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 <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	Name/Definition	Priority	Risk	User or System Assigned
501	<p>Possibility of Regression - A participant who has previously been certified eligible for the Program may be considered to be at nutritional risk in the next certification period if the Competent WIC Authority (CWA) determines there is a possibility of regression in nutritional status without the benefits that the WIC Program provides.</p> <p>Note: Regression cannot be assigned to a participant two certification periods in a row.</p>	5	L	U
502	<p>Transfer of Certification - 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>Homelessness - Child who lacks a fixed and regular night time residence; or whose primary night time residence is:</p> <ul style="list-style-type: none"> ▶ A supervised publicly or privately operated shelter (including a welfare hotel, a congregate shelter, or a shelter for victims of domestic violence) designed to provide temporary living accommodations; ▶ An institution that provides a temporary residence for individuals intended to be institutionalized; ▶ A temporary accommodation of not more than 365 days in the residence of another individual; or ▶ A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings. 	5	L	U
802	<p>Migrancy - Child who is a member of a family that contains at least one individual:</p> <ul style="list-style-type: none"> ▶ 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. 	5	L	U
901	<p>Recipient of Abuse - 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	Name/Definition	Priority	Risk	User or System Assigned
902	<p>Child of Primary Caregiver with Limited Ability to Make Feeding Decisions and/or Prepare Food - Child whose primary caregiver is assessed to have a limited ability to make appropriate feeding decisions and/or prepare food. Examples may include caregivers who are:</p> <ul style="list-style-type: none"> ▶ ≤ 17 years of age; ▶ Mentally disabled/delayed and/or have a mental illness such as clinical depression (diagnosed by a physician or licensed psychologist); ▶ Physically disabled to a degree which restricts or limits food preparation abilities; ▶ Currently using or having a history of abusing alcohol or other drugs. 	5	L	U
903	<p>Foster Care - 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>Environmental Tobacco Smoke Exposure (ETS) - Exposure to smoke from tobacco products inside the home.</p> <p>Note: ETS is also known as passive, secondhand, or involuntary smoke.</p>	3	L	U

Clinical/Health/Medical Conditions

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			
311	History of Preterm Delivery	Birth of an infant at ≤ 37 weeks gestation: (<i>Low Risk</i>) Pregnant: Any history of preterm delivery Breastfeeding/Non- Breastfeeding: Most recent pregnancy	X					
312	History of Low Birth Weight	Birth of an infant weighing ≤ 5 pounds 8 ounces (≤ 2500 gm). (<i>Low Risk</i>) Pregnant: Any history of low birth weight Breastfeeding/Non-Breastfeeding: 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"> • 321A Pregnant: Any history of fetal or neonatal death or 2 or more spontaneous abortions. • 321B Breastfeeding: 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. • 321C Non-Breastfeeding: Spontaneous abortion, fetal or neonatal loss in most recent pregnancy. <p><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.</p>	X					
331	Pregnancy at a Young Age** **System assigned	331A: < 16 years (<i>High Risk</i>) 331B: 16 to < 18 years (<i>Low Risk</i>) Pregnant: Current pregnancy Breastfeeding/Non-Breastfeeding: Most recent pregnancy	X	X	X			

NRF Code	Compass Description	Definition	Categories				
			P	B	N	I	C
332	Closely Spaced Pregnancies** **System assigned	Conception before 16 months postpartum for the following: (<i>Low Risk</i>) Pregnant: Current pregnancy Breastfeeding/Non-Breastfeeding: Most recent pregnancy	X	X	X		
333	High Parity and Young Age** **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>) Pregnant: Current pregnancy Breastfeeding/Non-Breastfeeding: Most recent pregnancy	X	X	X		
334	Lack of or Inadequate Prenatal Care	Prenatal care beginning after the 1 st trimester (after 13 th week). (<i>Low Risk</i>)	X				
335	Multi-fetal Gestation	More than one fetus in: Pregnant: the current pregnancy (<i>Low Risk</i>) Breastfeeding: the most recent pregnancy (<i>High Risk</i>) Non-Breastfeeding: the most recent pregnancy (<i>Low Risk</i>)	X	X	X		
336	Fetal Growth Restriction (FGR)*	Fetal weight <10 th percentile for gestational age. (<i>High Risk</i>) <i>Note:</i> 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	History of Birth of a Large for Gestational Age Infant*	Pregnant: Any history of giving birth to an infant weighing \geq 9 pounds (4000 grams). (<i>Low Risk</i>) Breastfeeding/Non-Breastfeeding: Most recent pregnancy, or history of giving birth to an infant weighing \geq 9 pounds (4000 grams). (<i>Low Risk</i>)	X	X	X		
338	Pregnant Woman Currently Breastfeeding	Breastfeeding woman now pregnant. (<i>Low Risk</i>)	X				
339	History of Birth with a Nutrition Related Congenital or Birth Defect*	A woman who has given birth to an infant who has a congenital or birth defect linked to inappropriate nutritional intake, e.g. inadequate zinc, folic acid, excess vitamin A. (<i>Low Risk</i>) Pregnant: Any history of birth with nutrition-related congenital or birth defect. Breastfeeding/Non-Breastfeeding: Most recent pregnancy	X	X	X		

NRF Code	Compass Description	Definition	Categories				
			P	B	N	I	C
341	Nutrient Deficiency Diseases*	<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"> • Protein energy malnutrition • Scurvy • Rickets • Vitamin K deficiency • Pellagra • Cheilosis • Beriberi • Hypocalcemia • Osteomalacia • Menkes disease • Xerophthalmia 	X	X	X	X	X
342	Gastro-intestinal Disorders*	<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"> • Gastroesophageal reflux disease (GERD) • Peptic ulcer • Post-bariatric surgery • Short bowel syndrome • Inflammatory bowel disease, (including ulcerative colitis or Crohn's disease) • Liver disease • Pancreatitis • Biliary tract disease 	X	X	X	X	X
343	Diabetes Mellitus*	<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	Thyroid Disorders*	<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"> • Hyperthyroidism • Hypothyroidism • Congenital Hyperthyroidism • Congenital Hypothyroidism • Postpartum Thyroiditis 	X	X	X	X	X

NRF Code	Compass Description	Definition	Categories				
			P	B	N	I	C
345	Hypertension and Prehypertension*	Presence of Hypertension or Prehypertension. <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"> • Epilepsy • Cerebral palsy (CP) • Neural tube defects (NTD), such as spina bifida • Parkinson's disease • Multiple sclerosis (MS) 	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"> • Cleft lip or palate • Down's syndrome • Muscular dystrophy • Thalassemia major • Sickle cell anemia (not sickle cell trait) 	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"> • Amino acid disorders • Organic acid metabolism disorders • Fatty acid oxidation disorders • Lysosomal storage diseases • Urea cycle disorders • Carbohydrate disorders • Peroxisomal disorders • Mitochondrial disorders 	X	X	X	X	X

NRF Code	Compass Description	Definition	Categories				
			P	B	N	I	C
352	Infectious Diseases*	<p>A disease caused by growth of pathogenic microorganisms in the body severe enough to affect nutritional status. The infectious disease must be present within the past 6 months. Includes, but is not limited to: (<i>High Risk</i>)</p> <ul style="list-style-type: none"> • Tuberculosis • Pneumonia • Meningitis • Parasitic infections • Hepatitis • Bronchiolitis (3 episodes in last 6 months) • HIV (Human Immunodeficiency Virus infections) • AIDS (Acquired Immunodeficiency Syndrome) 	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><i>Note:</i> 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>Clarification: 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

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> <i>Note:</i> 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> <i>Note:</i> 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"> • Self-induced vomiting • Purgative abuse • Alternating periods of starvation • Use of drugs such as appetite suppressants, thyroid preparations or diuretics • Self-induced marked weight loss <i>Note:</i> 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"> • Within the past two months may be self reported. • 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. 	X	X	X	X	X

NRF Code	Compass Description	Definition	Categories				
			P	B	N	I	C
360	Other Medical Conditions *	Diseases or conditions with nutritional implications that are not included in any of the other medical conditions. The current condition, or treatment for the condition, must be severe enough to affect nutritional status. This includes, but is not limited to: <i>(High Risk)</i> <ul style="list-style-type: none"> • Juvenile Rheumatoid Arthritis (JRA) • Persistent Asthma (moderate or severe) requiring daily medication • Cardio Respiratory Diseases • Cystic Fibrosis • Lupus Erythematosus • Heart Disease 	X	X	X	X	X
361	Depression*	Presence of clinical depression, including postpartum depression. <i>(High Risk)</i>	X	X	X		
362	Developmental, Sensory or Motor Disabilities Interfering with the Ability to Eat	Developmental, sensory, or motor disabilities that restrict the ability to chew or swallow food or require tube feeding to meet nutritional needs. Disabilities include but are not limited to: <i>(High Risk)</i> <ul style="list-style-type: none"> • Minimal brain function • Feeding problems due to a developmental disability such as pervasive development disorder (PDD) which includes autism • Birth injury • Head trauma • Brain damage • Other disabilities 	X	X	X	X	X
363	Pre-Diabetes*	Impaired fasting glucose (IFG) and/or impaired glucose tolerance (IGT) are referred to as pre-diabetes. These conditions are characterized by hyperglycemia that does not meet the diagnostic criteria for diabetes mellitus. <i>(High Risk)</i>		X	X		
371	Maternal Smoking	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 Illegal Drug Use **system assigned based on Pregnant Woman Nutrition Interview 3f	372A Pregnant: <ul style="list-style-type: none"> Any current alcohol use** (<i>High Risk</i>) Breastfeeding (<i>High Risk</i>) and Non-Breastfeeding Postpartum (<i>Low Risk</i>): <ul style="list-style-type: none"> Routine current use of ≥ 2 drinks per day; or Binge drinking, i.e., drinks 5 or more drinks on the same occasion on at least one day in the past 30 days; or Heavy Drinking, i.e., drinks 5 or more drinks on the same occasion on five or more days in the previous 30 days <i>Note:</i> One drink is 1 can (12 oz) of beer; 5 oz wine; 1 ½ fluid oz liquor	X				
		372B Pregnant: <ul style="list-style-type: none"> Any current illegal drug use. (<i>High Risk</i>) Breastfeeding and Non-Breastfeeding Postpartum: (<i>High Risk</i>) <ul style="list-style-type: none"> Any current illegal drug use 	X		X		
381	Oral Health Conditions*	Oral health conditions include, but are not limited to: (<i>Low Risk</i>) <ul style="list-style-type: none"> Dental caries, often referred to as “cavities” or “tooth decay” Periodontal diseases (stages include gingivitis and periodontitis) Tooth loss, ineffectively replaced teeth or oral infections which impair the ability to ingest food in adequate quantity or quality <i>Note:</i> Evidence of the condition may be documented by the WIC staff	X	X	X	X	X
382	Fetal Alcohol Syndrome*	Fetal Alcohol Syndrome (FAS) is based on the presence of retarded growth, a pattern of facial abnormalities, and abnormalities of the central nervous system, including mental retardation. (<i>High Risk</i>)				X	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

Mid-Certification Risk

Should, at a mid-certification visit, the user identify a nutritional risk factor (NRF) not entered during the certification visit, that NRF should be added to the participant record. This is important because it identifies an additional NRF to address with counseling and could potentially newly classify the participant as high risk. If any anthropometric data (height/length, weight) or blood information is entered, a risk assessment through the Determine Risk button should be completed on the Risk panel to determine if a potential system assigned anthro/blood risk is applicable.

Reclassification (Breastfeeding to Postpartum)

If a woman, who is certified as breastfeeding, indicates that she is no longer breastfeeding and is within the first 6-months of her certification period, she must be reclassified as postpartum non-breastfeeding.

Review nutrition risk factors assigned for certification as a breastfeeding woman to ensure that at least one will also qualify the woman as a non-breastfeeding, postpartum woman. If there is no applicable risk factor, conduct another assessment to identify her qualifying nutrition risk factor(s).

In counties not serving priority 6 postpartum women, a woman who ceases to breastfeed before 6-months postpartum should be issued 15 days more benefits (from the date she notifies the WIC clinic she is no longer breastfeeding) and be reclassified as ineligible. If the county has a Commodity Supplemental Foods Program that serves postpartum women, refer the woman there.

Regression

Because the WIC Program is a prevention program, participants may remain on the Program when all WIC eligibility requirements are met but there is a possibility of regression in nutritional status without the supplemental foods. The risk factor NRF 501 *Possibility of Regression* may not be assigned at the initial certification period. **If the Competent WIC Authority (CWA) determines the participant could potentially revert to their previous poor nutritional status, then the participant may be recertified using nutrition risk factor NRF 501 *Possibility of Regression* however, regression cannot be assigned to a participant two certification periods in a row.** An explanation for this action must be documented in the Participant's Care Plan in Compass.

The risk factor *Possibility of Regression* May not be used at the initial certification period. *Possibility of Regression* is to be used at recertification, for only one recertification period.

Prenatal Weight Gain

Local agency staff must use the following recommendations when assessing for optimum amount of weight gain during pregnancy. These standards apply to pregnant adults and teenagers.

These recommendations are based on the 2009 Institute of Medicine (IOM) report: *Weight Gain During Pregnancy: Reexamining the Guidelines* which updated the weight categories in: *Nutrition During Pregnancy, Part 1 Weight Gain*, National Academy Press, Washington, D.C., 1990, the 1998 update to this report, and additional existing data.

Recommended weight gain for:

- Underweight women (BMI of <18.5) is 28-40 pounds.
- Normal weight women (BMI 18.5 - 24.9) are 25-35 pounds.
- Overweight women (BMI 25.0 to 29.9) is 15-25 pounds, with an emphasis on maintaining weight at the lower end of the weight gain curve.
- Obese women (BMI \geq 30) is 11-20 pounds, with an emphasis on maintaining weight at the lower end of the weight gain curve.
- Women of short stature (under 62") should gain weight at the low end of the weight gain range for their weight categories.
- Smokers should be advised to gain weight toward the high end of each weight gain curve for their weight category.
- Multifetal gestations: For twins, the recommended range of maternal gain for normal weight women is 37-54 pounds; overweight women 31-50 pounds; and obese women, 25-42 pounds. Currently, insufficient data exists to provide provisional recommendations for a woman who is underweight. A consistent gain of 1.5 pounds/week during the second and third trimester is associated with a reduced risk of preterm and low-birth weight delivery in twin pregnancy. Four to six pounds should be gained the first trimester. In triplet pregnancies the overall gain should be around 50 pounds with a steady rate of gain of approximately 1.5 pounds per week throughout the pregnancy. Because

the 2009 IOM recommendations for the above recommendations are provisional, NRF for inadequate growth (131) and high maternal weight (133) should not be assigned to a woman with multifetal gestation. A steady rate of weight gain that is higher than for singleton pregnancies should be recommended.

Record and track a pregnant woman's weight gain in Compass. See the Prenatal Module for more information on recommended weight gain during pregnancy and for instructions on using the Prenatal Weight Gain Grid.

Growth Percentiles and Risking for NRF 135 - Inadequate Growth

Compass automatically calculates changes in growth and plots growth percentiles based on entered height and weight measurement values. Based on the percentiles calculated, Compass assigns a number of growth-related risk factors.

Height and weight measurements must be entered in Compass for infants and children at every certification, mid-certification and recertification. The following must occur to ensure accurate calculations and plotting of growth:

- Child younger than 2 years of age: must be measured using the infant length board and weighed on the infant scale (sitting or lying down). Compass plots these measurements using the *WHO Growth Charts Birth to 24 months*.
- Child 2 years of age or older: standing height is measured using a stadiometer (wall-mounted device) and weight is measured using an adult scale. Compass plots using the *CDC 2 to 5 years of age Growth Charts*. Note: if a child > 24 months is measured recumbently, staff must choose "Recumbent > 24 months" in Compass.
- Postpartum teens-breastfeeding or not: Compass uses the adult BMI cutoffs to evaluate for underweight or overweight.

Compass assigns *NRF 135 Inadequate Growth* when the infant is less than one month of age.

The WIC User assigns *NRF 135 Inadequate Growth* when the infant or child is over one month of age. There is no reason to calculate for inadequate growth when the infant or child is following their growth channel. Growth is considered adequate when the growth plots follow their growth channel.

However, a measurement that plots outside of the child's growth channel indicates the need for further study. The minimum amount of expected weight gain is determined using the Minimum Expected Weight Gain (MEWG) tables. When an infant or child's (one month of age and older) actual weight gain is less than the ounces calculated using the MEWG tables for that same time period, assign *NRF 135 Inadequate Growth*. All numbers in the MEWG tables are given in ounces.

Follow these steps to assess for inadequate growth using the MEWG tables from the Mini Manual:

Infants from 1 month to 12 months of age (MEWG tables #1-4):

On the Weight for Age chart accessed from the Anthropometric Panel:

1. Look at the previous measure record.
2. Note the age in months and days.
3. Look at today's measurement record.
4. Note the age in months and days.
5. Use the chart below to convert the age to months and weeks.

To calculate weeks from days:

- From 0 to 5 days = 0 weeks
 - From 6 to 11 days = 1 week
 - From 12 to 18 days = 2 weeks
 - From 19 to 25 days = 3 weeks
 - Over 25 days, add a month and 0 week
6. Using the MEWG Charts (Attachment 135-A, Tables #1-4 in the Mini Manual), determine the minimum expected weight gain.
 7. Look at the Wt Chg (Weight Change) between the last two visits and convert to ounces.
 8. If the weight change is less than the minimum expected weight gain, check the "135 - Inadequate Growth" box on the anthropometric panel.

9. If the period of time between the last two weights recorded cannot be assessed using the MEWG tables, then inadequate growth cannot be assessed.
10. Infants assigned NRF 135 who are less than 1 month of age must receive high risk consultation within 24 hours. Infants older than 1 month of age assigned NRF 135 must receive high risk consultation within 30 days of risk identification.

Children over 12 months of age (MEWG table #5):

On the Weight for Age chart accessed from the Anthropometric panel:

1. Look at the age in years and months next to the previous measurement date.
2. Look at the age in years and months next to today's measurement date.
3. Determine the difference in time between today's age and the age of the previous measurements.
4. Use the MEWG Chart for children > 12 months (MEWG Table #5) to determine the minimum expected weight gain.

Example:

Today's age: 3 years 2 months
 Previous age: 2 years 8 months
 Difference: 6 months
 MEWG: 16.2 ounces (6 months x 2.7 ounces)

Table #5 Minimum Expected Weight Gain (MEWG)*

Change in months	Weight Change
3	8.1 ounces
4	10.8 ounces
5	13.5 ounces
6	16.2 ounces
7	18.9 ounces

*Children's MEWG per month = 2.7 ounces

1. If the weight change is less than the minimum expected weight gain, check the "135 - Inadequate Growth" box on the anthropometric panel.
2. Assignment of NRF 135 to children can be either low or high risk.

NRF 135 High Risk Criteria for Children

Assign High Risk and refer to the WIC High Risk Counselor within 30 days when at least one of the following conditions is also present:

- Growth drops two channels in 6 months or less for weight-for-age, length/height-for-age, or weight-for-length/height, or BMI-for-age; or
- Weight loss or no weight gain between two weights taken at least 3 months and no more than 6 months apart; or
- Both weight-for-age and length-for-age are less than the 5th percentile.

Exception:

Child was previously assigned NRF 113 (BMI for age was \geq the 95th percentile). At current WIC visit, child's growth does not meet minimum expected weight gain. Refer to WIC High Risk Counselor only when one or both of the following conditions are present:

- Current weight is below the 75th percentile BMI-for-age; -or-
- Weight loss or inadequate weight gain was due to illness, food insecurity, or improper dietary/feeding practices.

Processing Standards

Local agencies will process all applications for Program benefits made either by phone, in writing, or in person within the following time frames and in the following manner. Each local agency must routinely schedule appointments for applicants/participants who are employed or who reside in rural areas by addressing their special needs through the adoption of procedures and practices to minimize the time participants and applicants must spend away from work and the distances applicants and participants must travel.

This shall include at least one of the following procedures: appointment scheduling, adjustment of clinic hours and/or location, or remote benefit issuance.

- All pregnant women, members of migrant populations, and homeless individuals must be screened and notified of program eligibility/ineligibility within 10 calendar days of the date of their first request for an appointment to receive program benefits. The State Office may provide an extension of this notification period to 15 days for local agencies that make a written request including a justification of the need for an extension.
- All other likely to be served applicants must be screened and notified of their eligibility/ineligibility within 20 calendar days of the date of their first request for an appointment to receive program benefits.
 - ✓ Likely to be served applicants include all priority and age groups the agency is currently serving. All applicants found eligible must be given food benefits. on the same day they are told they are eligible. Exception: Local agencies may issue food benefits remotely to those participants who meet the criteria for remote benefit issuance.

Waiting List

When funds are insufficient to support Colorado WIC Program's active enrollment, the following procedures will be implemented to reduce caseload. Caseload reductions must be made as equitable as possible to ensure participants have equal access to Program benefits throughout the state. All local agency WIC clinics in Colorado must follow the same procedure. Caseload reduction is achieved through activation of waiting lists. A waiting list is a list of individuals who have expressed interest in receiving WIC benefits and who are likely to be served when caseload slots become available.

The State agency determines when to activate waiting lists and which participant priorities to place on a waiting list. The waiting list process ensures that WIC services are provided to participants with the highest nutritional risk (lowest priority). The decision regarding which priorities to place on waiting lists is based on available funding and estimates of the cost to provide WIC services to groups of participants of identical priority. The State agency notifies the local WIC agencies in writing of the need for waiting lists, the type of waiting list, which priorities to place on the waiting list, and the implementation date.

Automated waiting list functionality in Compass

Access to the Clinic Services Administration>Waiting List panel is available to selected State Office staff only. On this panel, the State Office user defines the effective date of the waiting list and the specific participant categories and priorities that will be eligible for the waiting list.

There are two types of waiting lists - certified and uncertified. When waiting list status is activated, the State Agency will designate whether to implement one or both types:

Uncertified waiting lists include those applicants who expressed interest in applying for the WIC Program but have not been screened. These applicants must be placed on the list based on their highest potential priority (Priority 1 for pregnant and breastfeeding women and infants, Priority 3 for children and Priority 4 for postpartum women). Uncertified waiting lists are manually recorded on a log.

Certified waiting lists include applicants who have been certified eligible through screening, but whose priority is not currently being served. Certified waiting lists will be created by the computer system after the certification information has been entered into the computer. The lists will be grouped by priority.

Waiting List Components

Each local agency must keep a waiting list of all individuals who express interest in receiving WIC benefits, either in person or by telephone.

Active WIC participants who transfer in from the WIC Overseas Program must be placed ahead of all other transfers on the waiting list. Active WIC participants who transfer into the local program from within Colorado or from another state must receive the next available caseload slots, regardless of priority.

Any individual who specifically requests to be placed on a waiting list in person must be added to the list, regardless of their qualification status.

Actively enrolled participants who fail to keep their scheduled WIC appointments and then contact the local WIC program requesting to rescheduled appointment when that local program has no appointments available may be placed on the waiting list.

Equal treatment

An applicant who has never been on WIC must have the same access to available appointment slots as a participant who is applying for a second or subsequent certification. Civil rights regulations do not allow a request for information on ethnic classification as part of waiting list procedures.

Documentation

Each local agency will maintain the following data elements for each applicant entered in Compass:

- The applicant's name
- Address and/or phone number
- Applicant status (pregnant, breastfeeding, age of applicant, etc.)
- The date the applicant was placed on the waiting list.

Notifying Applicants

When applicants are present for certification, the local agency WIC user must:

- Screen every interested applicant for eligibility and priority.
- Notify applicants of their placement on a waiting list on the day of initial contact.
- Inform applicants regarding the need for a waiting list. Explain that the local program will serve highest priority applicants first when funding and caseloads are limited and that WIC services will be extended to as many eligible participants as possible.
- Once an applicant is on the waiting list, encourage them to contact the local program with address changes or new telephone numbers to facilitate future appointment scheduling.
- Refer all applicants to other health and social service agencies such as food banks, SNAP, etc.

Discontinuing Waiting lists

The State WIC Office determines when waiting lists will be discontinued and will provide local WIC agencies written notification and instructions. Generally, local agencies will perform the following:

- Contact the first person on the list, either by letter or telephone and schedule them for an appointment to determine eligibility. Make it clear that this is only to complete screening and does not mean that they will be automatically certified on the program.
- Document on the waiting list that notice was given.
- If the attempt is made to contact an applicant by phone and the individual cannot be reached, a follow up letter must be sent to notify the applicant to complete the screening process. Document that the letter was sent.
- Continue down the list and contact each person.
- Applicants who respond to the notification shall complete screening to determine eligibility. Check income if data is older than 30 days. Collect anthropometric and blood work data:
 - ✓ if not taken at time of application,
 - ✓ is >60 days old, or
 - ✓ does not reflect current participant category
- Drop an applicant from the list when they:
 - ✓ do not respond to notification after 15 days from the date of the letter;
 - ✓ miss their screening appointment;
 - ✓ are no longer categorically eligible (i.e. child turns 5); or
 - ✓ have completed the screening visit and determined to be either eligible or ineligible.

Priority System Definitions

Priority 1:

Pregnant women, breastfeeding women, and infants demonstrating nutritional risk by hematological or anthropometric measures or other documented medical conditions. When determining priority, both members of the breastfeeding pair (mother and infant) must be placed in the highest priority level for which either is eligible. This policy applies even if both members of the pair have independent NRFs. For example, a breastfeeding woman is risked for “Failure to Meet Dietary Guidelines” which makes her a priority 4. However, her infant measures underweight which qualifies the infant as a priority 1. Because of this, both the breastfeeding woman and her infant would be certified as priority 1 participants. Priority levels are reevaluated at each recertification.

Priority 2:

Except for those infants who qualify for Priority 1, infants (up to 6 months of age) born to a WIC participant or to a mother who was in medical/nutritional risk during pregnancy.

Priority 3:

Children demonstrating nutritional risk by hematological or anthropometric measurements or other documented medical conditions.

Priority 4:

Pregnant women, breastfeeding women, and infants demonstrating nutritional risk and additional risk factors as allowed by Federal regulations; and postpartum teens.

Priority 5:

Children demonstrating nutritional risk.

Priority 6:

Postpartum women at nutritional risk.

Certification for eligibility must be conducted at scheduled intervals to reevaluate the individual's residential, categorical, economic, and nutritional status. The following outline describes these specific intervals.

Length of Certification Periods

Pregnant Woman

- A pregnant woman is certified at time of entrance into the Program for the duration of her pregnancy and for up to 6 weeks postpartum.
- Within the 6 weeks postpartum period, she may be recertified as:
 - ✓ A non-breastfeeding woman until 6-months postpartum (based on termination of pregnancy). For example, when the agency is serving priority 6 participants, the pregnant woman can be recertified as a non-breastfeeding woman within 6 weeks of delivery. If she is recertified during this time period she receives postpartum food benefits. If the recertification is late (i.e., not done within 6 weeks), a woman can still be recertified as a non-breastfeeding and her new certification ends 6 months from the termination of her pregnancy.
 - OR
 - ✓ A breastfeeding woman for up to one year postpartum (based on delivery date), or until she stops breastfeeding, whichever occurs first.

Non-Breastfeeding, Postpartum Woman

- A non-breastfeeding woman may be certified within 6 months of termination of pregnancy and is terminated from the WIC program at 6 months from the termination of her pregnancy.

Breastfeeding Woman

- To be considered a breastfeeding woman, a woman must be breastfeeding an infant on the average of at least once a day.
- A breastfeeding woman may be initially certified at any time during the one-year postpartum period.
- A breastfeeding woman is certified until 1-year postpartum or until she stops breastfeeding, whichever occurs first.
- A breastfeeding woman will be terminated from the WIC Program no later than 1-year postpartum.

- If an agency is not serving non-breastfeeding women, a breastfeeding woman who stops breastfeeding before 6-months postpartum will be issued a minimum of 15-days benefits and then may no longer receive WIC benefits.
- If the agency is serving non-breastfeeding, postpartum women, and a breastfeeding woman stops breastfeeding before 6-months postpartum, staff must reclassify her to postpartum/non-breastfeeding (refer to Eligibility section, Subject: Reclassification).
- If a woman is partially breastfeeding her >6 month old infant who is receiving an out of range amount of formula, she remains eligible to receive all WIC Program benefits except food benefits.

Infant

- An infant from birth through 5 months of age may be certified at entrance into the Program until his/her first birthday.
- An infant who is 6 months to <12 months of age may be certified for 6 months.
- Category change from Infant to Child automatically occurs at the first recertification following their first birthday.

Child

- A child shall be certified at time of entrance into the program and at one year intervals thereafter.
- A child may continue to receive WIC food benefits through the last day of the month of their 5th birthday. Food benefits beyond that time cannot be issued.

Certification Period Extension

Federal regulations allow a participant to be recertified one-month prior or one month after their scheduled termination date. This flexibility allows the issuance of one month of food benefits beyond the certification period for certain categories of participants:

- Children who have not reached 5 years of age.
- Infants (certification may be extended up to, but not beyond, the 13th month of age).

If the participant has a valid reason for not being subsequently certified and meets a requirement for being extended, the termination date can be extended by one month. The participant's termination date cannot be extended if the participant has already been terminated or if the termination date has already been extended. If the termination date has been reached, the participant must be recertified.

Required Medical/Nutritional Data

The ongoing collection of accurate medical nutritional data on each Program participant provides for early detection of potential health problems. This early detection allows WIC staff to develop a plan for nutrition education and referral to other health services.

To ensure individualized and quality health care services to WIC participants, the following medical/nutritional data are minimally required to be collected and documented through a thorough nutrition assessment.

Pregnant Women

At certification visit:

- Iron Screening (hemoglobin or hematocrit)
- Weight Height
- Nutrition Interview

At a visit at least once each trimester:

- Weight

Postpartum Non-Breastfeeding Women

At each certification visit:

- Weight
- Height (for recertifications, a height needs to be taken for women less than 18 years of age only)
- Iron Screening (hemoglobin or hematocrit)
- Nutrition Interview

Breastfeeding Women

At initial certification visit after delivery:

- Breastfeeding Support
- Weight

- Height (for recertifications, a height needs to be taken for women less than 18 years of age only)
- Iron Screening (hemoglobin or hematocrit)
- Nutrition Interview

Infants

Certification visit:

- Growth (length and weight)
- Nutrition Interview, including breastfeeding description
- Immunization

3-month follow-up visit:

- Growth (length and weight) - recommended
- Update breastfeeding description as appropriate

5-7 month mid-certification visit:

Infants certified from birth through 5 months of age receive an infant mid-certification visit when the infant is 5-7 months of age. Explain to the endorser the purpose and benefits of the mid-certification visit. Should the endorser refuse to bring the infant to the mid-certification visit, the agency staff cannot deny WIC benefits to the family.

- Growth (length and weight)
- Nutrition Interview, including updating breastfeeding description as appropriate
- Immunization

At 9-month follow-up visit:

- Growth (length and weight) - recommended
- Update breastfeeding description as appropriate

Hemoglobin/Hematocrit for Infants

Infants must receive hemoglobin/hematocrit under the following conditions:

- Infants initially certified between 6 and 11 months of age must have a hemoglobin/ hematocrit value when certified, again 6 months later when recertified as a child.
- A hemoglobin/hematocrit value must be obtained at 9 months of age for infants at higher risk for anemia, defined as those infants given no routine age appropriate iron source after 6 months of age, such as iron-fortified formula, iron-fortified cereal, meats, or oral iron supplements. All infants initially certified at 6, 7, or 8 months of age are to be considered for this additional blood work at 9, 10, or 11 months of age if they are found to lack an age-appropriate iron source.

Children

At each certification visit:

- Growth (height/length and weight)
- Iron Screening (hemoglobin or hematocrit) and Blood Lead Screening Nutrition Interview
- Immunization

Approximately 5-7 months after the certification/recertification visit, a mid-certification visit must occur. The mid-certification visit for a child is similar to the mid-certification visit for an infant. Explain to the endorser the purpose and benefits of the mid-certification visit. Should the endorser refuse to bring the child to the mid-certification visit, the agency staff cannot deny WIC benefits to the family.

- Growth (length and weight)
- Iron Screening if applicable (hemoglobin or hematocrit)
- Nutrition Interview, including updating breastfeeding description as appropriate
- Immunization

Hematocrit/Hemoglobin for Children

Hemoglobin/Hematocrit values are required for children at the following times:

- Children who were certified as infants between birth and 5-months of age must have a hemoglobin/hematocrit value at 12 months of age when recertified as a child and again at 18-months of age.
- Children who were certified as infants between 6 and 11 months of age must have a hemoglobin/hematocrit value when certified, again 6 months later when recertified as a child and again 6 months later.
- Children who are initially certified under 18-months of age must have a hemoglobin/ hematocrit value when certified and 6 months later.

- After 18-months of age, local agencies may choose to screen children for anemia every 12 months if the previous hemoglobin/ hematocrit value was within normal range. If the value (at 18-months of age or older) is below normal, a hemoglobin/hematocrit must be taken 6 months later.

Examples of Required Data for Infant and Children Visits based on Time of Certification

Infant Certified at Birth

Birth	3 months	5-7 months	9 months	1 year	18 months	24 months
Birth weight Birth length Length Weight Nutrition Interview Immunization Records**	Length*** Weight*** Update BFing Description as necessary	Length Weight Nutrition Interview Immunization Records** Update BFing Description as necessary	Length*** Weight*** Hemoglobin (only when no age appropriate iron source) Update BFing Description as necessary	Length Weight Nutrition Interview Hemoglobin/ Lead Screening Immunization Records** Update BFing Description as necessary	Length Weight Nutrition Interview Hemoglobin/ Lead Screening Immunization Records**	Length Weight Nutrition Interview Hemoglobin/ Lead Screening* Immunization Records**

* Hemoglobin value required one time per year after 18 months when the most recent value was normal. Otherwise Hemoglobin is required at each certification. Lead screening: Local WIC Programs are required to ask if the child has had a blood lead screening test. If the child has not had a test, they must be referred (at each certification/recertification/mid-certification) to programs where they can obtain such a test. Once a lead test has been performed, referral is no longer required.

**Staff members are required to ask participants to bring immunization records to all certifications, recertification, infant 5-7 month mid-cert visits, and for participants less than 25 months of age. If the record is available in the Colorado Immunization Information System (CIIS), agencies with access may use the CIIS electronic record in lieu of obtaining the immunization information from the caregiver. These records must be assessed for DTaP shots. If the participant does not bring their immunization records to the visit, the records are assessed as “unknown.” Endorsers/participants cannot be required to bring participant’s immunization record to WIC visits.

***Recommended

Infant Certified 8 Months of Age

8 months	11 months	14 months	20 months	26 months
Length Weight Nutrition Interview Hemoglobin Immunization Records** Update BFin Description as necessary	Length*** Weight*** Hemoglobin (only when no age appropriate iron source) Update BFin Description as necessary	Length Weight Nutrition Interview Hemoglobin/ Lead Screening Immunization Records**	Length Weight Nutrition Interview Hemoglobin/ Lead Screening Immunization Records**	Length Weight Nutrition Interview Hemoglobin/ Lead Screening* Immunization records** or verbal Immunization assessment

*Hemoglobin value required one time per year after 20 months if the previous value was normal. Otherwise Hemoglobin test is required at each certification. Lead screening: Local WIC Programs are required to ask if the child has had a blood lead screening test. If the child has not had a test, they must be referred (at each certification/recertification/mid-certification) to programs where they can obtain such a test. Once a lead test has been performed, referral is no longer required.

**Staff members are required to ask participants to bring immunization records to all certifications, recertification, infant 5-7 month mid-cert visits, and for participants less than 25 months of age. If the record is available in the Colorado Immunization Information System (CIIS), agencies with access may use the CIIS electronic record in lieu of obtaining the immunization information from the caregiver. These records must be assessed for DTaP shots. If the participant does not bring their immunization records to the visit, the records are assessed as “unknown.” Endorsers/participants cannot be required to bring participant’s immunization record to WIC visits.

Examples of Required Data for Infant and Children Visits based on Time of Certification

Child Certified at 1 Year of Age

12 months	18 months	24 months
Length Weight Nutrition Interview Hemoglobin/ Lead Screening Immunization Records** Update BFin Description as necessary	Length Weight Nutrition Interview Hemoglobin/ Lead Screening Immunization Records**	Length Weight Nutrition Interview Hemoglobin/ Lead Screening* Immunization Records**

Child Certified at 16 Months of Age

16 months	22 months	28 months
Length Weight Nutrition Interview Hemoglobin/ Lead Screening Immunization Records**	Length Weight Nutrition Interview Hemoglobin/ Lead Screening Immunization Records**	Length Weight Nutrition Interview Hemoglobin/ Lead Screening * Immunization Records or Verbal Immunization Assessment

*Hemoglobin value required one time per year after 18 months if the previous value was normal. Otherwise Hemoglobin test is required at each certification. Lead screening: Local WIC Programs are required to ask if the child has had a blood lead screening test. If the child has not had a test, they must be referred (at each certification/recertification/mid-certification) to programs where they can obtain such a test. Once a lead test has been performed, referral is no longer required.

** Staff members are required to ask participants to bring immunization records to all certifications, recertification, infant 5-7 month mid-cert visits, and for participants under 25 months of age. If the record is available in the Colorado Immunization Information System (CIIS), agencies with access may use the CIIS electronic record in lieu of obtaining the immunization information from the caregiver. These records must be assessed for DTaP shots. If the participant does not bring their immunization records to the visit, the records are assessed as “unknown.” Endorsers/participants cannot be required to bring participant’s immunization record to WIC visits.

Medical/Nutritional Data

Medical/nutritional data may be taken more often if specified by state or local nutrition management protocols for the treatment of various conditions.

For the purposes of determining eligibility, medical data may be obtained from outside the WIC Program if performed by a trained and reputable source such as a participant’s health care provider, public health nurse, or other public health program. Local WIC clinics are encouraged to obtain information from other sources if it prevents duplication of measurements, especially duplication of hemoglobin measurements.

Anthropometric Measurements: Height and weight measurements from alternate sources may be used to determine WIC eligibility if they are no more than 60 days old (from the date of actual WIC certification). Weight measurements for women should also reflect the physiological state for which she is being certified. For example, a postpartum woman’s weight should be from the time that she is postpartum and not from when she was pregnant. While 60-day-old weight and height measurements may be acceptable for certifying a participant in some cases, the local WIC clinic may want to consider whether a current weight would be of more value in assessing a participant’s health status. A 60-day-old weight measurement on a pregnant woman may not give a good indication of her current weight gain.

Hemoglobin measurements: There is no time limit on how old a Hemoglobin value can be when certifying a WIC participant as long as the measurement meets the following criteria:

- For a woman: The hemoglobin value must have been obtained during the physiological state the woman is being certified for. For example, for a pregnant woman, the hemoglobin must have been performed at some time during the current pregnancy for which she is being certified. For a breastfeeding or postpartum woman the hemoglobin must have been performed after termination of the woman’s most recent pregnancy.
- For an infant or child: The hemoglobin must have been performed between 9-12 months of age, again between 15-18 months of age and at least yearly after 18 months of age assuming the previous hemoglobin value was normal. If the previous hemoglobin value is abnormal the hemoglobin should be repeated every 6 months until a normal value is obtained and then yearly thereafter.

If the anthropometric or hemoglobin measurement was taken on a day other than the day certification occurs, the WIC staff must enter the date when the measurement was taken in appropriate panel in Compass. A hemoglobin may be deferred for up to 90 days from the time of certification for applicants who have at least one qualifying nutritional risk factor present at the time of certification.

Temporary certification of pregnant women in the absence of a hematocrit or hemoglobin value

If blood work data is not available for a pregnant woman at the time of her certification appointment and all options for obtaining such information have been pursued, local agencies have the option of temporarily certifying a pregnant woman in the absence of this data (one time during her pregnancy) for a period not to exceed 60 days, if she is otherwise eligible for Program benefits.

The pregnant woman would be assigned either priority 1 or priority 4, based on the nutritional risk criterion that qualifies her for participation, given the absence of the hematocrit or hemoglobin value. Once the hematocrit or hemoglobin value is available, the participant’s risk factors and priority must be reassessed and updated as necessary by assigning a mid-certification nutrition risk factor.

Refusal to allow hematocrit/hemoglobin

Every effort should be made to obtain hematocrits/ hemoglobins as required by policy. A participant may not, however, be denied WIC benefits solely because they refuse to allow a hematocrit or hemoglobin test for personal, cultural, or religious reasons. An unknown hematocrit/hemoglobin CANNOT be used as a qualifying risk factor for WIC participation. Participants refusing a hematocrit/hemoglobin must qualify for WIC using another nutritional/medical risk factor.

Nutrition Assessment

A Nutrition Interview between the WIC staff and the endorser/participant must occur at the initial certification, mid-certification visit and at each subsequent recertification to complete a thorough nutrition assessment, including the identification of subjective and nutrition practices risk factors.

Notification of Ineligibility, Termination or Denial of Services

Program Applicants

Applicants whose income exceeds financial eligibility guidelines are required to receive a Notice of Ineligibility or Notice of Termination unless the screening is done over the phone.

Program Participants

A participant must be given 15 days worth of food benefits when terminated from the WIC Program. Exception: There are five termination reasons which prompt immediate termination without 15 days worth of food benefits. In addition, participants with a term reason of Not BF 6 months postpartum are not eligible for an additional 15 days of benefits

Reasons when terminated participant is not eligible for 15-days food benefits:

- No recent food benefit pick up (not available for staff selection)
- Deceased
- Dual participation with CSFP
- Dual Participation with WIC
- No longer in Family
- No BF 6 months postpartum

Reasons for Participant Termination

When the user selects one of the following reasons for termination in Compass, the effective date of termination is automatically populated with a date 15 days in the future which allows the user to issue 15 days of food benefits for the participant. A *Notice of Program Termination* form can be generated from Compass and given to the participant for reference.

- Terminate Postpartum/BF - Recert as Pregnant
- Terminate Postpartum/BF - Recert as Postpartum/BF
- Terminate Postpartum/non-BF - Recert as BF
- Terminate Pregnant - Recert as non-BF/BF
- Terminate Pregnant - Recert as Pregnant
- Recertify Active VOC
- Not BF 6 months postpartum
- Program misuse
- Remove from waiting list
- Not serving priority
- Voluntary Withdraw
- Autoterm

Procedures for Categorical Ineligibility

Persons who do not meet the definition of pregnant, postpartum, or breastfeeding women, infants and children are categorically ineligible for the Program.

- A child receives WIC Program benefits through the last day of the month of their fifth birthday.
- A breastfeeding woman receives WIC Program benefits until:
 - ✓ The last day of the month her breastfed infant turns one year old.
 - ✓ She reports she has stopped breastfeeding or is breastfeeding less than an average of once a day.
 - ✓ A woman who ceases breastfeeding and is within 6 months after delivery shall be reclassified as a postpartum woman and receive postpartum food benefits from that date until the end of her certification period (not to exceed 6 months postpartum).
 - ✓ A woman who ceases breastfeeding more than 6 months after delivery is eligible to receive 15 days of food benefits starting the day she reports she is no longer breastfeeding.
- A non-breastfeeding postpartum woman receives WIC Program benefits for 6 months postpartum (after delivery).

When a participant is being terminated from the WIC Program, any remaining food benefits should continue to be the same food package (no change in food package is required). However, if a participant is continuing on the Program, but their category has changed (for example, breastfeeding to non-breastfeeding postpartum) then their food package should be immediately changed to reflect their new category. When a woman currently categorized as pregnant delivers and decides to exclusively breastfeed, she should be issued an exclusive breastfeeding food package immediately.

Procedures for Residence Ineligibility

Current participants who no longer meet the definition of residency for the agency where currently enrolled should be provided with a VOC card/form. (See -information on Transfer Policy).

NOTE: Transfers should not be marked ineligible or terminated from the system.

Procedures for Income Ineligibility

A participant found financially ineligible at the certification visit may not receive WIC benefits.

A participant found financially ineligible at a recertification visit may receive benefits through the previous certification period. A participant who volunteers financial information at a mid-certification visit (that places them over the income guidelines) should be provided with enough food benefits to ensure the participant receives the 15-day notice of ineligibility. **This is also applicable if staff receives information from another source besides a participant (third party, anonymous tip, etc.) making the participant financially ineligible.** After issuing the food benefits, mark the participant ineligible with the appropriate reason and collect the participant's signature on the signature capture pop up. Generate a *Notice of Ineligibility* form from Compass (See "Notification Form" procedures).

If one member of a family or economic unit is found to be WIC income ineligible during a certification/recertification then the entire family is income ineligible. This would include family members who may be in the middle of a certification period. For example, a family has three children on WIC and one child is being recertified while the other two are in the middle of their certification periods. If, during the recertification it is determined that the one child is not eligible for WIC because the family is over-income, then the other two children are also ineligible for WIC and must be terminated from the Program. The two children who are in mid-certification would receive 15 days more of benefits.

Note: When 90 days or less remains in the certification period, the remainder of the food benefits may be issued through the current certification period.

Notification Form

If an applicant is determined income ineligible on the Income Determination panel, staff must check the Action box to move the applicant from a Pending status to an Ineligible status. Once the applicant is moved to the Ineligible status, then a Notice of Ineligibility may be printed.

If an Active participant is determined income ineligible on the Income Determination panel, staff must issue any required food benefits (depending on where they are in the certification period) first, then return to the Income panel and click the "Check Income Eligibility" button. Then, staff must check the Action box to move the Participant from an Active status to an Terminated status. Once the participant is moved to the Terminated status a *Notice of Termination* may be printed.

To document notification of ineligibility, termination, or denial of services, complete one of the following:

- If the participant or guardian is present at time of termination from the Program, review the Compass generated form with the participant and provide a copy.
- If the participant or guardian is not present at the time of termination from the Program, mail the computer generated form to her address. It is not necessary to mail a *Notice of Termination* form:
 - ✓ for expiration of certification (as this is noted on the Family Food Benefits list).
 - ✓ when participant is terminated (auto-termed) for failure to pick up food benefits for two consecutive months, endorser/participant need not be notified if this policy was explained at the initial certification.

Certification and Food Instrument Issuance to WIC Staff or their Family

When local WIC staff and/or members of their family are eligible for the WIC Program, they may not handle the certification or food benefit issuance process for themselves or their family. "Family" includes spouses, children, brothers, sisters, nieces, nephews, or grandchildren. Another WIC staff member must handle the certification and ongoing food benefit issuance. This procedure is required to maintain both Program and staff integrity for audit purposes. If you have any questions about the appropriateness of handling other relatives, please contact your State WIC nutrition consultant.

Colorado Verification of Certification Procedure - Transfer Policy

A WIC participant's certification is valid until the end of the certification period. If he/she should move during that period and apply for WIC services at another local agency, the participant does not need to go through the certification process. The purpose of the verification of certification (VOC) card/form is to assist participants in receiving continual WIC benefits for the remainder of the current certification period during which they relocate.

Instruct the participant to bring their eWIC card, and VOC to the WIC clinic nearest them following their move. After the food benefit issuance, initiate the VOC. The originating clinic should not change participant status to terminate or mark ineligible.

Acceptance of VOCs

Colorado has chosen to use a VOC card/form. The VOC card/form contains the following information:

- Name, date of birth and Compass ID# of the participant
- Category and priority at certification
- Certification dates
- Income determination date
- Last visit date and height, weight and hemoglobin/hematocrit measurements
- Dates of assigned NRFs listed by number, description and priority
- Month food benefits issued and first and last date to use
- Name, address and phone number of local agency
- Signature and title of the local agency staff and date form signed

When a potential WIC participant presents a valid VOC card or form, and the person is within a certification period, the local agency is required to accept the VOC as proof of both financial income and nutritional risk eligibility (NRF 502 - Transfer of Certification). Income does not need to be determined since this is a VOC. However, the VOC is not documentation of identity and residence. Documentation of identity and residence (address) are required at transfer visits and the Identity panel and Residency field must be completed. If funds are available, the agency must provide program benefits until the certification period written on the VOC expires. If the agency were at caseload, the individual would be placed on the top of the waiting list, regardless of the priority of the nutrition risk and regardless of whether they meet a particular local agency eligibility requirement at that point in time. For example, a non-breastfeeding, non-teen, postpartum women or a priority 5 four-year-old who transfers in from another state with an active VOC card would be served through the end of his/her certification period or put at the top of the waiting list (above all other priorities) until a slot becomes available.

Occasionally a participant will arrive in a Colorado WIC agency with a valid VOC, though some information may be missing on the card/form. For example, the official certifying the participant may have forgotten to sign the card or may have forgotten to write down the nutrition risk reason (or nutrition risk factor). Under these circumstances, the local agency receiving the VOC should not deny or delay providing WIC services because of an incomplete VOC. As long as the participant's name, the date the participant was certified, and the end of certification date are present, initiate the participant transfer process.

Transfer Procedures

When making an initial appointment, routinely ask if they have been on WIC before, and if so, where and when. Initiate a transfer when the participant is currently within a certification period, either in-state or out-of-state.

Access the Transfer panel in Compass for transfers within an agency (from clinic to clinic) and transfers between agencies.

Whenever possible, the initial clinic issues sufficient food benefits to allow the participant time to request a transfer at a new clinic.

The participant may be instructed to call the new clinic to request a transfer at the time they redeem their last month of food benefits at the store or to call one or two weeks after their last visit at your clinic. Provide a Verification of Certification (VOC) card so the participant has all the needed transfer information to be scheduled appropriately at the new clinic. The originating clinic does not terminate the participant requesting to transfer to another clinic. Provide a list of Colorado WIC-approved retailers in the new location, if helpful.

It is not necessary to retake anthropometric or hematological measurements or complete the Nutrition Interview for participants transferring in with a VOC card. The *Rights and Responsibilities* must be reviewed and a signature captured for the family transferring into the new clinic. Enter anthropometric and hematological data provided on the VOC card into Compass. Proofs of Identification and Residency must be presented and verified on the Identity panel and Contact/Address panel in Compass. Documentation of identity and residence are required for both in-state and out-of-state transfers when transferring between local agencies.

Current out-of-state verification of certification (VOC) cards should include the date the last set of food benefits were issued. This date must be used to avoid double issuance of food benefits. Participants may exchange current FIs or eWIC cards from another state's WIC Program for Colorado WIC food benefits. Out-of-state food benefits should be voided and destroyed. Participant ID numbers from out-of-state transfers are irrelevant to Colorado. If the individual is a migrant or homeless individual and is planning to move before the certification end date, provide participant a new VOC printout. If possible, it is recommended that recent documentation of participant misuse be sent by the originating WIC clinic to the clinic where the participant is transferring.

More guidance on proofs required for Transfers or VOC's is found in the Eligibility Section under *Transfer Visits*.

Out-of-State Transfers with Unknown Risk Factors

The occasion may arise when a participant presents a current valid VOC card at your clinic without adequate documentation of their nutrition risk factor(s). Without knowing the nutritional risk you cannot determine the participant's priority. If the participant's current certification period has not expired, the clinic may contact the issuing clinic to confirm the risk factors. Nutrition Risk Factor 502 (Transfer of Certification) will be assigned on the Risk panel. If other Nutrition Risk Factors are known, they should be assigned on the Risk panel as well.

Procedure to Handle Out-of-State Transfers without a VOC Card

When an out-of-state transfer arrives at a clinic without a VOC card the local agency may contact the State the participant is coming from to ensure a seamless transfer for the participant. State Agencies' point of contacts for VOCs are located here: <http://www.fns.usda.gov/wic/wic-contacts>

There may be times when information on previous WIC participation is not obtainable. During these instances, the participant should be treated as a new certification.

Procedure to Handle In-State Transfers with or without a VOC Card

If an in-state transfer arrives at a clinic with or without a VOC card/form, the participant information may be obtained by finding the participant in Compass and performing a transfer on the Transfer Family panel.

WIC Overseas

The WIC Overseas Program is similar to the USDA funded WIC Program in most respects except that it is funded by the Department of Defense for active duty military personnel, other military support staff and their dependents overseas. The WIC Overseas Program also has certain eligibility restrictions that are different from the USDA funded WIC Program. Income, categories and nutrition risk criteria are similar between the programs.

A participant associated with the military should be issued a VOC when they transfer overseas from a Colorado WIC clinic during their certification period. WIC staff members need to issue a VOC to the participant and inform the participant that:

- There is no guarantee that a WIC Overseas Program will be operational at the overseas site where they are transferring.
- Only certain individuals are eligible for the WIC Overseas Program. Not all people eligible for WIC in the United States are eligible to participate in the WIC Overseas Program. For example, the WIC Overseas Program is restricted to US nationals who also have certain defined relationships to the US military.
- Issuance of a VOC card does not guarantee continued eligibility and participation in the WIC Overseas Program. Eligibility for the WIC Overseas Program is determined at the overseas WIC clinic.

A participant transferring from a WIC Overseas clinic to a Colorado WIC clinic with a valid VOC is handled the same as a state-to-state transfer (see section on acceptance of VOCs). An Overseas WIC Program VOC has the same validity and function as a VOC from another state WIC Program. If the participant is within their certification period and the clinic is not at caseload, the participant must be enrolled in the local WIC Program. Destroy the participant's unused food benefits from the overseas WIC Program.

Hawaii, Alaska, Guam, the US Virgin Island, and Puerto Rico WIC Programs are not part of the WIC Overseas Program; they are part of the USDA-funded WIC Program. VOCs from these Programs are handled as normal state-to-state transfers.

Unused Food Benefits

When a Colorado WIC participant notifies the local WIC clinic that they are moving out-of-state:

- Give participant their CO WIC VOC print out.
- Do not deactivate their eWIC card since moving plans may change.

When a CO WIC participant notifies the local WIC clinic that they now reside in another state:

- terminate the participant with a reason of "Moved Out of State" and deactivate their eWIC card.

When a participant is transferring from another state WIC Program and arrives at your clinic with unused food instruments issued by another state, local WIC staff should collect and destroy them. If the participant arrives with an WIC EBT card issued by another state, local WIC staff should contact the issuing state to determine if food benefits for the current month have been redeemed. If any food benefits for the current month have been redeemed, issue Colorado WIC food benefits on the first day of the following month to prevent overlap.

Issuance of Verification of Certification (VOC) - Issue a VOC form to all migrant farm workers. Also, issue to any participant who indicates they will be moving during the certification period.

Participant Notification

POLICY: During initial certification and subsequent recertification visits, WIC endorsers and participants receive an explanation to the WIC Program, including their rights and responsibilities.

PROCEDURE:

During the initial certification visit, provide the following:

Initial Explanation of the WIC Program

- Explain the reason the participant is being enrolled on the program by *stating a connection between their eligibility and the desired health outcome*. This does not mean every risk must be reviewed, but rather is intended to summarize the reasons the participant is being enrolled. Example: "Your child is being enrolled in WIC to help him have good nutrition and to watch his growth over the next year."
- *Food provided by the WIC program is supplemental*; it is not intended to provide all of the participant's daily food requirements.
- *A thorough nutrition assessment is the basis for individualized care*. Example: "I will perform a thorough nutrition assessment to identify nutritional needs in order to provide personalized nutrition education, foods packages, and referrals."
- *Length of certification*. Inform each participant of the length of their certification, when their last set of food benefits will be issued, and that they will need to be recertified at the end of their certification period to determine if WIC benefits may continue past that period.
- *Local rules and policies*. Explain local WIC program rules or policies, including policies regarding late or missed appointments.
- *Transfer policy*. Explain the transfer policy and use of the VOC card.
- *Participant's right to a fair hearing* if they disagree with any decision made regarding their participation in the WIC Program.
- *Referrals and importance of health care*. Provide information on how to access and use local health and nutrition services, including: the types of health services available, where they are located, how they may be obtained, and why they may be useful.
- *Correct use of the eWIC card*. See section below
- *Shopping for their WIC food benefits* using the *CO WIC Allowable Foods List*.
- *Instruct participants on the process for receiving additional food benefits at future appointments*.

- *eWIC card misuse*: Explain that giving away, selling or attempting to sell WIC foods, formula, or eWIC card online or by any other means will be considered a participant violation. Misuse of the eWIC card may result in participants being dropped or suspended from the WIC Program.
- *Substance Use and Abuse*: Provide education on the harmful effects of drug, alcohol, tobacco, and certain over-the-counter medications on fetal growth and development. For participants who admit use of these substances, discuss the fact that there are no safe levels of exposure and that abstinence is recommended.
- *HIV status*: Advise all pregnant, postpartum, and breastfeeding women to know their HIV status. Provide information regarding the risks of transmitting HIV from mother to baby during pregnancy and delivery and the importance of getting early medical treatment to reduce the risk to their baby. Inform all women that HIV-positive mothers should not breastfeed.
- If the local agency is not serving all priorities, explain the nature of the WIC priority system and the participant's priority designation.)

WIC Participant Rights and Responsibilities

The *Participant Rights and Responsibilities* (R&R) document explains the basic rights of WIC participants and describes the responsibilities WIC participants must follow to continue to receive program benefits.

- At every certification and recertification visit, staff provide a viewable copy of the R&R (form 107) to every endorser and/or participant. This document must be read by or read to the participant or his/her guardian, in a language that is understood. Written versions of the R&R are available in English, Spanish, Arabic, Nepali, Burmese, and Somali. Provide a printed English or Spanish version of the R&R when requested.
- Capture either endorser's signature (initial or additional) at the time of certification to indicate they have read, understand and agree with the R&R and understand when the certification will end. Compass attaches the captured signature to the participant's Compass record.

In state transfer: When an active participant transfers to a different agency or clinic in Colorado, it is not necessary for the agency or clinic to have the endorser review the R&R. The signature captured from the current certification period transfers with the participant's Compass record.

Out of state transfer: Out of state transfers must read the R&R and staff must capture the endorser's signature.

Program explanation during subsequent recertifications

- Restate the purpose of the current visit.
- Restate the reasons for eligibility, including the connection to the desired health outcome.
- Ask if the participant has any questions or concerns about WIC appointments, WIC foods or the use of the eWIC food benefits card.
- Offer the participant the *Food Benefits List* and a current "Colorado WIC Allowable Foods List."
- Request the endorser read/review the R&R in a language the individual understands.
- Capture the endorser's electronic signature at the time of recertification for each participant to indicate they have read, understand and agree with the R&R and understand when the certification ends. Compass attaches the captured signature to the participant's record.

Confidentiality and Release of Participant Information

WIC Purposes

- Confidential applicant and participant information is any information about an applicant or participant, whether it is obtained from the participant, another source, or generated as a result of an interaction at WIC.
- Except as otherwise permitted by this section, the use and disclosure of confidential applicant and participant information is restricted to persons directly connected with the administration or enforcement of the WIC Program and who need to know the information for WIC Program purposes. These persons may include, but are not limited to: personnel from state and local WIC agencies, persons under contract with the Colorado WIC Program to perform WIC program-related research, and persons investigating or prosecuting WIC Program violations under Federal, State or local law.

Non-WIC Purposes

According to 246.7 (i) (11), because the Colorado WIC Program uses and discloses confidential applicant and participant information for non-WIC purposes, a statement is included on the *Participant Rights and Responsibilities* that notifies applicants that the Executive Director of the Colorado Department of Public Health and Environment (CDPHE) designates in writing the permitted non-WIC uses of the information and the names of the organizations to which such information may be disclosed. This statement indicates that this information can be used by the receiving organization only for the following 5 reasons: (1) Establishing the eligibility of WIC applicants or participants for the programs that the organization administers; (2) Conducting outreach to WIC applicants and participants for such programs; (3) Enhancing the health, education, or well-being of WIC applicants or participants who are currently enrolled in such programs, including the reporting of known or suspected child abuse or neglect that is not otherwise required by State law; (4) Streamlining administrative procedures in order to minimize burdens on staff, applicants, or participants in either the receiving program or the WIC Program; and/or (5) Assessing and evaluating the responsiveness of a State's health system to participants' health care needs and health care outcomes. The State may share information for all of the above reasons or only the desired reasons. Those reasons designated by the Executive Director of the CDPHE in writing are included on the *Participant Rights and Responsibilities*.

The preferred method to release information is for the WIC staff to give copies of the information to the endorser who then decides how and with whom to share it. WIC staff may release copies of the information by handing it directly to the endorser. When information is released directly to the endorser, WIC staff must verify the endorser's proof of identification. Documentation in the WIC record must include date and type of information given and a copy of identification provided.

These confidentiality provisions do not prohibit the release of information if the information is released in a way that protects the identity of the individuals. Therefore, requests for data in aggregate or summary form (such as for research purposes) may be granted as long as the released information excludes any items that would identify Program participants or applicants. All such request should be forwarded to the State WIC Office. These confidentiality provisions also apply to alcohol and drug abuse information and referral activities. For further detail see the Outreach and Referral section of the Procedure Manual. If a "release of information" is received from another agency for information on a WIC participant, please contact the State WIC Office. Determination is made on a case-by-case basis.

WIC staff must obtain signed permission from an endorser in order to release confidential information to any person or agency other than the endorser(s) or any program not listed on the *Rights and Responsibilities* form. The Compass output, *Authorization for Release of Information* form is available for this purpose. A copy signed by the endorser must be obtained before releasing information to the requesting agency. A signed copy should be scanned and attached to the participant's Compass record.

Subpoenas and Court Orders

Responding to Subpoenas and Court Orders

Any request for the release of WIC participant information via a subpoena or court order, including a search warrant, must be brought to the attention of the State WIC Office by calling a State Nutrition Consultant. Inappropriate release of WIC information could potentially result in litigation against the State or local agency by the applicant or participant who provided this confidential information to the agency. Furthermore, State and local agencies may also be subject to adverse action by USDA for failure to follow Federal program regulations, instructions, and policy.

The following information is provided as guidance on the proper procedures to follow in responding to a subpoena or court order for WIC records. Information obtained from WIC applicants and participants and contained in WIC records is confidential and its disclosure is highly restricted. The confidentiality provisions and restrictions set forth in Federal regulations apply to any WIC Program information, including vendor information.

A subpoena is merely a request for information issued by the clerk of a court in response to a request by an attorney representing a party. A subpoena may be directed to an individual or an entity, and a subpoena "duces tecum" is a request for the production of designated tangible items (i.e., records).

A subpoena does not represent a court's ruling that the WIC State or local agency must release the information requested. However, a subpoena certainly cannot be ignored. Failure to respond to a subpoena could potentially result in the State or local agency being found in contempt of court which could result in the incarceration of or fines against WIC employees. The subpoena will designate a time within which the WIC State or local agency must respond to the subpoena. The subpoena will also identify the individual or organization who is seeking the WIC information and, who had the subpoena issued by the clerk of the court.

The State or local agency in consultation with their legal counsel must make a determination, based on Federal law and the records and/or information sought in the subpoena, of whether to comply with the subpoena and release the information as requested or to attempt to quash the subpoena. The determination of how to proceed (comply with or attempt to quash the subpoena) must be based on the restrictions set forth in §246.26(d) of the Federal regulations. The procedures involved in attempting to quash a subpoena generally entail the State or local agency's legal counsel scheduling a date to appear before a judge to argue the case, including the reason(s) why the State or local agency cannot comply with the subpoena.

In addition to the issuance of subpoenas, there may be time where court orders are used to obtain WIC applicant and participant information. State and local agencies must comply with court orders. A court order differs from a subpoena in which a timeframe is established to either comply with the subpoena or attempt to quash the request. Failure to fully comply with a court order at the time it is served could result in the immediate incarceration of WIC State or local agency staff. The individual(s) producing a court order should be apprised of the confidential nature of WIC information. In addition, clinic staff should carefully review the court order and provide only the specific information requested in the court order and no other information. In general, court orders must specify exactly what information is being sought. Legal counsel should be alerted to the provision of the information by the WIC agency immediately afterward, if such notification has not already been given. Further, WIC clinic staff must retain a copy of the court order for their files as evidence of why the specific information was released in the event of legal action by the applicant or participant or his/her parent(s) or legal guardian. When possible, WIC users scan the court order and attach to the participant's electronic file and document all actions in the participant's electronic participant care plan.

Commodity Supplemental Food Program (CSFP)

CSFP is transitioning to serving seniors only. Beginning March 14, 2014, CSFP is no longer accepting new applications from pregnant, breastfeeding and postpartum women, infants and children through their 6th birthday. CSFP continues to serve eligible participants who were certified prior to 3/14/14.