

Nutrition Assessment/ Individual Counseling

Self-Paced Learning Materials

Training and Technical Assistance Division

Bureau of Nutrition Services

Texas Department of Health

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Texas Department of Health



WIC Training Materials

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Bureau of Nutrition Services

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The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) is a food and nutrition program benefiting infants, children under age 5 and pregnant, postpartum and breastfeeding women with low to moderate incomes.

WIC is an equal opportunity program. If you believe you have been discriminated against because of race, color, national origin, age, sex or disability, immediately call the State WIC Office at 1-800-942-3678.

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Table of Contents

TABLE OF CONTENTS.....	4
INTRODUCTION	5
ABOUT THESE MATERIALS	6
CHAPTER ONE: NUTRITION ASSESSMENT	8
CHAPTER TWO: DECIDING WHAT TO COVER	46
CHAPTER THREE: EDUCATE	54
CHAPTER FOUR: SET GOALS	62
CHAPTER FIVE: EVALUATE THE SESSION.....	67
REFERENCES	74
COMPLETED PARTICIPANT FORMS	75
ANSWERS TO QUESTIONS	82

Introduction

Welcome to the Nutrition Assessment/Individual Counseling learning experience, one of a set of self-paced learning materials. These materials will allow you, the learner, to proceed through the subject matter and learn at your own pace.

- They include questions and an answer key.
 - The materials contain the subject matter referenced and can be used as an on-the-job reference when you are finished.
 - The exercises in the materials are questions and practical activities that reinforce learning.
 - The answer key, which contains the answers to the end of chapter questions, is located at the end of the guide.

This is one of a set of learning materials that address the steps in the process the WIC Program uses to certify applicants. It includes the following learning materials:

1. Interviewing Skills
2. Screening for Eligibility
3. Weighing and Measuring WIC Participants
4. Testing for Hematocrit and Hemoglobin Values
5. Dietary History/Dietary Recall and Assessment
6. More About Risk Codes
7. Nutrition Assessment/Individual Counseling
8. WIC Food Packages and Food Issuance
9. Teaching WIC Nutrition Education Classes

About These Materials

One of the criteria for qualification in the WIC program is the determination of a nutrition risk or risks during the certification process. This is called a nutrition assessment. This process involves conducting a health screening, a diet screening and obtaining a health history.

- The health screening includes evaluating iron status, height and weight.
- The diet screening consists of evaluating the diet for nutritional adequacy.
- The health history involves asking questions and completing the appropriate form with basic information about health habits and medical events.

Results of the health and diet screenings and the evaluation of the health history are used to assess whether the participant has a nutrition risk.

This nutrition assessment is the last step in the process of determining applicant (in)eligibility. This assessment is discussed in Chapter One of these materials.

If the applicant is found eligible, the next step is individual counseling, which is discussed in Chapters Two to Five. The intent of these nutrition assessment / individual counseling learning materials is to give you strategies for accumulating and assessing information and providing individual counseling.

These learning materials will take you through the steps of assessment and individual counseling.

Chapter One provides guidance on nutrition assessment.

Chapter Two provides information on deciding what to cover in a counseling session.

Chapter Three discusses how to provide the counseling information once you have decided the counseling topic.

Chapter Four covers helping the participant to set goals.

Chapter Five concludes the process with information on how to evaluate the counseling session.

These assessment and counseling steps will provide you with techniques for partnering with the participant so that essential information relevant to the participant's current situation can be provided. Through this process you help the participant identify and solve nutrition challenges.



Chapter One:

Nutrition Assessment

Objectives

After completing this chapter, the learner will be able to:

- ◆ State which WIC applicants are required to be given a complete nutrition assessment
- ◆ Describe why it is important to assess the participant's nutrition status
- ◆ Discuss techniques for assessing nutrition status

To be eligible for program benefits, all WIC program applicants shall have at least one nutrition risk condition identified through the documentation of a complete nutrition assessment. Many participants have more than one.

WIC Policy No. CS: 17:0 states that the local agency staff shall perform a complete nutrition assessment on every WIC applicant who is categorically eligible and whose income and residence meet program guidelines. This chapter will cover techniques for performing a nutrition assessment.

The nutrition assessment involves the evaluation of the following indicators of nutrition status:

- Current weight and height/length for all applicants
- Dietary recall and assessment for all applicants—this includes a dietary recall and the response to the food habit questions for women and children, along with assessment questions for infants
- Hemoglobin or hematocrit for all applicants age six months or older, [**Note:** *Premature infants shall not have a blood test before six months corrected/ adjusted age.*] and
- Health history for all applicants.

Data for these indicators of nutrition status is obtained during the certification process of weighing and measuring, conducting the diet recall, obtaining the hemoglobin/hematocrit values and performing the health history interview. This data is recorded on the appropriate WIC assessment forms. Some of these forms will be introduced later in this chapter.

It is essential that the information recorded on the assessment forms is accurate, since this information is used to assess nutrition status and determine program eligibility. The back of the category-specific participant forms provides useful guidelines for assessing risk conditions. For additional information on risk conditions, refer to the Texas WIC Clinical Assessment Manual, which provides the definition, justification, clarifications/guidelines, and references about each risk condition.

To help us understand the nutrition assessment process, we will be working with the Wright Family. The Wright family has been screened and found to have met three of the four WIC eligibility criteria--income, residency, and category. The family certification form, found on pages 13-14, provides information verifying the Wright's income and residency eligibility. This form also provides key information about the Wright family, including the name, social security number, date of birth and sex of Betty Wright, who is the parent/guardian.

In this manual, we will be assessing each of the family members to determine eligibility based on the fourth of the WIC eligibility criteria, nutrition risk. Applicants must meet all four criteria to be determined eligible for WIC Program benefits. For the purpose of our example, today is July 26th, 2004. The Wright family has gone through the weighing, measuring, testing for hemoglobin values, and interviewing steps of the WIC certification process. This information is documented on the Wright family's assessment forms listed below.

Profile of the Wright Family

Betty Wright

Betty Wright is 32 years old and is categorically eligible because she is pregnant.

The Pregnant Participant Form (WIC-39) – see pages 15-16, is partially completed with information obtained during certification.

Mrs. Wright's weight, height, and hemoglobin value were measured, her BMI was determined, her health history was recorded, and a 24-hour diet recall was obtained. This information is recorded on the following assessment forms:

- Diet History for Pregnant/Breastfeeding/Postpartum Women--Diet Recall and Assessment Form and WIC Health History for Pregnant/Breastfeeding/Postpartum Women Form (WIC—45). –see pages 17-18
- Range of Prenatal Weight Gain Form/Estimating Prenatal BMI Category (WIC-4) –see pages 19-20

Blanca Wright

Blanca Wright is a three-year-old girl who is categorically eligible because she is a child less than five years old. The Child Participant Form (WIC-38) –see pages 23-24, is partially completed. As part of certifying Blanca, her weight, height, and hemoglobin values were measured, her BMI was determined, her health history was recorded, and a 24-hour diet recall was obtained.

This information is recorded on the following assessment forms:

- Diet History for Children ages 1 through 4 Years – Diet Recall and Assessment, WIC Health History for Children (WIC-44) – see pages 25-26
- Growth Chart for Girls 2 – 5 Years (CH-20W) –see pages 27-28

Bob Wright

Bob Wright is a ten-month-old boy who is categorically eligible because he is an infant. The Infant Participation Form (WIC-36) (see pages 31-32) is partially completed. As part of certifying Bob, his weight, length, and hemoglobin values were measured, his health and diet history was recorded.

This information is recorded on the following assessment forms:

- Diet History for Infants Birth through 11 Months—Dietary Recall and Assessment, 24-hour Infant Diet Recall, WIC Health History for Infants (WIC-42) –see pages 33-34

- Growth Chart for Boys: Birth to 36 Months (CH-10W) –see pages 35-36.

These completed forms provide the information that has been obtained on the Wright family. We now need to assess the information and determine each individual's risk code so we can complete the participant forms and provide counseling. We will begin by looking at Betty Wright's information.

Assessing the Family's Risk Conditions

Let's complete the back of the participant forms for each applicant as we assess the information recorded on the front of the participant forms and on the other forms.

Betty Wright

PREGNANT PARTICIPANT FORM—WIC 39

Mrs. Wright's hemoglobin value is recorded on the front of the Pregnant Participant Form (page 15). This form is helpful when determining nutrition risks because it lists the WIC pregnant nutritional risk codes on the back of the form and a brief explanation of what qualifies as a risk for a pregnant woman. For example, the parameters for assessing hemoglobin value can be found on the back of the form under the heading "Biochemical." Betty's hemoglobin value is 10.9. She is currently in her first trimester. Using the guidelines on the form you can see that her hemoglobin value is less than 11.0 g/dl so she will be given the biochemical risk code of 201. Check risk code 201 on the back of the WIC 39 (page 16.)

DIET AND HEALTH HISTORY FORM—WIC 45

The next form we need to look at is the WIC—45, which is the Diet History, Diet Recall and Assessment, and Health History Form for Pregnant/Breastfeeding/Postpartum Women (pages 17-18). The information obtained on both sides of this form is used to detect the presence of clinical/health/medical, dietary and other risks. The health history side of the form revealed that Mrs. Wright was not taking any vitamin/mineral supplements. Because of this, she is given a risk code of 424. Go back to the WIC-39 and check risk code 424.

Also on the health history side is the documentation of her birth outcome history. When obtaining birth outcome information, it is important to make sure you have the most accurate and complete information. For instance, Mrs. Wright indicates that she has had a miscarriage. You will need to ask her how many weeks gestation was she when she had the miscarriage. Mrs. Wright tells you she was 24 weeks gestation at the time of the miscarriage. On the back of the WIC-39 under Clinical/Health/Medical “History of Fetal Death,” it explains that this risk code is assigned to anyone who had a miscarriage at 20 weeks of gestation. Since Mrs. Wright was more than 20 weeks gestation, she is given the clinical/health/medical risk code of 321. Also, since there were less than 16 months between her previous pregnancy (09/14/03) and the conception of her current pregnancy (6/02/04), she is given the clinical/health/medical risk of 332—closely spaced pregnancies. Go to the back of the WIC-39 and check risk codes 321 and 332. Be sure and document the number of weeks gestation Mrs. Wright was at the time of the miscarriage. You can do that in the margin, next to risk code 321.

Mrs. Wright's diet is assessed on the dietary recall and assessment side of the diet history form. Scoring of the diet reveals she has 10 dietary deficiencies, so she is given the risk code of 422. Go to the back of the WIC-39 and check risk code 422.

Note:

Scoring of the diet is not required if the applicant is determined to have a risk condition other than “Inadequate diet.” However, for the purpose of this example, the diet will be scored.

RANGE OF PRENATAL WEIGHT GAIN FORM—WIC-4

Mrs. Wright's anthropometrical information has been recorded on the Range of Prenatal Weight Gain and the Estimating Prenatal BMI

Category Form (pages 19-20). Both her BMI value and current weight gain fall within normal limits so she will not be given any anthropometrical risk codes.

At this point, all the information concerning Mrs. Wright has been assessed. To complete the assessment portion for her, you should have marked with a ✓ mark or ✗ the nutrition risks on the reverse side of the Pregnant Participant Form WIC—39 (page 16). All five of Mrs. Wright's risk codes should be noted on this form. These risk codes are 201, 321, 332, 422, and 424.

Turn to pages 71-72 to see the completed Pregnant Participant Form, WIC-39, for Betty Wright.

WIC Pregnant Nutritional Risk Codes

Anthropometric – Priority I

- 101 ___ Underweight — Prepregnancy BMI less than 19.8 (R)
 111 ___ Overweight — Prepregnancy BMI greater than or equal to 26.1 (R)
 131 ___ Low Maternal Weight Gain —
 ___ Low weight gain at any point in pregnancy using weight-gain grid and respective prepregnancy weight category
 or

- 16 to 40 Weeks Gestation, singleton pregnancy:
 ___ Underweight women gain less than 4 lb./month
 ___ Normal/overweight women gain less than 2 lb./month
 ___ Obese women gain less than 1 lb./month

- 132 ___ Maternal Weight Loss During Pregnancy — Any weight loss below prepregnancy weight in first trimester (0-13 weeks gestation) or 2 lb. or more in second or third trimesters (14-40 weeks gestation)

- 133 ___ High Maternal Weight Gain — In current pregnancy, has gained 7 lb. or more per month in any trimester (singleton pregnancy)

Biochemical – Priority I

- 201 ___ Low Hematocrit/Low Hemoglobin — (R)
 ___ First trimester (0-13 weeks):
 Hct less than 33.0% or
 Hgb less than 11.0 g/dL
 ___ Second trimester (14-26 weeks):
 Hct less than 32.0% or
 Hgb less than 10.5 g/dL
 ___ Third trimester (27-40 weeks):
 Hct less than 33.0% or
 Hgb less than 11.0 g/dL
 211 ___ Lead Poisoning — Blood lead level of 10 µg/dL or greater within past 12 months (R)

Clinical/Health/Medical – Priority I

- Obstetrical Risks**
 301 ___ Hyperemesis Gravidarum
 302 ___ Gestational Diabetes in Current Pregnancy
 303 ___ History of Gestational Diabetes
 311 ___ History of Preterm Delivery — 37 weeks or less gestation
 312 ___ History of Low Birth Weight Infant — Weighted 5 lbs. 8 ozs. or less (2500 g or less)
 321 ___ History of Fetal Death (20 weeks or greater gestation), History of Neonatal Death (28 days or less of life), or History of Two or more Spontaneous Abortions (miscarriages)
 331 ___ Pregnancy at a Young Age — (conception at 17 years or younger) current pregnancy
 332 ___ Closely Spaced Pregnancies — (conception before 16 months postpartum) current pregnancy
 333 ___ High Parity and Young Age — Woman, younger than 20 years at conception of current pregnancy, who has had three or more previous pregnancies of 20 weeks or more duration, regardless of birth outcome

- 334 ___ Lack of or Inadequate Prenatal Care Beginning After First Trimester or — (See following chart.)

Weeks of Gestation	Number of Prenatal Visits
— 14-21	0 or unknown
— 22-29	1 or less
— 30-31	2 or less
— 32-33	3 or less
— 34 or more	4 or less

- 335 ___ Multi-Fetal Gestation in Current Pregnancy
 336 ___ Fetal Growth Restriction (FGR)
 337 ___ History of Birth of a Large for Gestational Age Infant — Weighs 9 lbs. or more (4000 g or more) or at or above 90th percentile weight for gestational age at birth
 338 ___ Pregnant Woman Currently Breastfeeding
 339 ___ History of Birth with Nutrition-Related Birth Defect — (e.g., inadequate zinc, folic acid, or excess vitamin A)

Nutrition-Related Risk Conditions

- 341 ___ Nutrient Deficiency Diseases — Malnutrition, scurvy, rickets, hypocalcemia, and osteomalacia (Refer to nutrition risk manual for other conditions.) (R)
 342 ___ Gastro-Intestinal Disorders — Ulcers, liver and gallbladder disease, malabsorption syndromes and bowel diseases, pancreatitis, and GER (R)
 343 ___ Diabetes Mellitus
 344 ___ Thyroid Disorders
 345 ___ Hypertension — Chronic and pregnancy-induced
 346 ___ Renal Disease — Excluding urinary-tract infections
 347 ___ Cancer (R)
 348 ___ Central Nervous System Disorders — Parkinson's, epilepsy, cerebral palsy, multiple sclerosis, and spina bifida
 349 ___ Genetic and Congenital Disorders — Cleft lip or palate, Down's syndrome, thalassemia major, muscular dystrophy, and sickle-cell anemia (not sickle-cell trait)
 351 ___ Inborn Errors of Metabolism — PKU, hypolipoproteinemia, and galactosemia (Refer to nutrition risk manual for other conditions.)

- 352 ___ Infectious Diseases within Past Six Months — TB, pneumonia, meningitis, parasitic infections, hepatitis, HIV, or AIDS (R)

- 353 ___ Food Allergy — Wheat, eggs, milk, corn, or peanuts
 354 ___ Celiac Disease — Celiac sprue, gluten enteropathy, or nontropical sprue
 355 ___ Lactose Intolerance
 356 ___ Hypoglycemia
 357 ___ Drug Nutrient Interactions
 358 ___ Eating Disorders — Anorexia nervosa and bulimia (R)

(R) = Allowable regression risk code for breastfeeding and postpartum women.

- 359 ___ Recent Major Surgery, Trauma, or Burns in Past Two Months — Occurrences more than two months previous must have the continued need for nutritional support diagnosed by a physician

- 360 ___ Other Medical Conditions — Juvenile rheumatoid arthritis, lupus erythematosus, heart and cardiorespiratory disease, cystic fibrosis, or persistent moderate or severe asthma requiring daily medication (R)

- 361 ___ Clinical Depression (R)
 362 ___ Developmental, Sensory or Motor Disabilities Interfering with the Ability to Eat — Disabilities that restrict the ability to intake, chew, or swallow food or require tube-feeding to meet nutritional needs. Minimal brain function, brain damage, head trauma, other disabilities, or feeding problems due to a developmental disability

Substance Use/Other Health Risks

- 371 ___ Maternal Smoking — Any current daily smoking of tobacco products (R) (Breastfeeding woman only)
 372 ___ Any Alcohol Use in Current Pregnancy (R)
 373 ___ Any Illegal Drug Use in Current Pregnancy (R)
 381 ___ Dental Problems — Gingivitis of pregnancy, periodontal disease, tooth decay, tooth loss, or ineffectively replaced teeth [(R) (Excluding gingivitis of pregnancy)]

Dietary – Priority IV

- 402 ___ Vegan Diets — No meat, poultry, fish, eggs, milk, cheese, or other dairy products
 403 ___ Highly Restrictive Diets — Very low in calories or involving high-risk eating patterns (R)
 421 ___ Pica — Clay, dirt, baking soda, starch, large quantities of ice, ashes, or paint chips
 422 ___ Inadequate Diet — Three or more diet deficiencies (R)
 423 ___ Inappropriate or Excessive Intake of Dietary Supplements — Includes Vitamins, minerals, and herbal remedies (R)
 424 ___ Inadequate Vitamin/Mineral Supplementation — Not taking 30 mg of iron a day

Other Risks – Priority IV

- 502 ___ Transfer of Certification (No Priority)
 801 ___ Homelessness
 802 ___ Migrancy
 901 ___ Recipient of Abuse/Battering within Past Six Months (R)
 902 ___ Woman with Limited Ability to Make Feeding Decisions and/or Prepare Food —
 ___ 17 years or younger
 ___ Mentally disabled/delayed, or mental illness such as clinical depression
 ___ Physical disability which restricts or limits ability to prepare food
 ___ Current use or history of abusing alcohol or other drugs
 903 ___ Foster Care — During previous six months

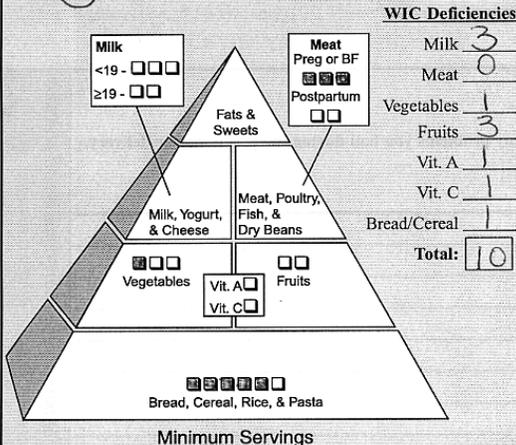


Diet History for Pregnant/Breastfeeding/Postpartum Women
Dietary Recall and Assessment
(Provide all answers except in shaded areas)

Name: Betty Wright
 DOB: 04-08-72 Age: 32
 Status: PG BF PP

List all foods and beverages that you have consumed in the past 24 hours, or on a typical day.	Amount Consumed	Code	Food Habit Questions
Coffee	1 cup	402	Are you on a vegan diet (a diet that <i>does not</i> include any meat, poultry, fish, eggs, milk, cheese, or other dairy products)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Pancake	2	403	Are you on a highly restrictive diet (a diet very low in calories or nutrients)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Egg - scrambled	1/2 cup	420	Breastfeeding women: Do you drink three or more cups of coffee or caffeine beverages a day? Yes <input type="checkbox"/> No <input type="checkbox"/>
Syrup	2 Tbsp	421	Do you eat nonfood items such as dirt, clay, starch, or large quantities of ice? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Bread	2 slices		Do you have nausea, vomiting, heartburn, or constipation? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Chicken salad	1/2 cup		Do you have: a working stove? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> a working refrigerator? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> running water? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Cheese	1 slice		
Rice	1/2 cup		
Corn	1/2 cup		
Chicken breast	3 oz		
Coffee	1 cup		
			Comments:

Code **422** - 3 or more deficiencies



Nutrition Education

- healthy eating
 - smoking/alcohol/drugs
 - caffeine or unsafe herbal tea
 - iron-rich foods/supplements
 - pica
 - physical activity
 - GI disturbances or problems with milk
 - postpartum weight management
 - excessive prenatal weight gain
 - inadequate/excessive intake
 - other: _____
- Date: _____ Counseled by: _____

Comments:

Recall taken by: Suse Smith
 Recall assessed by: _____

Date: 07/26/04
 Date: _____

Name: Betty Wright

Date: 07-26-04

WIC Health History for Pregnant/Breastfeeding/Postpartum Women

Please answer the following questions:	Code	Comments (For Staff Use Only)	NV
Do you have any health problems? Yes ___ No <input checked="" type="checkbox"/>			
Do you have any chronic conditions such as diabetes or heart disease? Yes ___ No <input checked="" type="checkbox"/>			
Are you under a doctor's care? Yes <input checked="" type="checkbox"/> No ___			
Have you been in the hospital (other than for childbirth) or in the emergency room? Yes ___ No <input checked="" type="checkbox"/>			
Are you on a special diet for medical reasons or weight loss? Yes ___ No <input checked="" type="checkbox"/>			
Are there any foods that you limit, avoid, or do not eat for any reason? Yes ___ No <input checked="" type="checkbox"/>			
Are you taking any medications? Yes ___ No <input checked="" type="checkbox"/>	357		
To lose weight, do you ever:	358		
use laxatives? Yes ___ No <input checked="" type="checkbox"/>			
make yourself throw up? Yes ___ No <input checked="" type="checkbox"/>			
go without food? Yes ___ No <input checked="" type="checkbox"/>			
Have you had surgery, burns, or a serious injury? Yes ___ No <input checked="" type="checkbox"/>	359		
Do you:		(Pregnant and Breastfeeding only)	
smoke or use tobacco products? Yes ___ No <input checked="" type="checkbox"/>	371		
drink alcohol? Yes ___ No <input checked="" type="checkbox"/>	372		
use street drugs? Yes ___ No <input checked="" type="checkbox"/>	373		
Do you have trouble eating because of dental problems? Yes ___ No <input checked="" type="checkbox"/>	381		
Do you take:			
herbal medicine or teas? Yes ___ No <input checked="" type="checkbox"/>	423	(Inappropriate or Excessive)	
vitamins/minerals? Yes ___ No <input checked="" type="checkbox"/>	424	(Iron — Pregnant only)	
folic acid? Yes ___ No ___	426	(Folic Acid — Breastfeeding and Postpartum only)	
Breastfeeding women:	602		
Are you experiencing any breastfeeding problems? Yes ___ No ___			
Are you afraid that someone you know may injure or harm you? Yes ___ No ___	901	National Domestic Violence Hotline 1-800-799-7233	

Answer the following questions *only* if this is your first time at this clinic:

How many previous pregnancies have you had? _____ Please list them in the chart below:

No.	Baby's Birth Date	Outcome	Weight at Birth	Premature?		List any problems you had during the pregnancy or delivery.
		L = Live S = Stillbirth M = Miscarriage T = Terminated (Abortion) N = Neonatal Death		Yes	No	
1	04-23-01	L	8# 12oz		<input checked="" type="checkbox"/>	
2	10-27-02	M				
3	09-14-03	L	7# 2oz		<input checked="" type="checkbox"/>	

CPA: Make sure the chart contains all previous and most recent pregnancy outcomes.

Have you used birth control in the past? Yes ___ No

Would you like a referral to family planning? Yes ___ No



RANGE OF PRENATAL WEIGHT GAIN

Name Betty Wright Date 7/26/04 Record #

**Body Mass Index
Weight Category**

- Underweight
- Normal weight
- Overweight
- Obese

**Recommended
Wt. Gain Range**

- 28-40 lbs
- 25-35 lbs
- 15-25 lbs
- 15 lbs

Due Date: 3-09-05

Current weeks gestation: 8

Current wt: 138

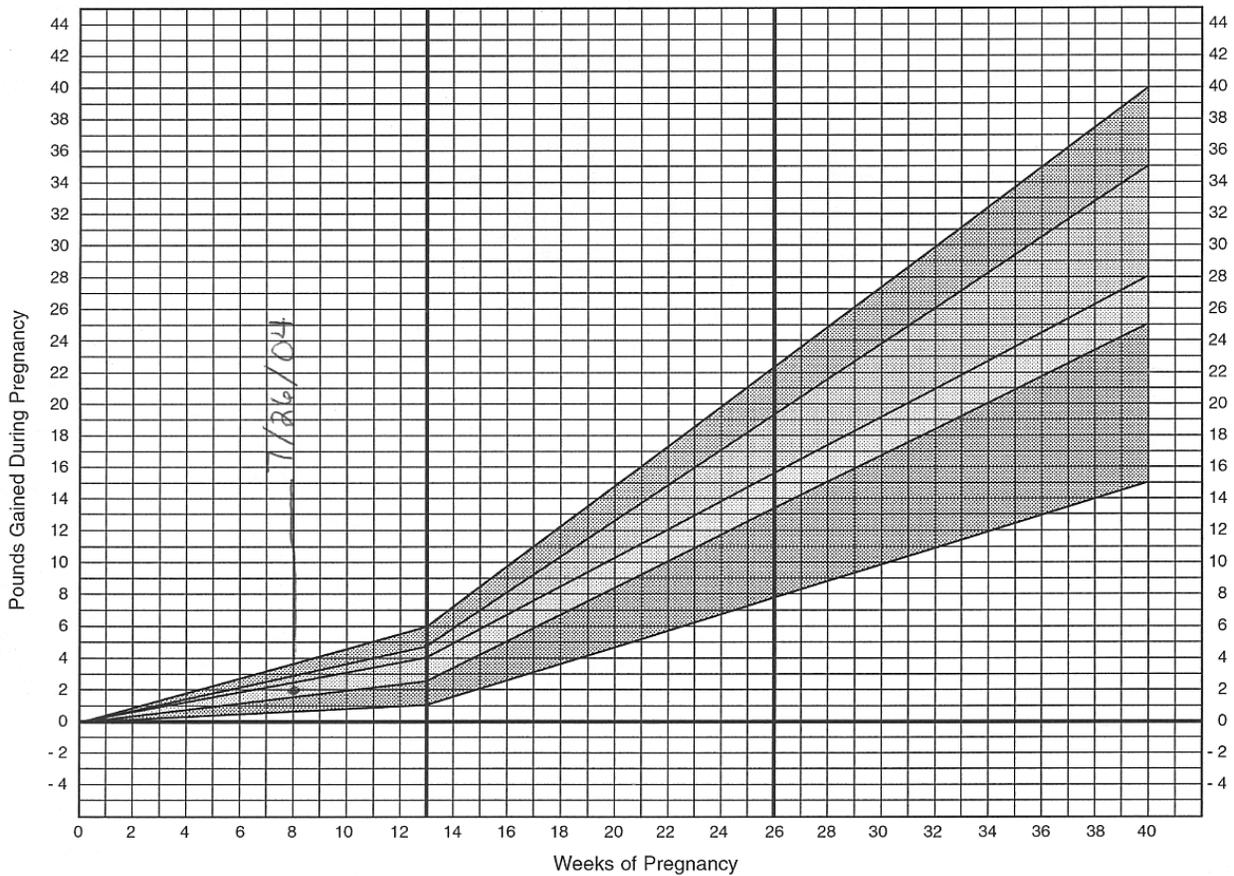
Pre-pregnancy wt: 136

Current wt. gain: 2

INSTRUCTIONS

1. Determine Body Mass Index Weight Category according to instructions on back side.
2. Determine number of current weeks gestation.
3. Obtain current weight and calculate the weight gained (or lost) from the pre-pregnancy weight. If pre-pregnancy weight is unknown, plot the weight obtained on the first prenatal visit at the midpoint of the Recommended Weight Gain Range based on the appropriate Body Mass Index Weight Category (i.e., underweight, normal weight, overweight, obese) and current weeks gestation.
4. Plot the intersection of the weight gained and current weeks gestation. If the pattern varies from the appropriate recommended weight gain range (shaded area), investigation of the cause is indicated.

Prenatal Weight Gain Grid



Adapted from the National Academy of Science's Nutrition during Pregnancy, 1990

ESTIMATING PRENATAL BMI CATEGORY

(Instructions for Use)

1. Pre-pregnancy weight: Ask the client how much she weighed immediately prior to conception. Record this weight. If she does not know, record "unknown" and see instructions on front side.
2. Height in inches: Measure the client's height without shoes. Record in inches, if the measurement falls between 1/8 inch increments, round up.
3. BMI category: Determine the client's pre-pregnancy BMI category using the nomogram below. Find the point where the woman's height and pre-pregnancy weight intersect. To estimate BMI, read the bold number on the dashed line that is closest to this point. Record the BMI number and the BMI category (e.g., obese, overweight, normal weight, or underweight)

Pre-pregnancy weight (lbs): 136

Body Mass Index

Height (in): 66

Underweight – BMI < 19.8

BMI #: 21.8

Normal – BMI 19.8 – 26.0

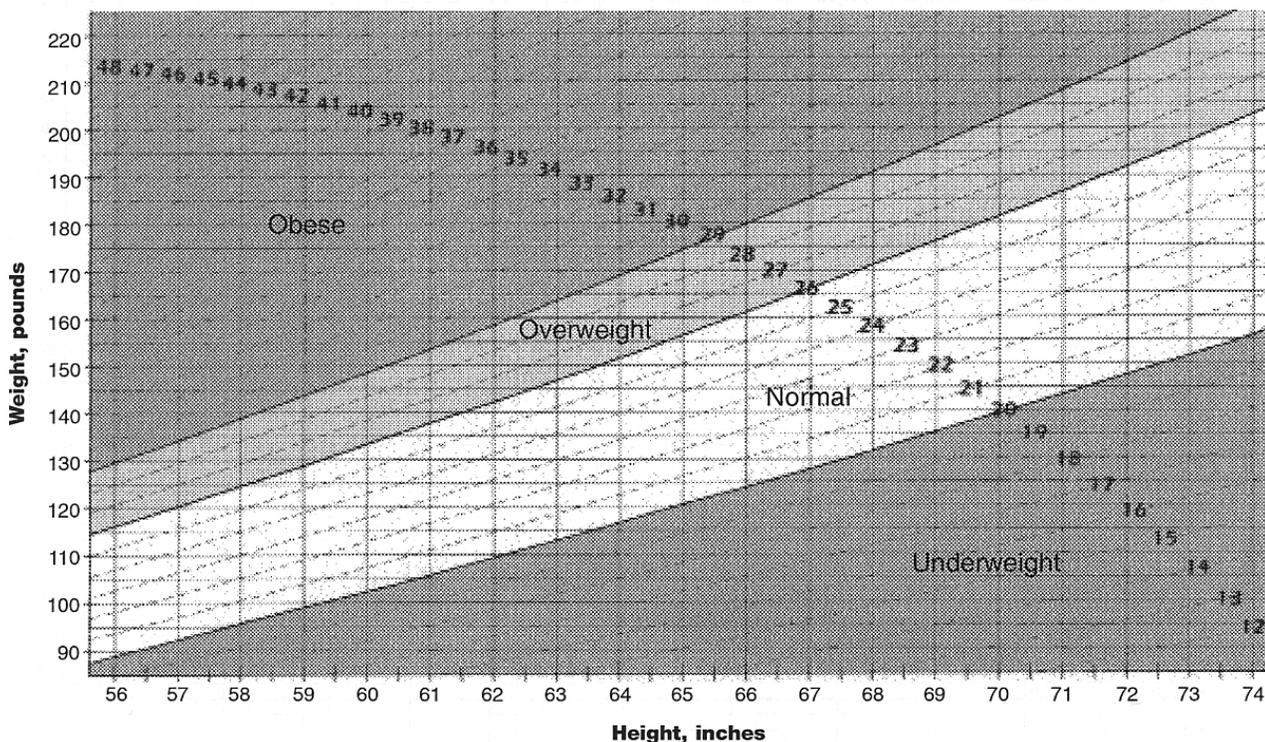
BMI Category: Normal

Overweight – BMI 26.1 – 29.0

English BMI Formula: $BMI = \frac{wt. lb}{ht. in} \div ht. in \times 703$

Obese – BMI >29.0

Chart for Estimating Body Mass Index (BMI) Category and BMI (Pounds and Inches)



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WIC-4 4/02



Blanca Wright

CHILD PARTICIPANT FORM—WIC-38

Blanca's hemoglobin value is recorded on the front of the Child Participant Form (page 23). This form is helpful when determining nutrition risks because it lists the WIC child nutritional risk codes on the back and a brief explanation of what qualifies as a risk for a child. For example, by using the parameters provided for hemoglobin under the heading "Biochemical," we can determine that Blanca's hemoglobin value 11.0, falls below normal limits for a two-to-five year old child. Therefore she is given a biochemical risk code of 201. Go to the back of Blanca's WIC-38 and check risk code 201.

DIET AND HEALTH HISTORY FORM—WIC-44

The next form we need to look at is Blanca's Diet History, Diet Recall and Assessment and Health History for Children ages 1-4 years (pages 25-26). The information obtained on both sides of this form is used to detect the presence of clinical/health/medical, dietary and other risks. The diet history side of the form revealed that Blanca is taking a bottle. Since she is a child greater than 14 months old, she is given the dietary risk of 419, inappropriate use of nursing bottles. The diet recall has been scored and Blanca has a total of 6 dietary deficiencies. Therefore she is given a dietary risk code of 422, inadequate diet. No problems were noted on Blanca's health history. Go to the back of Blanca's WIC-38 and check risk codes 419 and 422.

GROWTH CHARTS—CH-20W

Blanca's anthropometrical information has been recorded on the Growth Charts for Girls: 2-5 years (pages 27-28). Her stature-for-age falls between the 25th and 50th percentile, which is within normal limits. However, her weight-for-age falls between the 90th and 95th percentile, and her BMI value is 19.5 when plotted on the body mass index-for age percentile chart, which is greater than the 95th percentile. Therefore, she is given the anthropometrical risk code of 113, child overweight. Go to the back of Blanca's WIC-38 and check code 113.

All the information concerning Blanca has been assessed. Make sure that you have marked the following nutrition risk codes on the reverse side of the Child Participant Form WIC—38 (page 24): 113, 201, 419, and 422.

Turn to pages 73-74 to see the completed Child Participant Form, WIC-38, for Blanca.

WIC Child Nutritional Risk Codes

Anthropometric – Priority III

- 103 ___ **Child Underweight** — Less than or equal to 10th percentile weight for length or less than or equal to 10th percentile BMI (R)
- 113 ___ **Child Overweight** — For children 24 months or older — Greater than or equal to 95th percentile BMI (R)
- 114 ___ **Child at Risk of Becoming Overweight** — For children 24 months or older — Greater than or equal to 85th and less than 95th percentile BMI. For children 12 months or older having a biological parent who is obese (BMI greater than or equal to 30) at the time of certification (if mother is pregnant or has had a baby within the past 6 months, use her preconceptional weight to assess obesity) (R)
- 121 ___ **Short Stature** — Less than or equal to 10th percentile length or height for age (R)
- 134 ___ **Failure to Thrive (FTT)** (R)
- 135 ___ **Inadequate Growth** (R)
- 141 ___ **Low Birth Weight** — For children younger than 24 months only — Birth weight of 5 lbs. 8 ozs. or less (2500 g or less)
- 151 ___ **Small for Gestational Age** — For children younger than 24 months — Diagnosed by a physician

Biochemical – Priority III

- 201 ___ **Low Hematocrit/Low Hemoglobin** — (R)
- _____ 12 to 24 months: Hct less than 33.0 % or Hgb less than 11.0 g/dL
- _____ 2 to 5 years: Hct less than 33.0% or Hgb less than 11.1 g/dL

Blood test *must be performed* at each certification prior to 24 months.

Blood test may be waived for children 2 to 5 years old, if at previous certification:

- Hematocrit was 33% or greater, or Hemoglobin was 11.1 g/dL or greater

AND

- only qualified for risks 422 and/or 424.

- 211 ___ **Lead Poisoning** — Blood lead level of 10 µg/dL or greater within past 12 months (R)

Clinical/Health/Medical – Priority III

Nutrition-Related Risk Conditions

- 341 ___ **Nutrient Deficiency Diseases** — Malnutrition, scurvy, rickets, hypocalcemia, and osteomalacia (Refer to nutrition risk manual for other conditions.) (R)

- 342 ___ **Gastro-Intestinal Disorders** — Ulcers, liver and gallbladder diseases, GER, malabsorption syndromes, bowel diseases, and pancreatitis (R)
- 343 ___ **Diabetes Mellitus**
- 344 ___ **Thyroid Disorders**
- 345 ___ **Hypertension**
- 346 ___ **Renal Disease** — Excluding urinary-tract infections
- 347 ___ **Cancer** (R)
- 348 ___ **Central Nervous System Disorders** — Epilepsy, cerebral palsy, spina bifida, and myelomeningocele
- 349 ___ **Genetic and Congenital Disorders** — Cleft lip or palate, Down's syndrome, thalassemia major, muscular dystrophy, and sickle-cell anemia (not sickle-cell trait)
- 351 ___ **Inborn Errors of Metabolism** — PKU, hypoproteinemia, and galactosemia (Refer to nutrition risk manual for other conditions.)

- 352 ___ **Infectious Diseases within Past Six Months** — Bronchitis (three episodes in past six months), TB, pneumonia, meningitis, parasitic infections, HIV or AIDS, and hepatitis (R)
- 353 ___ **Food Allergy** — Wheat, eggs, milk, corn, or peanuts
- 354 ___ **Celiac Disease** — Celiac sprue, gluten enteropathy, or nontropical sprue

- 355 ___ **Lactose Intolerance**

- 356 ___ **Hypoglycemia**

- 357 ___ **Drug Nutrient Interactions**

- 359 ___ **Recent Major Surgery, Trauma, Burns in Past Two Months** — Occurrences more than two months previous must have the continued need for nutritional support diagnosed by a physician

- 360 ___ **Other Medical Conditions** — Juvenile rheumatoid arthritis, cardiorespiratory diseases, heart disease, cystic fibrosis, and persistent moderate or severe asthma requiring daily medication (R)

- 361 ___ **Clinical Depression** (R)

- 362 ___ **Developmental, Sensory or Motor Disabilities Interfering with the Ability to Eat** — Disabilities that restrict the ability to intake, chew, or swallow food or require tube-feeding to meet nutritional needs; minimal brain function, brain damage, head trauma, birth injury, other disabilities, or feeding problems due to a developmental disability such as pervasive developmental disorder, which includes autism.

Other Health Risks

- 381 ___ **Dental Problems** — Nursing or baby-bottle caries, smooth surface decay of the maxillary anterior and the primary molars, periodontal disease, tooth decay, tooth loss or ineffectively replaced teeth (R)

- 382 ___ **Fetal Alcohol Syndrome (FAS)**

Dietary – Priority V

- 402 ___ **Vegan Diets** — No meat, poultry, fish, eggs, milk, cheese, or other dairy products

- 403 ___ **Highly Restrictive Diets** — Very low in calories or involving high-risk eating patterns (R)

- 419 ___ **Inappropriate Use of Nursing Bottles**

- 421 ___ **Pica** — Dirt, clay, baking soda, starch, paint chips, or ashes

- 422 ___ **Inadequate Diet** — Three or more diet deficiencies (R)

- 423 ___ **Inappropriate or Excessive Intake of Dietary Supplements** — Includes vitamins, minerals, and herbal remedies (R)

- 424 ___ **Inadequate Vitamin or Mineral Supplementation** — When water supply contains less than 0.3 ppm fluoride:
 - ___ Child younger than 36 months not taking 0.25 mg of fluoride daily or
 - ___ Child 36-72 months not taking 0.5 mg fluoride daily
 When water supply contains 0.3 to 0.6 ppm fluoride:
 - ___ Child 36-72 months not taking 0.25 mg fluoride daily

- 425 ___ **Inappropriate Feeding Practices for Children**

Other Risks – Various Priorities (See each code)

- 501 ___ **Possibility of Regression** (Priority VII)

- 502 ___ **Transfer of Certification** (No Priority)

- 801 ___ **Homelessness** (Priority V)

- 802 ___ **Migrancy** (Priority V)

- 901 ___ **Recipient of Child Abuse or Neglect within Past Six Months** (R) (Priority V)

- 902 ___ **Child of Woman or Primary Caregiver with Limited Ability to Make Feeding Decisions and/or Prepare Food** — (Priority V)
 - ___ 17 years or younger
 - ___ Mentally disabled or delayed, or mental illness such as clinical or postpartum depression
 - ___ Physical disability which restricts or limits ability to prepare food
 - ___ Current use or history of abusing alcohol or other drugs

- 903 ___ **Foster Care** — During previous six months (Priority V)

(R) = Allowable regression risk code for children.



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Diet History for Children ages 1 through 4 Years

Dietary Recall and Assessment

(Provide all answers except in shaded areas)

Name: Blanca Wright
 DOB: 4-23-01 Age: 3

List all foods and beverages consumed by your child in the past 24 hours, or on a typical day.	Amount Consumed	Code	Food Habit Questions
Whole milk (bottle)	8 oz	402	Is your child on a vegan diet (a diet that <i>does not</i> include any meat, poultry, fish, eggs, milk, cheese, or other dairy products)? Yes ___ No <input checked="" type="checkbox"/>
Pancake	1	403	Is your child on a special diet (a diet very low in calories or nutrients)? Yes ___ No <input checked="" type="checkbox"/>
Egg - scrambled	1/4 c	419	Is your child taking a bottle? Yes <input checked="" type="checkbox"/> No ___ Is your child older than 14 months? Yes <input checked="" type="checkbox"/> No ___
Sweetened drink	8 oz	421	Does your child eat nonfood items such as dirt, clay, or paint chips? Yes ___ No <input checked="" type="checkbox"/>
Noodles	1 c	425	Does your child drink 1 1/2 cups or more of fruit juice a day? Yes ___ No <input checked="" type="checkbox"/> If your child is younger than 2 years, does he/she drink any fruit drinks, Kool-Aid, or sodas? Yes ___ No ___ If your child is younger than 2 years, does he/she drink nonfat milk or reduced-fat milk? Yes ___ No ___
Whole milk (bottle)	8 oz		Do you have: a working stove? Yes <input checked="" type="checkbox"/> No ___ a working refrigerator? Yes <input checked="" type="checkbox"/> No ___ running water? Yes <input checked="" type="checkbox"/> No ___
Rice	1/4 c		
Corn	1/4 c		
Chicken	2 oz		
Watermelon	1/2 c		
Whole milk (bottle)	8 oz		
Comments: _____			

Code 422 - 3 or more deficiencies

Minimum Servings

Bread, Cereal, Rice, & Pasta: 6

Vegetables: 2, Vit. A: 1, Fruits: 1

Milk, Yogurt, & Cheese: 2, Meat, Poultry, Fish, & Dry Beans: 2

Fats & Sweets: 1

WIC Deficiencies

Milk 0

Meat 0

Vegetables 1

Fruits 3

Vit. A 1

Vit. C 1

Bread/Cereal 0

Total: 6

Nutrition Education

healthy eating low-fat eating (2 yrs.) for heart health

weaning from bottle whole milk only (younger than 2 yrs.)

feeding skills

iron-rich foods/supplements

pica

physical activity

GI disturbances

foods that cause choking

healthy snacks

obesity prevention/treatment

dental health

inadequate/excessive intake

other: _____

Date: _____ Counseled by: _____

Comments: _____

Recall taken by: Susie Smith Date: 07/26/04
 Recall assessed by: _____ Date: _____

Name: Blanca Wright

Date: 07-26-04

WIC Health History for Children

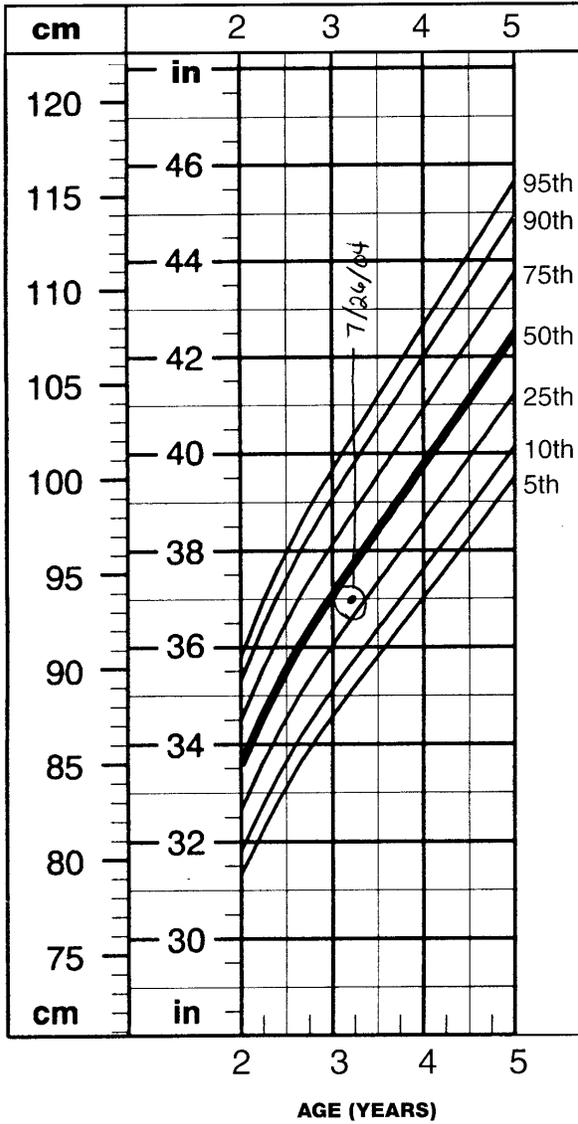
Code	Please answer the following questions:	Comments (For Staff Use Only)	NV
	Was your child born with any medical problems? Yes ___ No <input checked="" type="checkbox"/>		
	Has your child ever had any health problems? Yes ___ No <input checked="" type="checkbox"/>		
	Has your child been in the hospital (other than when born) or in the emergency room? Yes ___ No <input checked="" type="checkbox"/>		
	Is your child on a special diet for medical reasons? Yes ___ No <input checked="" type="checkbox"/>		
	Are there any foods that you limit, avoid, or do not give to your child for any reason? Yes ___ No <input checked="" type="checkbox"/>		
357	Is your child taking any medications? Yes ___ No <input checked="" type="checkbox"/>		
359	Has your child had: surgery? Yes ___ No <input checked="" type="checkbox"/> burns? Yes ___ No <input checked="" type="checkbox"/> serious injury? Yes ___ No <input checked="" type="checkbox"/>		
381	Does your child have any dental problems? white spots Yes ___ No <input checked="" type="checkbox"/> pain in mouth Yes ___ No <input checked="" type="checkbox"/> difficulty chewing Yes ___ No <input checked="" type="checkbox"/> tooth decay or cavities Yes ___ No <input checked="" type="checkbox"/>		
423	Do you give your child: herbal medicine? Yes ___ No <input checked="" type="checkbox"/>	(Inappropriate or Excessive)	
	herbal tea? Yes ___ No <input checked="" type="checkbox"/>		
424	vitamins/minerals? Yes ___ No <input checked="" type="checkbox"/>	(Fluoride)	
901	Are you afraid that someone you know may injure or harm your child? Yes ___ No <input checked="" type="checkbox"/>	National Domestic Violence Hotline 1-800-799-7233	
	Where does your child get health care? Doctor: <u>Jones</u> Shots: <u>WIC</u> Clinic: <u>Health Dept</u>		
	How long since the last health-care visit? ___ 1-3 months <input checked="" type="checkbox"/> 4-6 months ___ 7-9 months ___ 10-12 months		



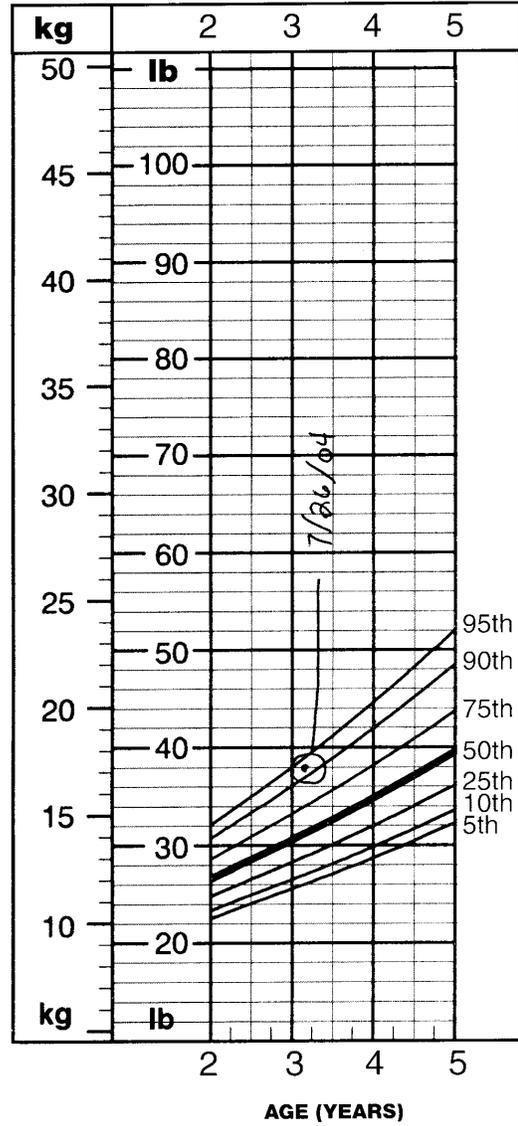
GIRLS: 2-5 YEARS

Name Blanca Wright Record # _____

Stature-for-age percentiles



Weight-for-age percentiles



Adapted from NCHS in collaboration with the National Center for Chronic Disease Prevention and Health Promotion (2000).



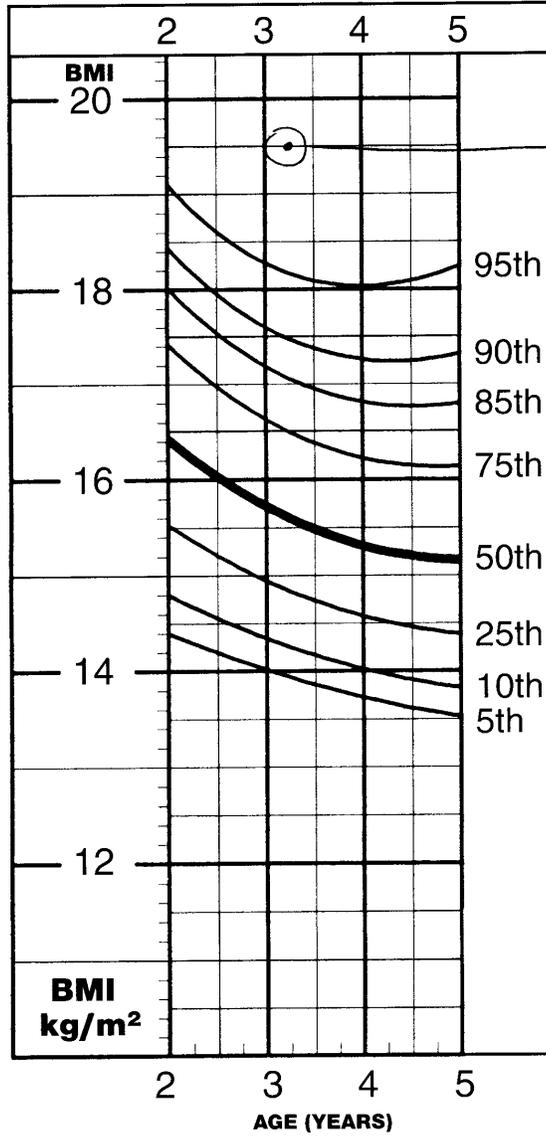
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CH-20W 12/01

GIRLS: 2-5 YEARS

Name Blanca Wright Record # _____

Body mass index-for-age percentiles



English Formula:

$$\text{BMI} = \frac{\text{wt. lb}}{\text{ht. in}^2} \div \text{ht. in} \times 703$$

(fractions and ounces must be converted to decimal values)

BMI

DATE	AGE	LENGTH	WEIGHT	HEAD CIRC.	COMMENT
	Birth				
7/26/04	3yr 3ms	37.0	38.0	19.5	

Bob Wright

INFANT PARTICIPANT FORM—WIC-36

Since Bob is older than six months, his hemoglobin is taken. His value is recorded on the front of the Infant Participant Form WIC-36 (page 31). This form provides helpful information on the back for determining the presence of WIC infant nutritional risks. Bob's hemoglobin value is 11.8, which falls within normal limits, based on the hemoglobin parameters provided on the back of the WIC-36. Therefore Bob is not given a biochemical risk code.

DIET AND HEALTH HISTORY—WIC-42

The next form we need to review is the Diet History, 24-hour diet recall, WIC Health History, for Infants Birth through 11 months (pages 33-34). The information obtained on both sides of this form is used to detect the presence of clinical/health/medical, dietary and other risks. The diet recall and assessment side has the answers to questions that Mrs. Wright provided about Bob's feeding. Mrs. Wright answered that Bob is consuming iron-fortified powder formula, diluted and mixed one scoop of formula to three ounces of water. Formula should be diluted and mixed at the ratio of one scoop of formula to two ounces water. Therefore Bob is given the dietary risk code 415, inappropriate dilution of formula. Bob is also given the risk code 419, inappropriate use of nursing bottles. He is given this code because Mrs. Wright answered that the bottle is routinely used to feed liquids other than breastmilk, formula, or water and that he is put to bed with a bottle. This risk is further substantiated by the dietary recall on the other side of this form, which reveals he had four ounces of sweetened drink in a bottle. He is also given the risk code 416 because he had this sweetened beverage. Go to the back of Bob's WIC-36 and check risk codes 415, 416, and 419.

GROWTH CHART—CH-10W

Bob's anthropometrical information has been recorded on the Growth Chart for Boys: Birth to 36 Months (pages 35-36). His length-for-age falls between the 25th and 50th percentile, which is within normal limits. His weight for age falls below the 5th percentile, suggesting underweight. There is no risk code for weight for age, but this could be an indicator of other risk codes. His weight for length is less than the 10th percentile, therefore he is given the anthropometrical risk code of 103, infant underweight. Go to the back of Bob's WIC-36 and check risk code 103.

All the information concerning Bob Wright has been assessed. To complete the assessment portion for Bob, you should have marked the following nutrition risk codes on the reverse side of the Infant Participant Form WIC—36 (page 32): 103, 415, 416, and 419. Turn to pages 75-76 to see the completed Infant Participant Form, WIC-36, for Bob.

FAMILY CERTIFICATE FORM—WIC-35

In order to ensure that you don't overlook "other" risk codes such as homelessness, migrancy, and being in foster care during the previous six months, you should also review the Family Certification Form WIC—35 (pages 13-14). This form was completed at the beginning of the certification process when identification and income were verified. All the boxes asking for this information are checked "No", so no risk codes are assigned. We have now finished the nutritional assessments for the Wright family. Mrs. Wright, Blanca, and Bob are all eligible for the WIC program, based on your assessment of at least one nutrition risk for each person categorically eligible. At this point the family has completed the certification process and all have been determined eligible, based on residency, income, category, and nutrition risk.

SUPPLEMENTAL INFORMATION FORM (SIF) —WIC-35-1

To document the completed certification of the Wright family, a WIC-35-1, Supplemental Information Form [SIF] (pages 37-42) must be filled out for each family member. The SIF is used to legally document notice of eligibility, ineligibility, termination, release of client information, and applicant and participant rights and obligations. This form is also used to document physical presence. Betty Wright must read all the information on the upper part of the SIF, then sign and date all three of the forms. The SIFs must also be signed and dated by the WIC Certifying Authority (CA). Once the SIFs are signed, the family is ready to receive nutrition counseling. The steps involved in counseling will be covered in the next four chapters.

WIC Infant Nutritional Risk Codes

Anthropometric - Priority I

- 103 ___ Infant Underweight — Less than or equal to 10th percentile weight for length (R)
- 114 ___ Infant at Risk of Becoming Overweight — Infant born to a woman who was obese (BMI greater than or equal to 30) at the time of conception or at any point in the first trimester of the pregnancy, or having a biological father who is obese (BMI greater than or equal to 30) at the time of certification (R)
- 121 ___ Short Stature — Less than or equal to 10th percentile length for age (R)
- 134 ___ Failure to Thrive (FTT) (R)
- 135 ___ Inadequate Growth (R)
- 141 ___ Low Birth Weight — Birth weight of 5 lbs. 8 ozs. or less (2500 g or less)
- 142 ___ Prematurity — 37 weeks or less gestation
- 151 ___ Small for Gestational Age — Diagnosed by a physician
- 152 ___ Low Head Circumference — Less than 5th percentile head circumference
- 153 ___ Large for Gestational Age — Birth weight of 9 lbs. or more (4000 g or more) or diagnosed by a physician

Biochemical - Priority I

- 201 ___ Low Hematocrit/Low Hemoglobin — (R)
6 to 12 months: Hct less than 33% or Hgb less than 11.0 g/dL
- 211 ___ Lead Poisoning — Blood lead level of 10 µg/dL or greater (R)

Clinical/Health/Medical - Priority I

- Nutrition-Related Risk Conditions**
- 341 ___ Nutrient Deficiency Diseases — Malnutrition, scurvy, rickets, hypocalcemia, osteomalacia, and vitamin K deficiency. (Refer to nutrition risk manual for other conditions.) (R)
- 342 ___ Gastro-Intestinal Disorders — Ulcers, liver and gallbladder diseases, malabsorption syndromes, bowel diseases, GER, and pancreatitis (R)
- 343 ___ Diabetes Mellitus
- 344 ___ Thyroid Disorders
- 345 ___ Hypertension
- 346 ___ Renal Disease — Excluding urinary-tract infections
- 347 ___ Cancer (R)
- 348 ___ Central Nervous System Disorders — Epilepsy, cerebral palsy, spina bifida, and myelomeningocele

- 349 ___ Genetic and Congenital Disorders — Cleft lip or palate, Down's syndrome, thalassemia major, and sickle-cell anemia (not sickle-cell trait)
- 350 ___ Pyloric Stenosis
- 351 ___ Inborn Errors of Metabolism — PKU, hyperlipoproteinemia, and galactosemia (refer to nutrition risk manual for other conditions)
- 352 ___ Infectious Diseases within Past Six Months — Bronchiolitis (three episodes in past six months), TB, pneumonia, meningitis, parasitic infections, HIV or AIDS, and hepatitis (R)
- 353 ___ Food Allergy — Wheat, eggs, milk, corn, or peanuts
- 354 ___ Celiac Disease — Celiac sprue, gluten enteropathy, or nontropical sprue
- 355 ___ Lactose Intolerance
- 356 ___ Hypoglycemia
- 357 ___ Drug Nutrient Interactions
- 359 ___ Recent Major Surgery, Trauma, Burns in Past Two Months — Occurrences more than two months previous must have the continued need for nutritional support diagnosed by a physician
- 360 ___ Other Medical Conditions — Heart and cardiorespiratory disease and cystic fibrosis (R)
- 362 ___ Developmental, Sensory or Motor Disabilities Interfering with the Ability to Eat — Disabilities that restrict the ability to intake, chew, or swallow food or require tube-feeding to meet nutritional needs; minimal brain function, brain damage, birth injury, head trauma, other disabilities, or feeding problems due to a developmental disability

Other Health Risks

- 381 ___ Dental Problems — Nursing bottle or baby-bottle caries (smooth surface decay of maxillary anterior and primary molars) (R)
- 382 ___ Fetal Alcohol Syndrome (FAS)

Dietary - Priority IV

- 402 ___ Vegan Diets — No meat, poultry, fish, eggs, milk, cheese, or other dairy products
- 403 ___ Highly Restrictive Diets — Very low in calories or involving high-risk eating patterns (R)
- 411 ___ Inappropriate Infant Feeding Practices
- 412 ___ Early Introduction of Solid Foods
- 413 ___ Feeding Cow's Milk During First 12 Months

- 414 ___ No Dependable Source of Iron at 6 Months or Later
- 415 ___ Improper Dilution of Formula
- 416 ___ Feeding Other Foods Low in Essential Nutrients
- 417 ___ Lack of Sanitation in Preparation, Handling, and Storage of Formula or Expressed Breastmilk
- 418 ___ Infrequent Breastfeeding as Sole Source of Nutrients
- 419 ___ Inappropriate Use of Nursing Bottles
- 423 ___ Inappropriate or Excessive Intake of Dietary Supplements — Includes vitamins, minerals, and herbal remedies (R)
- 424 ___ Inadequate Vitamin/Mineral Supplementation — Infants 6 months or older not taking 0.25 mg fluoride when water supply has less than 0.3 ppm fluoride

Other Risks - Various Priorities (See each code)

- 502 ___ Transfer of Certification (no priority)
- 603 ___ Infant Breastfeeding Complications or Potential Complications — jaundice, weak or ineffective suck, difficulty latching on to mother's breast, or less than six wet diapers/day (Priority I)
- 701 ___ Infant Up to 6 Months Old of WIC Mother (Priority II)
- 702 ___ Breastfeeding Infant of Woman at Nutritional Risk (Priority I, II, or IV)
- 703 ___ Infant of Woman with Mental Retardation or Alcohol or Drug Abuse During Most Recent Pregnancy (Priority I)
- 704 ___ Infant Up to 6 Months of a Woman Who Would Have Been Eligible During Pregnancy — (Priority II)
Pregnancy Risk Code: _____
- 801 ___ Homelessness (Priority IV)
- 802 ___ Migrancy (Priority IV)
- 901 ___ Recipient of Child Abuse/Neglect within Past Six Months (R) (Priority IV)
- 902 ___ Infant of Woman or Primary Caregiver with Limited Ability to Make Feeding Decisions and/or Prepare Food — (Priority IV)
____ 17 years or younger
____ Mentally disabled/delayed, or mental illness such as clinical or postpartum depression
____ Physical disability which restricts or limits ability to prepare food
____ Current use or history of abusing alcohol or other drugs
903 ___ Foster Care — During previous six months (Priority IV)



(R) = Allowable regression risk code for children.

Name Bob Wright

Date: 7-26-04

24-Hour Infant Diet Recall

<p>What foods/beverages, other than breastmilk or formula, have you given the baby in the last 24 hours? (List amounts.)</p> <p><u>Pancake 1/2</u> <u>Sweetened drink 4 oz</u> <u>Rice 1/8 c</u> <u>Chicken 1 oz</u></p> <p>Is your baby finger feeding or eating finger foods? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>How are solid foods fed to baby? <u>spoon</u></p> <p>Do you ...</p> <p>give water? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> How much? <u>4 oz</u></p> <p>give tea or coffee? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>give colas or other sweetened beverages? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>give other high calorie nonnutritious foods? (corn syrup, sugar, or salt) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>give honey? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	<p>No Dependable Source of Iron After 6 Months 414</p> <ul style="list-style-type: none"> no iron-fortified formula, iron-fortified cereals, meats, or oral iron supplements <p>Vegan Diets 402</p> <ul style="list-style-type: none"> no animal or dairy products <p>Highly Restrictive Diets 403</p> <ul style="list-style-type: none"> very low in calories, severely limits intake or important food sources of nutrients, restricts timing or combination of foods, or other high-risk eating patterns <p>Inappropriate Infant Feeding 411</p> <ul style="list-style-type: none"> 7-9 months — infant not beginning to finger feed fed or feeding foods that could cause choking <p>Inappropriate Infant Feeding 411</p> <ul style="list-style-type: none"> feeding solids in the bottle or infant feeder use a syringe-type feeder not using a spoon for solids <p>Feeding Foods Low in Essential Nutrients (416)</p> <ul style="list-style-type: none"> more than four oz. of water per day any amount of tea, coffee, cola, or caffeine-containing foods any sweetened beverages or high-calorie foods <p>Inappropriate Infant Feeding 411</p> <ul style="list-style-type: none"> give honey
--	---

WIC Health History for Infants

Please answer the following questions:	Comments (For Staff Use Only)	NV	Code
Was your infant born with any medical problems? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
Has your infant ever had any health problems? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
Has your infant been in the hospital (other than when born) or the emergency room? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
Is your infant on a special diet for medical reasons? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
Are there any foods that you limit, avoid, or do not give your infant for any reason? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
Is your infant taking any medications? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			357
Has your infant had: surgery? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> burns? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> serious injury? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			359
Do you give your infant: herbal medicine? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> herbal tea? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> vitamins/minerals? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	(Inappropriate or Excessive)		423
	(Fluoride)		424
Do you have: a working stove? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> a working refrigerator? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> running water? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Are you afraid that someone you know may injure or harm your infant? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	National Domestic Violence Hotline 1-800-799-7233		901
Where does your infant get health care? Doctor: <u>Jones</u> Shots: <u>WIC</u> Clinic: <u>Health Dept</u>	How long since the last health care visit? <input type="checkbox"/> 1 - 3 months? <input checked="" type="checkbox"/> 4 - 6 months? <input type="checkbox"/> 7 - 9 months? <input type="checkbox"/> 10-12 months?		

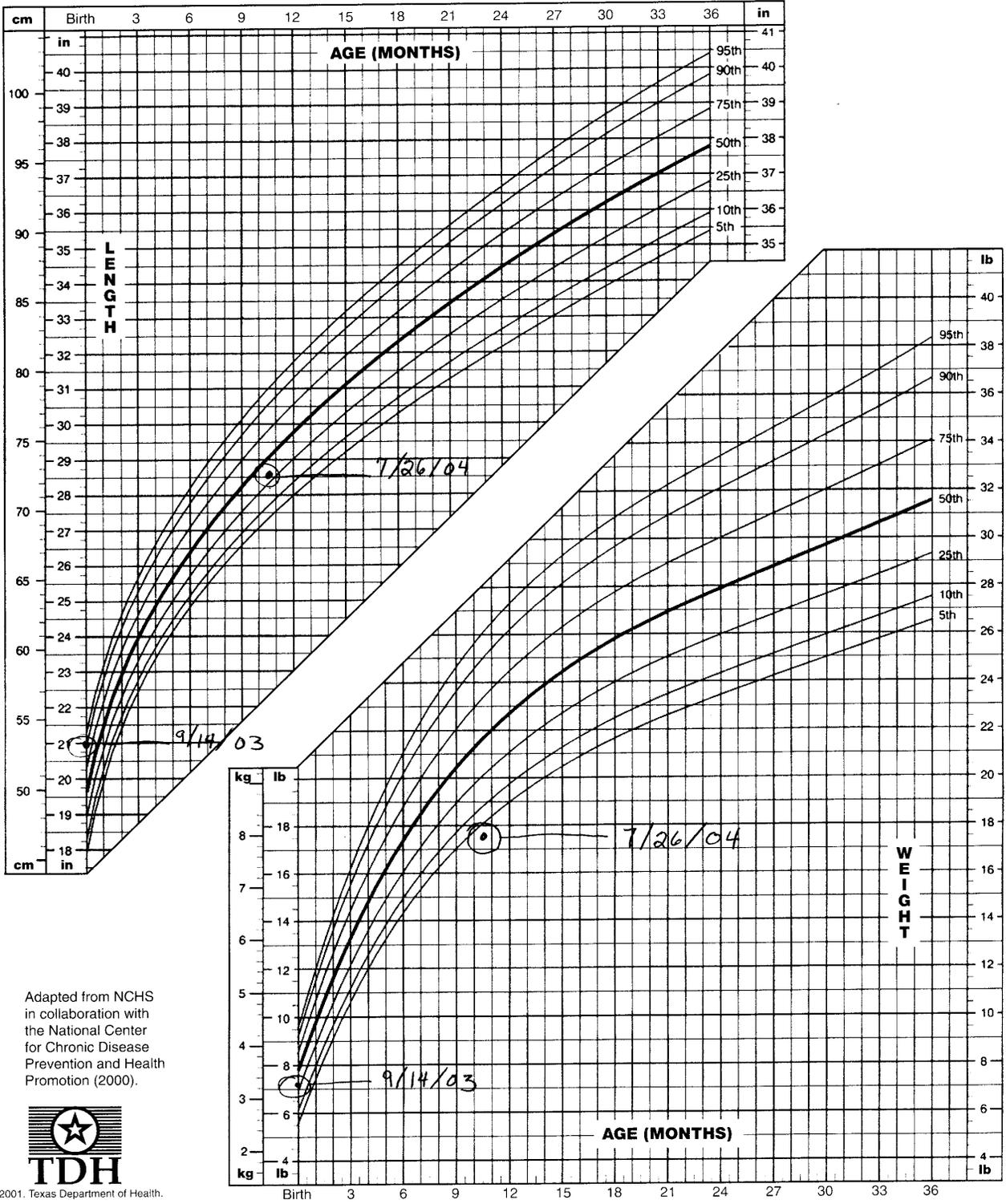


BOYS: BIRTH TO 36 MONTHS

Name Bob Wright

Record # _____

Length-for-age and weight-for-age percentiles



Adapted from NCHS in collaboration with the National Center for Chronic Disease Prevention and Health Promotion (2000).



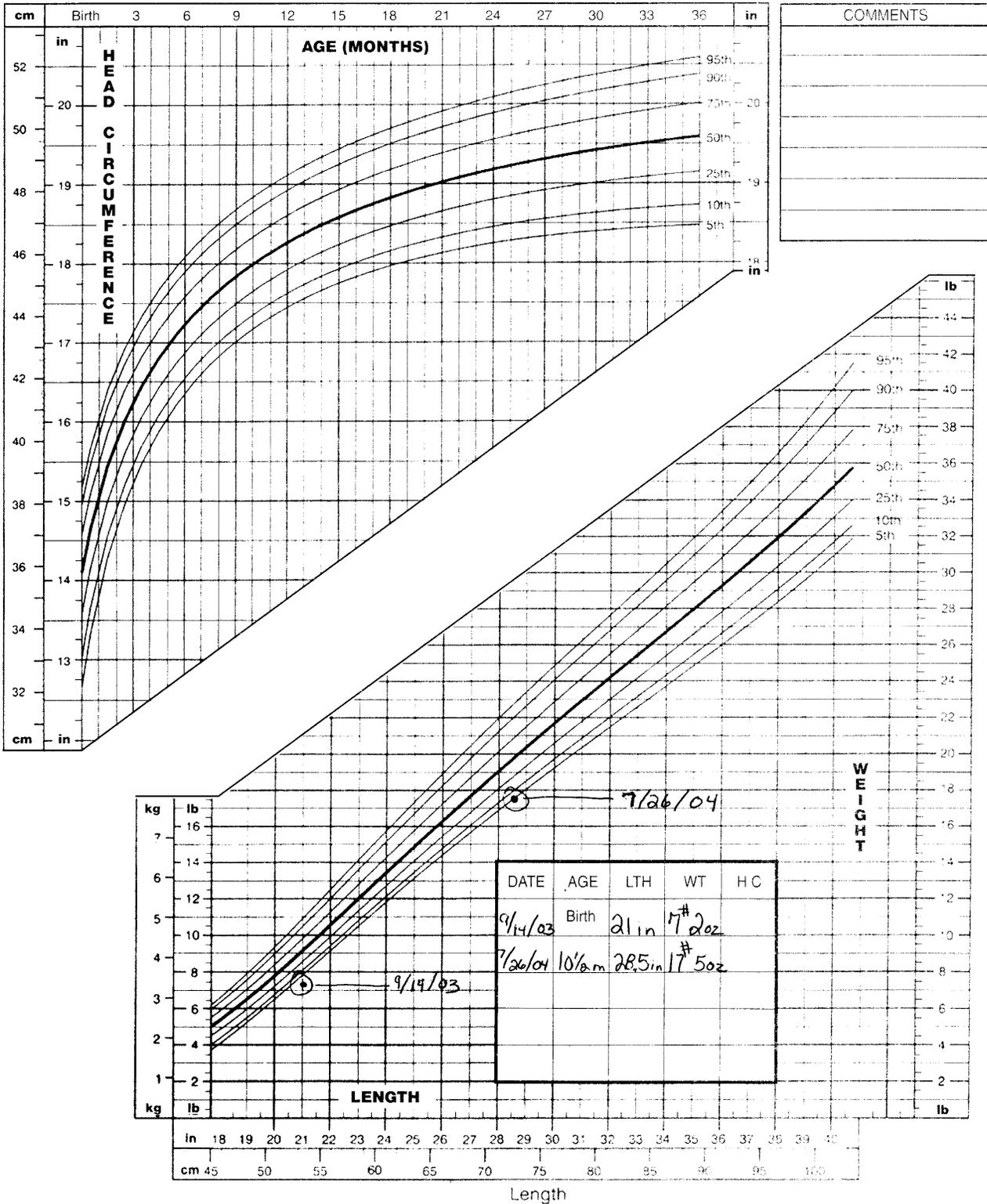
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BOYS: BIRTH TO 36 MONTHS

Name Bob Wright

Record # _____

Head circumference-for-age and weight-for-length percentiles



Supplemental Information Form

- A. This agency will make health services and nutrition education available to you, and you are encouraged to participate in them.
- B. Standards for participation in the WIC Program are the same for everyone regardless of sex, age, disability, race, color, or national origin.
- C. I will buy only WIC approved foods and never redeem vouchers for cash, credit, non-food items or unauthorized foods.
 I will be polite to clinic and store staff. I understand that if I threaten or do harm to the staff, I may be suspended from the program.
 I will not sell or trade my WIC vouchers, food or formula purchased with WIC vouchers.
 I understand WIC foods are to be eaten by the WIC participant only.
 I understand that if my vouchers are lost or stolen, they may not be replaced.

Dual Benefits

I hereby state that neither my dependents nor I currently receive benefits from another clinic. I also agree that I (we) will not receive WIC benefits from more than one clinic during the same period. I understand that receiving dual benefits is considered fraud.

Receiving dual benefits may subject me to:

1. repaying in cash the value of food benefits improperly issued to me and/or my dependent(s)
2. prosecution under State and Federal laws, and
3. being disqualified from participating in WIC.

I have been advised of my rights and obligations under the program. I certify that the information I have provided for my eligibility determination is correct, to the best of my knowledge. This certification form is being submitted in connection with the receipt of Federal assistance. Program officials may verify information provided to the WIC Program. I understand that intentionally making a false or misleading statement or intentionally misrepresenting, concealing or withholding facts may result in paying the State agency, in cash the value of the food benefits improperly issued to me and may subject me to civil or criminal prosecution under the State and Federal law. I am not participating in any other WIC clinic.

Shared Client Information:

The eligibility data used to enroll you in the WIC Program (income, medical information, etc.) will be shared with Health and Human Services Program or other WIC Programs, if you transfer. The programs will use this information only to determine your eligibility for their program and will not release it to anyone else.

Privacy Notification

With a few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See <http://www.tdh.state.tx.us> for more information on Privacy Notification. (Reference: Government Code, Section 552.021, 552.023, 559.003 and 559.004)

Betty Wright 7/26/04
 Signature of participant/parent/guardian/caregiver Date Signature of additional parent/guardian/caregiver Date Child's name

-For Official Use Only-

I certify that I determined the eligibility of this participant

Susie Smith 07/26/04
 WIC Official Signature Title (must be a Competent Professional Authority) Date

Physically Present Yes No Date Infant Presented: _____

Termination or Ineligibility Reason(s) (Circle)

1. Moved out of state.
2. No condition of nutritional need.
 - Height, weight, and hemoglobin or hematocrit are within normal limits.
 - Diet is adequate.
 - Growth measurements are within normal limits.
 - Medical history shows no condition of nutritional need.
3. Exceeds income standard.
4. Child is five years or older.
5. Pregnancy ended more than six months ago or mother stopped breastfeeding before one year, or breastfed child is over one year old.
6. Certification is past due.
7. Program abuse/dual participation. Program abuse includes but is not limited to the following:
 - Selling or trading WIC vouchers, food or formula purchased with WIC vouchers.
 - Threatening behavior or physical harm done to the clinic or store staff.
 - Failure to report correct income during certification
 - Giving a false address during certification
 - Receiving food vouchers from more than one WIC site.
 - Purchasing unauthorized foods with WIC food vouchers.
8. Caseload management. Please be advised that you ans/or your child are still eligible for the program. You have been placed on a waiting list as a Priority.
9. Other _____

If found ineligible, you have been notified of the reason(s) for your ineligibility/termination and of the right to a fair hearing. If you feel your ineligibility was determined unfairly, you may request a fair hearing. The fair hearing procedure will be explained to you by personnel at this agency. You may also file a complaint by calling our toll-free number 1-800-942-3678.

 Signature of participant or parent/guardian/caregiver Date Child's name

I certify that I determined the ineligibility of this participant

 WIC Official Signature Date Title (If participant is ineligible due to reasons 2, 7, or 8, a Competent Professional Authority must sign.)



Formulario De Información Suplementaria

- A. Esta agencia proporciona servicios de salud y educación nutricional y se la invita a participar.
- B. Las normas para participar en el programa WIC son iguales para todos, sin tomar en cuenta el sexo, la edad, incapacidad, raza, color u origen nacional.
- C. Compraré solo los alimentos aprobados por WIC y nunca cambiaré los cupones por dinero, crédito, productos que no son comestibles o alimentos que no son autorizados.

Seré cortés con el personal de la clínica y la tienda. Entiendo que si amenazo o le causo algún daño al personal, se me puede suspender del programa. No venderé ni cambiaré mis cupones de WIC, los alimentos o la fórmula comprados con esos cupones. Entiendo que los alimentos de WIC son para el uso del participante de WIC solamente. Entiendo que si pierdo mis cupones o me los roban, no se pueden reemplazar.

Beneficios dobles

Declaro que en este momento, ni mis dependientes ni yo, estamos recibiendo beneficios de ninguna otra clínica. Además, estoy de acuerdo en que yo (nosotros) no recibiré (no recibiremos) beneficios de más de una clínica a la vez. Entiendo que esto se considera un fraude.

Al recibir beneficios dobles estoy propenso a:

1. pagar en efectivo el valor de los beneficios de alimentos que inapropiadamente se otorgaron a mi(s) dependiente(s) y a mí.
2. ser juzgada bajo las leyes estatales y federales, y.
3. ser descalificada para participar en WIC.

He sido advertido sobre mis derechos y deberes bajo este programa. Certifico que la información proporcionada para determinar si califico para recibir los servicios es correcta según mi conocimiento. Este formulario de certificación se ha entregado en relación con el recibimiento de asistencia federal. Los oficiales del programa pueden verificar la información proporcionada al Programa WIC. Entiendo que hacer intencionalmente una declaración falsa o engañosa, o intencionalmente esconder, ocultar o distorsionar información puede resultar en un pago, en efectivo, a la agencia estatal por el costo de los beneficios alimenticios que se me otorgaron inapropiadamente, y puedo ser sometido a un tribunal en corte civil o criminal bajo las leyes federales y estatales. No estoy recibiendo servicios de ninguna otra clínica de WIC.

Información que se comparte sobre el cliente:

La información que le hace a usted elegible para el programa WIC (ingresos económicos, información médica, etc.) va a ser compartida con los programas de salud y servicios humanos anotados en la hoja anexa. Las agencias utilizarán la información con el único propósito de determinar su elegibilidad para sus programas, y no se le proporcionará a nadie más.

Notificación Sobre Privacidad

Tan solo por unas cuantas excepciones; usted tiene el derecho de solicitar y de ser informado sobre la información que el Estado de Texas reúne usted. A usted se le debe conceder el derecho de recibir y revisar la información al pedirla. Usted también tiene el derecho de pedir que la agencia estatal corrija cualquier información que se ha determinado ser incorrecta. Dirijase a <http://www.tdh.state.tx.us> para más información sobre la Notificación sobre privacidad. (Referencia: *Government Code*, sección 552.021, 552.023, 559.003 y 559.004)

Firma del participante/padres/
tutor/persona que los cuida

Fecha

Firma adicional padres/tutor/
persona que los cuida

Fecha

Nombre del niño

-Para Uso Oficial-----

Certifico que he determinado la elegibilidad de este participante

Firma del oficial de WIC Titulo (debe ser una Autoridad Profesional y Competente)

Fecha

Presente en persona Sí No

Fecha en que se presentó el bebé: _____

Razones por terminación de servicios o inelegibilidad (Ponga un círculo)

1. Se mudó para otro estado.
2. No se muestran deficiencias nutricionales:
 - Estructura, peso, hemoglobina, "hematocrit", están dentro de los límites normales.
 - Dieta adecuada.
 - Desarrollo dentro de los límites normales.
 - La historia clínica no muestra una condición de necesidades nutricionales.
3. Sobrepasa los límites de ingresos económicos.
4. El niño tiene cinco años o más.
5. El embarazo terminó hace más de seis meses, o la madre dejó de alimentar con pecho al niño antes del primer año, o el niño alimentado con pecho tiene más de un año.
6. Se venció la certificación.
7. Abuso del programa/participación doble. El abuso del programa incluye, pero no se limita, a los siguientes puntos:
 - Vender o intercambiar los cupones de WIC, los alimentos o la fórmula adquiridos con los cupones de WIC.
 - Trato grosero, abusivo, amenazador o hacer daño físico al personal y clínica de WIC o al personal de la tienda de abarrotes.
 - No reportar los verdaderos ingresos durante la certificación.
 - Dar una dirección falsa durante la certificación.
 - Recibir cupones de más de una clínica de WIC en el mismo mes del año.
 - Comprar alimentos que no son autorizados con los cupones de WIC.
8. Administración de Casos. Le informamos que usted y/o su niño aún son elegibles para el programa de WIC. Su nombre se ha puesto en una lista de espera de prioridad.
9. Otro _____

Si se determina que es inelegible, usted ha sido notificado de las causas de la inelegibilidad/terminación, y de su derecho en pedir una audiencia justa. Si usted piensa que fue declarada inelegible fuera de su derecho, usted puede solicitar una audiencia justa. La audiencia justa la será explicada a usted por el personal de esta agencia. También puede dar su queja llamando a la línea gratuita al 1-800-942-3678.

Firma de participante/padres/tutor/personal que lo cuida

Fecha

Nombre del niño

Certifico que he determinado la inelegibilidad de este participante

Firma del Oficial de WIC

Fecha

Titulo (Si el participante es inelegible por las razones 2, 7, u 8 la persona que firma debe ser una Autoridad Profesional y Competente)



WIC 35-1

Rev 10/2002



Supplemental Information Form

- A. This agency will make health services and nutrition education available to you, and you are encouraged to participate in them.
- B. Standards for participation in the WIC Program are the same for everyone regardless of sex, age, disability, race, color, or national origin.
- C. I will buy only WIC approved foods and never redeem vouchers for cash, credit, non-food items or unauthorized foods.
 I will be polite to clinic and store staff. I understand that if I threaten or do harm to the staff, I may be suspended from the program.
 I will not sell or trade my WIC vouchers, food or formula purchased with WIC vouchers.
 I understand WIC foods are to be eaten by the WIC participant only.
 I understand that if my vouchers are lost or stolen, they may not be replaced.

Dual Benefits

I hereby state that neither my dependents nor I currently receive benefits from another clinic. I also agree that I (we) will not receive WIC benefits from more than one clinic during the same period. I understand that receiving dual benefits is considered fraud.

Receiving dual benefits may subject me to:

1. repaying in cash the value of food benefits improperly issued to me and/or my dependent(s)
2. prosecution under State and Federal laws, and
3. being disqualified from participating in WIC.

I have been advised of my rights and obligations under the program. I certify that the information I have provided for my eligibility determination is correct, to the best of my knowledge. This certification form is being submitted in connection with the receipt of Federal assistance. Program officials may verify information provided to the WIC Program. I understand that intentionally making a false or misleading statement or intentionally misrepresenting, concealing or withholding facts may result in paying the State agency, in cash the value of the food benefits improperly issued to me and may subject me to civil or criminal prosecution under the State and Federal law. I am not participating in any other WIC clinic.

Shared Client Information:

The eligibility data used to enroll you in the WIC Program (income, medical information, etc.) will be shared with Health and Human Services Program or other WIC Programs, if you transfer. The programs will use this information only to determine your eligibility for their program and will not release it to anyone else.

Privacy Notification

With a few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See <http://www.tdh.state.tx.us> for more information on Privacy Notification. (Reference: Government Code, Section 552.021, 552.023, 559.003 and 559.004)

Signature of participant/parent/guardian/caregiver: Betty Mught Date: 7/26/04
 Signature of additional parent/guardian/caregiver: _____ Date: _____
 Child's name: Blanca Wright

-For Official Use Only-

I certify that I determined the eligibility of this participant

Signature: Susie Smith Date: 07/26/04
 WIC Official Signature Title (must be a Competent Professional Authority) _____

Physically Present Yes No Date Infant Presented: _____

Termination or Ineligibility Reason(s) (Circle)

1. Moved out of state.
2. No condition of nutritional need.
 - Height, weight, and hemoglobin or hematocrit are within normal limits.
 - Diet is adequate.
 - Growth measurements are within normal limits.
 - Medical history shows no condition of nutritional need.
3. Exceeds income standard.
4. Child is five years or older.
5. Pregnancy ended more than six months ago or mother stopped breastfeeding before one year, or breastfed child is over one year old.
6. Certification is past due.
7. Program abuse/dual participation. Program abuse includes but is not limited to the following:
 - Selling or trading WIC vouchers, food or formula purchased with WIC vouchers.
 - Threatening behavior or physical harm done to the clinic or store staff.
 - Failure to report correct income during certification
 - Giving a false address during certification
 - Receiving food vouchers from more than one WIC site.
 - Purchasing unauthorized foods with WIC food vouchers.
8. Caseload management. Please be advised that you ans/or your child are still eligible for the program. You have been placed on a waiting list as a Priority.
9. Other _____

If found ineligible, you have been notified of the reason(s) for your ineligibility/termination and of the right to a fair hearing. If you feel your ineligibility was determined unfairly, you may request a fair hearing. The fair hearing procedure will be explained to you by personnel at this agency. You may also file a complaint by calling our toll-free number 1-800-942-3678.

Signature of participant or parent/guardian/caregiver _____ Date _____ Child's name _____

I certify that I determined the ineligibility of this participant

WIC Official Signature _____ Date _____ Title (If participant is ineligible due to reasons 2, 7, or 8, a Competent Professional Authority must sign.) _____



Formulario De Información Suplementaria

- A. Esta agencia proporciona servicios de salud y educación nutricional y se la invita a participar.
- B. Las normas para participar en el programa WIC son iguales para todos, sin tomar en cuenta el sexo, la edad, incapacidad, raza, color u origen nacional.
- C. Compraré solo los alimentos aprobados por WIC y nunca cambiaré los cupones por dinero, crédito, productos que no son comestibles o alimentos que no son autorizados.

Seré cortés con el personal de la clínica y la tienda. Entiendo que si amenazo o le causo algún daño al personal, se me puede suspender del programa. No venderé ni cambiaré mis cupones de WIC, los alimentos o la fórmula comprados con esos cupones. Entiendo que los alimentos de WIC son para el uso del participante de WIC solamente. Entiendo que si pierdo mis cupones o me los roban, no se pueden reemplazar.

Beneficios dobles

Declaro que en este momento, ni mis dependientes ni yo, estamos recibiendo beneficios de ninguna otra clínica. Además, estoy de acuerdo en que yo (nosotros) no recibiré (no recibiremos) beneficios de más de una clínica a la vez. Entiendo que esto se considera un fraude.

Al recibir beneficios dobles estoy propenso a:

1. pagar en efectivo el valor de los beneficios de alimentos que inapropiadamente se otorgaron a mi(s) dependiente(s) y a mí.
2. ser juzgada bajo las leyes estatales y federales, y.
3. ser descalificada para participar en WIC.

He sido advertido sobre mis derechos y deberes bajo este programa. Certifico que la información proporcionada para determinar si califico para recibir los servicios es correcta según mi conocimiento. Este formulario de certificación se ha entregado en relación con el recibimiento de asistencia federal. Los oficiales del programa pueden verificar la información proporcionada al Programa WIC. Entiendo que hacer intencionalmente una declaración falsa o engañosa, o intencionalmente esconder, ocultar o distorsionar información puede resultar en un pago, en efectivo, a la agencia estatal por el costo de los beneficios alimenticios que se me otorgaron inapropiadamente, y puedo ser sometido a un tribunal en corte civil o criminal bajo las leyes federales y estatales. No estoy recibiendo servicios de ninguna otra clínica de WIC.

Información que se comparte sobre el cliente:

La información que le hace a usted elegible para el programa WIC (ingresos económicos, información médica, etc.) va a ser compartida con los programas de salud y servicios humanos anotados en la hoja anexa. Las agencias utilizarán la información con el único propósito de determinar su elegibilidad para sus programas, y no se le proporcionará a nadie más.

Notificación Sobre Privacidad

Tan solo por unas cuantas excepciones; usted tiene el derecho de solicitar y de ser informado sobre la información que el Estado de Texas reúne usted. A usted se le debe conceder el derecho de recibir y revisar la información al pedirla. Usted también tiene el derecho de pedir que la agencia estatal corrija cualquier información que se ha determinado ser incorrecta. Diríjase a <http://www.tdh.state.tx.us> para más información sobre la Notificación sobre privacidad. (Referencia: *Government Code*, sección 552.021, 552.023, 559.003 y 559.004)

Firma del participante/padres/
tutor/persona que los cuida

Fecha

Firma adicional padres/tutor/
persona que los cuida

Fecha

Nombre del niño

~~-Para Uso Oficial-----~~

Certifico que he determinado la elegibilidad de este participante

Firma del oficial de WIC Titulo (debe ser una Autoridad Profesional y Competente)

Fecha

Presente en persona Sí No

Fecha en que se presentó el bebé: _____

Razones por terminación de servicios o inelegibilidad (Ponga un círculo)

- | | |
|--|--|
| <ol style="list-style-type: none"> 1. Se mudó para otro estado. 2. No se muestran deficiencias nutricionales: <ul style="list-style-type: none"> • Estatura, peso, hemoglobina, "hematocrit", están dentro de los límites normales. • Dieta adecuada. • Desarrollo dentro de los límites normales. • La historia clínica no muestra una condición de necesidades nutricionales. 3. Sobre pasa los límites de ingresos económicos. 4. El niño tiene cinco años o más. 5. El embarazo terminó hace más de seis meses, o la madre dejó de alimentar con pecho al niño antes del primer año, o el niño alimentado con pecho tiene más de un año. 6. Se venció la certificación. | <ol style="list-style-type: none"> 7. Abuso del programa/participación doble. El abuso del programa incluye, pero no se limita, a los siguientes puntos: <ul style="list-style-type: none"> • Vender o intercambiar los cupones de WIC, los alimentos o la fórmula adquiridos con los cupones de WIC. • Trato grosero, abusivo, amenazador o hacer daño físico al personal y clínica de WIC o al personal de la tienda de abarrotes. • No reportar los verdaderos ingresos durante la certificación. • Dar una dirección falsa durante la certificación. • Recibir cupones de más de una clínica de WIC en el mismo mes del año. • Comprar alimentos que no son autorizados con los cupones de WIC. 8. Administración de Casos. Le informamos que usted y/o su niño aún son elegibles para el programa de WIC. Su nombre se ha puesto en una lista de espera de prioridad. 9. Otro |
|--|--|

Si se determina que es inelegible, usted ha sido notificado de las causas de la inelegibilidad/terminación, y de su derecho en pedir una audiencia justa. Si usted piensa que fue declarada inelegible fuera de su derecho, usted puede solicitar una audiencia justa. La audiencia justa la será explicada a usted por el personal de esta agencia. También puede dar su queja llamando a la línea gratuita al 1-800-942-3678.

Firma de participante/padres/tutor/personal que lo cuida

Fecha

Nombre del niño

Certifico que he determinado la inelegibilidad de este participante

Firma del Oficial de WIC

Fecha

Titulo (Si el participante es inelegible por las razones 2, 7, u 8 la persona que firma debe ser una Autoridad Profesional y Competente)



WIC 35-1

Rev 10/2002



Supplemental Information Form

- A. This agency will make health services and nutrition education available to you, and you are encouraged to participate in them.
- B. Standards for participation in the WIC Program are the same for everyone regardless of sex, age, disability, race, color, or national origin.
- C. I will buy only WIC approved foods and never redeem vouchers for cash, credit, non-food items or unauthorized foods.
 I will be polite to clinic and store staff. I understand that if I threaten or do harm to the staff, I may be suspended from the program.
 I will not sell or trade my WIC vouchers, food or formula purchased with WIC vouchers.
 I understand WIC foods are to be eaten by the WIC participant only.
 I understand that if my vouchers are lost or stolen, they may not be replaced.

Dual Benefits

I hereby state that neither my dependents nor I currently receive benefits from another clinic. I also agree that I (we) will not receive WIC benefits from more than one clinic during the same period. I understand that receiving dual benefits is considered fraud.

Receiving dual benefits may subject me to:

1. repaying in cash the value of food benefits improperly issued to me and/or my dependent(s)
2. prosecution under State and Federal laws, and
3. being disqualified from participating in WIC.

I have been advised of my rights and obligations under the program. I certify that the information I have provided for my eligibility determination is correct, to the best of my knowledge. This certification form is being submitted in connection with the receipt of Federal assistance. Program officials may verify information provided to the WIC Program. I understand that intentionally making a false or misleading statement or intentionally misrepresenting, concealing or withholding facts may result in paying the State agency, in cash the value of the food benefits improperly issued to me and may subject me to civil or criminal prosecution under the State and Federal law. I am not participating in any other WIC clinic.

Shared Client Information:

The eligibility data used to enroll you in the WIC Program (income, medical information, etc.) will be shared with Health and Human Services Program or other WIC Programs, if you transfer. The programs will use this information only to determine your eligibility for their program and will not release it to anyone else.

Privacy Notification

With a few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See <http://www.tdh.state.tx.us> for more information on Privacy Notification. (Reference: Government Code, Section 552.021, 552.023, 559.003 and 559.004)

Betty Wright 7/26/04 _____ Bob Wright
 Signature of participant/parent/guardian/caregiver Date Signature of additional parent/guardian/caregiver Date Child's name

-For Official Use Only-

I certify that I determined the eligibility of this participant

Susie Smith 07/26/04
 WIC Official Signature Title (must be a Competent Professional Authority) Date

Physically Present Yes No Date Infant Presented: _____

Termination or Ineligibility Reason(s) (Circle)

1. Moved out of state.
2. No condition of nutritional need.
 - Height, weight, and hemoglobin or hematocrit are within normal limits.
 - Diet is adequate.
 - Growth measurements are within normal limits.
 - Medical history shows no condition of nutritional need.
3. Exceeds income standard.
4. Child is five years or older.
5. Pregnancy ended more than six months ago or mother stopped breastfeeding before one year, or breastfed child is over one year old.
6. Certification is past due.
7. Program abuse/dual participation. Program abuse includes but is not limited to the following:
 - Selling or trading WIC vouchers, food or formula purchased with WIC vouchers.
 - Threatening behavior or physical harm done to the clinic or store staff.
 - Failure to report correct income during certification
 - Giving a false address during certification
 - Receiving food vouchers from more than one WIC site.
 - Purchasing unauthorized foods with WIC food vouchers.
8. Caseload management. Please be advised that you ans/or your child are still eligible for the program. You have been placed on a waiting list as a Priority.
9. Other _____

If found ineligible, you have been notified of the reason(s) for your ineligibility/termination and of the right to a fair hearing. If you feel your ineligibility was determined unfairly, you may request a fair hearing. The fair hearing procedure will be explained to you by personnel at this agency. You may also file a complaint by calling our toll-free number 1-800-942-3678.

_____ _____ _____
 Signature of participant or parent/guardian/caregiver Date Child's name

I certify that I determined the ineligibility of this participant

_____ _____ _____
 WIC Official Signature Date Title (If participant is ineligible due to reasons 2, 7, or 8, a Competent Professional Authority must sign.)



Formulario De Información Suplementaria

- A. Esta agencia proporciona servicios de salud y educación nutricional y se la invita a participar.
- B. Las normas para participar en el programa WIC son iguales para todos, sin tomar en cuenta el sexo, la edad, incapacidad, raza, color u origen nacional.
- C. Compararé solo los alimentos aprobados por WIC y nunca cambiaré los cupones por dinero, crédito, productos que no son comestibles o alimentos que no son autorizados.

Seré cortés con el personal de la clínica y la tienda. Entiendo que si amenazo o le causo algún daño al personal, se me puede suspender del programa. No venderé ni cambiaré mis cupones de WIC, los alimentos o la fórmula comprados con esos cupones. Entiendo que los alimentos de WIC son para el uso del participante de WIC solamente. Entiendo que si pierdo mis cupones o me los roban, no se pueden reemplazar.

Beneficios dobles

Declaro que en este momento, ni mis dependientes ni yo, estamos recibiendo beneficios de ninguna otra clínica. Además, estoy de acuerdo en que yo (nosotros) no recibiré (no recibiremos) beneficios de más de una clínica a la vez. Entiendo que esto se considera un fraude.

Al recibir beneficios dobles estoy propenso a:

1. pagar en efectivo el valor de los beneficios de alimentos que inapropiadamente se otorgaron a mi(s) dependiente(s) y a mí.
2. ser juzgada bajo las leyes estatales y federales, y.
3. ser descalificada para participar en WIC.

He sido advertido sobre mis derechos y deberes bajo este programa. Certifico que la información proporcionada para determinar si califico para recibir los servicios es correcta según mi conocimiento. Este formulario de certificación se ha entregado en relación con el recibimiento de asistencia federal. Los oficiales del programa pueden verificar la información proporcionada al Programa WIC. Entiendo que hacer intencionalmente una declaración falsa o engañosa, o intencionalmente esconder, ocultar o distorsionar información puede resultar en un pago, en efectivo, a la agencia estatal por el costo de los beneficios alimenticios que se me otorgaron inapropiadamente, y puedo ser sometido a un tribunal en corte civil o criminal bajo las leyes federales y estatales. No estoy recibiendo servicios de ninguna otra clínica de WIC.

Información que se comparte sobre el cliente:

La información que le hace a usted elegible para el programa WIC (ingresos económicos, información médica, etc.) va a ser compartida con los programas de salud y servicios humanos anotados en la hoja anexa. Las agencias utilizarán la información con el único propósito de determinar su elegibilidad para sus programas, y no se le proporcionará a nadie más.

Notificación Sobre Privacidad

Tan solo por unas cuantas excepciones; usted tiene el derecho de solicitar y de ser informado sobre la información que el Estado de Texas reúne usted. A usted se le debe conceder el derecho de recibir y revisar la información al pedirla. Usted también tiene el derecho de pedir que la agencia estatal corrija cualquier información que se ha determinado ser incorrecta. Dirijase a <http://www.tdh.state.tx.us> para más información sobre la Notificación sobre privacidad. (Referencia: *Government Code*, sección 552.021, 552.023, 559.003 y 559.004)

Firma del participante/padres/ tutor/persona que los cuida	Fecha	Firma adicional padres/tutor/ persona que los cuida	Fecha	Nombre del niño
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-Para Uso Oficial-----

Certifico que he determinado la elegibilidad de este participante

Firma del oficial de WIC Titulo (debe ser una Autoridad Profesional y Competente)	Fecha
---	-------

Presente en persona SI No Fecha en que se presentó el bebé: _____

Razones por terminación de servicios o inelegibilidad (Ponga un círculo)

- | | |
|---|--|
| <ol style="list-style-type: none"> 1. Se mudó para otro estado. 2. No se muestran deficiencias nutricionales: <ul style="list-style-type: none"> • Estructura, peso, hemoglobina, "hematocrit", están dentro de los límites normales. • Dieta adecuada. • Desarrollo dentro de los límites normales. • La historia clínica no muestra una condición de necesidades nutricionales. 3. Sobrepasa los límites de ingresos económicos. 4. El niño tiene cinco años o más. 5. El embarazo terminó hace más de seis meses, o la madre dejó de alimentar con pecho al niño antes del primer año, o el niño alimentado con pecho tiene más de un año. 6. Se venció la certificación. | <ol style="list-style-type: none"> 7. Abuso del programa/participación doble. El abuso del programa incluye, pero no se limita, a los siguientes puntos: <ul style="list-style-type: none"> • Vender o intercambiar los cupones de WIC, los alimentos o la fórmula adquiridos con los cupones de WIC. • Trato grosero, abusivo, amenazador o hacer daño físico al personal y clínica de WIC o al personal de la tienda de abarrotes. • No reportar los verdaderos ingresos durante la certificación. • Dar una dirección falsa durante la certificación. • Recibir cupones de más de una clínica de WIC en el mismo mes del año. • Comprar alimentos que no son autorizados con los cupones de WIC. 8. Administración de Casos. Le informamos que usted y/o su niño aún son elegibles para el programa de WIC. Su nombre se ha puesto en una lista de espera de prioridad. 9. Otro _____ |
|---|--|

Si se determina que es inelegible, usted ha sido notificado de las causas de la inelegibilidad/terminación, y de su derecho en pedir una audiencia justa. Si usted piensa que fue declarada inelegible fuera de su derecho, usted puede solicitar una audiencia justa. La audiencia justa la será explicada a usted por el personal de esta agencia. También puede dar su queja llamando a la línea gratuita al 1-800-942-3678.

Firma de participante/padres/tutor/personal que lo cuida	Fecha	Nombre del niño
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Certifico que he determinado la inelegibilidad de este participante

Firma del Oficial de WIC	Fecha	Titulo (Si el participante es inelegible por las razones 2, 7, u 8 la persona que firma debe ser una Autoridad Profesional y Competente)
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WIC 35-1

Rev 10/2002



Chapter Two:

Deciding What to Cover

Objectives:

After completing this chapter, the learner will be able to:

- ◆ State the reason for covering only two or three main points during the counseling session.
- ◆ Identify how to determine what the participant is interested in.
- ◆ Determine methods for prioritizing counseling topics.
- ◆ Discuss techniques for grouping common items

During individual counseling you provide information to participants based on their risk conditions. Before you can provide counseling information, you must decide what needs to be covered. This chapter will outline the steps involved in deciding what to cover.

The steps in this process are to:

1. Review the information
2. Cover two or three main points
3. Find out what the participant is interested in
4. Choose "Must" counseling items
5. Group common items

STEP ONE —REVIEW THE INFORMATION

The first step in counseling is to review the information gathered from the participant forms, the 24-hour dietary recall and assessment forms and growth charts.

To help us understand this process, we will continue working with the Wright Family. Again, for the purpose of our example, today is July 26, 2004. In Chapter One, the Wright Family was assessed and determined to

be eligible for WIC benefits based on nutritional risks. The following is a recap of the family's certification information.

<p>Betty Wright: DOB: 04/08/72 EDD: 03/09/05 BMI: 21.8 HT: 66 inches WT: 138 lbs Hemoglobin: 10.9 Three previous pregnancies: 04/29/01: Girl- wt 8 lbs 12 oz length 20 in. 10/27/02: Miscarriage at <u>24</u> weeks 09/14/03: boy- wt 7 lbs 2 oz length 21 in Not taking any vitamins Prepregnancy weight: 136 pounds Betty Wright's risk conditions are: 201 – low hemoglobin 321 – history of fetal death 332 – closely spaced pregnancies 422 – inadequate diet 424 – inadequate vitamin/mineral supplementation</p>	<p>Diet Recall: 1 cup of black coffee 2 pancakes 2 tbsp syrup ½ cup scrambled egg 2 slices of bread ½ cup chicken salad 1 slice cheese ½ cup of cooked rice ½ cup of cooked corn 3 oz. of chicken breast 1 cup of black coffee Diet Deficiency Summary: Milk 3 Meat 0 Vegetables 1 Fruits 3 Vitamin A 1 Vitamin C 1 Bread/Cereal 1 Total: 10</p>
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<p>Blanca Wright: DOB: 04/23/01 BMI: 19.5 HT: 37 in. WT 38 lbs Hemoglobin: 11.0 Blanca Wright's risk conditions are: 113 – child overweight 201 – low hemoglobin 419 – inappropriate use of the bottle 422 – inadequate diet</p>	<p>Diet Recall: 8 oz. whole milk in bottle 1 pancake ¼ cup egg scrambled 8 oz. sweetened drink 1 cup noodles 8 oz. whole milk in bottle ¼ cup cooked rice ¼ cup cooked corn 2 oz. chicken ½ cup watermelon 8 oz. whole milk in bottle Diet Deficiency Summary: Milk 0 Meat 0 Vegetables 1 Fruits 3 Vitamin A 1 Vitamin C 1 Bread/Cereal <u>0</u> Total: 6</p>
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<p>Bob Wright DOB: 09/14/03 Weeks gestation: 40 Birth Weight: 7 lbs 2 oz Length 21 in. Current Weight: 17 lbs, 8 oz. Current height: 28.5 inches Hemoglobin: 11.8 g/dl Bob Wright's risk conditions: 103 – infant underweight 415 – improper dilution of formula 416 – feeding other foods low in essential nutrients 419 – inappropriate use of the bottle</p>	<p>Diet Recall: Iron-fortified milk-based formula – powder 24 oz. per day in bottle Formula dilution: 1 scoop in 3 oz of water ½ pancake 4 oz. sweetened drink in bottle 1/8 cup rice 1 oz. chicken Give bottle at bedtime</p>
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When we combine all the risk codes, the family has the following risk conditions:

- 201 – low hemoglobin (Mrs. Wright)
- 321 – history of fetal death (Mrs. Wright)
- 332 – closely spaced pregnancies (Mrs. Wright)
- 422 – inadequate diet (Mrs. Wright)
- 424 – inadequate vitamin/mineral supplement (Mrs. Wright)
- 113 – child overweight (Blanca)
- 201 – low hemoglobin (Blanca)
- 419 – inappropriate use of the bottle (Blanca)
- 422 – inadequate diet (Blanca)
- 103 – infant underweight (Bob)
- 415 – improper dilution of formula (Bob)
- 416 – feeding other foods low in essential nutrients (Bob)

419 – inappropriate use of the bottle (Bob)

STEP TWO – COVER JUST 2 OR 3 MAIN POINTS

After the risk codes are reviewed they need to be prioritized to determine which counseling topics should be discussed. The Wright family has a total of thirteen risk conditions. What do you think would happen if you tried to counsel on all thirteen risk conditions?

How would Mrs. Wright feel? She would probably feel overwhelmed and not remember what you had counseled on. Not only that, counseling on thirteen risk conditions would take a long time.

Instead, only 2-3 main points should be discussed.

Techniques for prioritizing and choosing the 2 or 3 main points to discuss are explained in Steps Three through Five.

STEP THREE – FIND OUT WHAT THE PARTICIPANT IS INTERESTED IN

Step Three involves finding out what the participant is interested in to better determine what points to counsel. You get information from the participant by using interviewing skills that facilitate the participant's sharing of information. One helpful interviewing technique is to ask open-ended questions. Open-ended questions are those that begin with who, what, when, where, or tell me. They are questions that cannot be answered with a yes/no response. For example, "What issues would you like to discuss today?" "What concerns do you have?" For additional information on interviewing techniques and asking open-ended questions, please refer to the Interviewing Training Guide.

When interviewing, you should listen to what the participant has to say and then make the information you discuss relevant to the person's life. For example, if Betty Wright mentioned a concern about Blanca's weight, you would want to address it by talking about the diet. This would be one of the 2 or 3 main points you cover.

STEP FOUR – CHOOSE "MUST" COUNSELING ITEMS

All risk codes are important but some are more critical and are considered "must counsel" items. For example, what the participant is interested in is considered a "must" counseling item. "Must" counsel

items are determined on a case-by-case basis. When reviewing the risk codes for the Wright family, which do you think is one issue that “must” be addressed?

Let's hope you chose risk code 415. Risk code 415, improper dilution of formula, is a very important issue and must be addressed. The other twelve risk conditions the family has are important but not as critical. If the formula is not properly diluted, the infant's nutritional status could be greatly compromised or the baby could die.

Once you have identified the risk condition or conditions that must be covered, the next step in prioritizing is to determine which risk conditions can be eliminated. Risk conditions covered in previous counseling sessions can be eliminated unless the participant requests more information. Other risk conditions to eliminate are those that cannot be directly changed or affected by your nutrition counseling. Two risk conditions that can be eliminated for the Wright family are 321 – history of fetal death, and 332 – closely spaced pregnancies. Although these are important risk conditions, nutrition counseling cannot alter their outcome. A referral to other services would be appropriate for these risk conditions. Referrals will be discussed in Chapter 3.

Now that you have determined which risk conditions must be covered and which can be eliminated, you are left with eleven conditions:

- 201 – low hemoglobin (Mrs. Wright)
- 422 – inadequate diet (Mrs. Wright)
- 424 – inadequate vitamin/mineral supplement (Mrs. Wright)
- 113 – child overweight (Blanca)
- 201 – low hemoglobin (Blanca)
- 419 – inappropriate use of the bottle (Blanca)
- 422 – inadequate diet (Blanca)
- 103 – infant underweight (Bob)
- 415 – improper dilution of formula (Bob)
- 416 – feeding other foods low in essential nutrients (Bob)
- 419 – inappropriate use of the bottle (Bob)

STEP FIVE – GROUP COMMON ITEMS

The next step in deciding what to counsel is to group common items. You do this by considering the risk conditions and determining if they can be classified under a common topic. Under what two common topics could you group the Wright family's risk conditions? Possible groupings would be those risks related to iron status and those related to diet.

Iron Status

201 – low hemoglobin (Mrs. Wright)

201 – low hemoglobin (Blanca)

Diet

419 – inappropriate use of the bottle (Blanca)

422 – inadequate diet (Mrs. Wright)

113 – child overweight (Blanca)

422 – inadequate diet (Blanca)

415 – improper dilution of formula (Bob)

416 – feeding other foods low in essential nutrients (Bob)

419 – inappropriate use of the bottle (Bob)

103 – infant underweight (Bob)

424 – inadequate vitamin/mineral supplementation (Mrs. Wright)

Some other common groupings of risk conditions include those related to the topics of weight gain, growth, pregnancy, breastfeeding and infant feeding. These are broad topics under which several risk conditions can be grouped.

Through the process of reviewing the participant(s) information and deciding what main points to cover, counseling for the Wright family has gone from thirteen risk conditions to three main points: ① improper dilution of formula, ② diet, and ③ iron status.

STOP

Answer Questions 1 and 2

1. List the steps in deciding what to counsel.

2. Activity: For this activity you will need to use one of the following pamphlets:

Preventing Anemia with Iron Rich Foods

10 Ways to Get Your Kids to Eat More Fruits and Vegetables

Eat 5 Fruits and Vegetables Every Day

Weaning from the Bottle

Choose one or two of the pamphlets to counsel the Wright Family on the risk conditions we have identified. Write down two or three main points you would stress with the family.

Chapter Three: Educate

Objectives

After completing this chapter, the learner will be able to:

- ◆ Discuss learning styles.
- ◆ List ways you can incorporate the concept of different learning styles into individual counseling sessions.
- ◆ Discuss counseling aids available.
- ◆ List four referrals for WIC participants.

Once the information to be covered has been decided, the participant should be provided with education about the risk conditions or their concerns. This chapter will cover the steps to take when providing education to participants.

The steps in this process are to:

1. Become familiar with the various learning styles
2. Provide the information
3. Use counseling aids
4. Make referrals

STEP ONE -- LEARNING STYLES

Educating participants involves providing the information in a way that appeals to all learners. People learn best when they have a variety of learning options that allow them to use all their senses and exercise their preferred learning style.

Learning Styles

There are three types of learning styles: the visual learner, the auditory learner, and the kinesthetic learner.

Visual learners learn best through seeing. They prefer to learn using visual displays such as videos, diagrams, illustrated materials, flip charts and handouts. During counseling, visual learners often prefer detailed notes in order to help them understand the information. These learners need to see the counselor's body language and facial expression.

Auditory learners learn through listening. They learn best through verbal lectures, discussions, talking things out and listening to what others have to say.

Kinesthetic learners learn through physical activities and through direct involvement. They learn best through hands-on approaches, actively exploring the physical environment around them. They have a difficult time sitting still for long periods.

Of these three types of learning the most dominant preference for adults is visual learning. However, even though visual learning is the most dominant single preference, adults frequently have combined learning styles. Therefore, they respond better when the new material is presented through a variety of instructional methods, appealing to their different learning preferences. The more learning styles you involve in the educating, the more likely the learner is able to remember the information.

STEP TWO – PROVIDE THE INFORMATION

When you provide nutrition information to the participant during counseling, apply the concept of learning styles. When you counsel a participant, incorporate as many of the different learning styles into your session as possible so that at least one, if not all, of the learner's styles are met. When people learn using multiple senses, they are better able to recall the information. If you want the information to be remembered, you need to do more than just provide a pamphlet and ask the participant to read it. You need to do more than just tell the participant what foods they need to eat in order to increase their iron intake. Deliver the message so that it can be seen, heard, and physically practiced.

Involve the learner by reviewing the information. Use a highlighter to note important information. Give the participant a highlighter and ask him or her to highlight the information they find as valuable. Involving the participant in the learning process by using as many of the senses as possible will ensure the participant is receiving the message in the most effective way.

For example, we determined the issue of formula preparation must be addressed with the Wright family during the counseling session. As the counselor in this case, you could review a checklist for how to prepare standard powdered formula or review the information on the back of the formula can with Ms. Wright. To involve her even more in the session, you could ask her to highlight information on the checklist to help her remember, or provide an index card for her to jot down pertinent information for herself. If possible, let her mix a container of formula while you watch.

Other methods of providing counseling so that it appeals to the three learning styles include:

- Letting the participant color or draw concepts.
- Having written questions and answers for the participant to read.
- Letting the participant role play or physically participate in doing the activity you are explaining.

When you educate using the three learning styles, you are ensuring that those participants who are poor readers or who are unable to read will receive the information in a style best suited for them. If you were counseling Mrs. Wright on poor iron status, you could review and discuss the Prevent Anemia with Iron Rich Foods pamphlet with her and use food models so that she can pick out iron-rich foods that she and her children would be willing to eat.

STEP THREE – USE THE COUNSELING AIDS

As a WIC counselor you have many counseling aids that you can use for references. These include nutrition textbooks, staff fact sheets and the Individual Counseling (IC) Guides.

When you received this packet of training materials you should have also received a copy of the Child Individual Counseling guide. This guide is one of five counseling guides. The other guides are the Infant, Prenatal, Postpartum, and Breastfeeding guide. All the IC guides can be found on the WIC website at www.tdh.state.tx.us/wichd/nut/ICguides.htm

These guides provide basic nutrition education information on each risk code, resource and referral information, and points to consider when prioritizing risk codes.

The information in the counseling guides is broken down into three main components. On the left of the page is the “Topic/Risk Condition” column. These topics and risks are numerically ordered from lowest to highest. This column includes a brief explanation of the condition to help identify the risk code.

The middle column contains counseling information that can help you determine why the participant is receiving a particular risk code, and what information needs to be covered.

This column also provides counseling techniques for involving the participant in the counseling process. For example, for risk code 113 you are encouraged to get the child’s parents involved by asking them to make suggestions about what they might do to help their child achieve a more appropriate weight for height.

The third column provides information on when a referral may be needed, whom to refer to, and what resources can be used when providing counseling.

STEP FOUR – REFERRALS

WIC provides many services for participants, including referrals to other programs. Some of the health and social services agencies and programs WIC refers to include:

- Medicaid
- Food Stamps
- Temporary Assistance for Needy Families (TANF)
- Family Planning
- Migrant Health Services
- Texas Health Steps
- Medical and Dental Services
- Early Childhood Intervention (ECI)
- School Lunch/Breakfast Summer Lunch Program
- Food Pantries
- Literacy Services
- Job Banks

- Housing Services
- Parenting Classes
- Substance Abuse Programs
- Child Care
- Child Support Enforcement

These referrals are made when the participant needs services beyond what WIC provides. There are several referrals that can be made for the Wright family. The family should be provided information about Medicaid, Food Stamps, and Temporary Assistance for Needy Families, since they are not receiving these services. The family could also be provided information about child health insurance. If Mrs. Wright expressed continued sadness about her miscarriage, she should be referred to a group that specializes in grief counseling. Family planning would have been an appropriate referral if Mrs. Wright had requested it by saying yes to the question “*Would you like a referral to family planning?*” on the family history form. Other situations meriting referrals include maternal smoking, alcohol use during pregnancy, dental decay, and drug use.

Referrals should also be made when the nutrition information being covered is beyond your level of expertise. For example, if a participant has the diagnosis of gestational diabetes, a referral to a registered dietitian would be appropriate. Refer a breastfeeding mother who is experiencing problems to a breastfeeding peer counselor, lactation consultant, or a counselor who has been trained as a breastfeeding educator. Once the referral has been made by providing the information, contact name, telephone number and address, be sure and document the referral in the participant's record. In the case of a high risk referral, follow your local agency's policy. You should always have an up-to-date list of community referrals available in your clinic.

STOP

Answer questions 3 – 6

3. List the three learning styles. Circle your preferred style of learning.

4. Below is a list of activities. Put a V next to the activities that would appeal to a Visual learner, an A next to the activities that would appeal to an Auditory learner, and a K next to the activities that would appeal to a Kinesthetic learner.

_____ Bulletin Board

_____ Having the participant use a marker to highlight information

_____ Video tape

_____ Group discussion

_____ Having participant use food models to demonstrate portion size

5. List five places your local agency regularly refers participants.

6a. You will need to refer to the Child Individual Counseling Guide to answer the following questions.

For inadequate diet, risk code 422, what are two counseling tips found in the counseling topics and considerations section?

6b. When should a child with risk code 121, short in stature, be referred to a doctor?

6c. What resources might you use when counseling the parent of a child whose hematocrit is below 33%, risk code 201?



Chapter Four: Set Goals

Objectives

After completing this chapter, the learner will be able to:

- ◆ List the importance of setting small achievable goals.
- ◆ Define ways to help the participant set small achievable goals.

Counseling involves more than just providing information to the participant. In order for the participant to get the most out of the session the participant must be involved in the counseling session, and one way to involve the participant is to help them set small achievable goals. Small steps are important because when a participant is successful with the first step, she may be motivated to take another small step. This chapter covers helping the participant set goals.

The steps in helping the participant to set goals are:

1. Ask open-ended questions.
2. Help the participant set a clearly defined goal.
3. Work with the participant to make sure the goal is achievable.
4. Write down the goal.

The key to successful goal setting is to have concrete goals that can be broken down into small do-able steps.

STEP ONE --ASK OPEN-ENDED QUESTIONS TO GET THE PARTICIPANT INVOLVED IN THE DISCUSSION.

Tell Mrs. Wright, “We have discussed several nutrition issues today. What one or two things would you like to work on?” This is an open-ended question that will get Mrs. Wright involved in the discussion.

STEP TWO --HELP THE PARTICIPANT SET A CLEARLY DEFINED GOAL.

Mrs. Wright tells you that she wants Blanca to slow down her weight gain. This is a broad goal that focuses on Blanca's behavior. The goal should be one that is specific and focuses on Mrs. Wright's behavior and what

she can do for Blanca. You can help Mrs. Wright set a more appropriate goal for herself by asking open-ended questions. You should have some specifics in mind as you ask the question. For example, you should think of some easy specific ways for Mrs. Wright to help Blanca, such as providing 1% milk instead of whole milk, limiting juice intake to no more than 6 ounces per day, and having three regular meals with healthy snacks in between. Then ask, “What are some things you think you could do to help Blanca slow down her weight gain?” If Mrs. Wright is unable to answer this question, you could ask a more specific open-ended question, “I see that Blanca drinks whole milk. What do you think about offering her 1% milk instead?” These open-ended questions help open dialogue with Mrs. Wright and assist her in setting goals that work best for her and her family.

STEP THREE --WORK WITH THE PARTICIPANT TO MAKE SURE THE GOAL IS ACHIEVABLE.

You want to make sure that the goal set is one the participant is willing to work on achieving. You can help her figure out if the goal is too hard or too easy by asking “What do you think the chances are that you will be able to do this, on a scale of 1 to 10, with 10 being a very good chance?” If the participant says a low number, then help her reconsider the goal. For example, you could ask Mrs. Wright, “On a scale of 1 to 10, how do you feel about offering Blanca 1% milk instead of whole milk?” If she responds with a 2 or 3, discuss the reasons why it’s so low. Then ask her “How would you feel about first offering her 2% milk?” Her response will help you determine if this is something she is willing to try.

STEP FOUR --WRITE DOWN THE GOAL.

If the participant verbally agrees and states that she is going to do something, she is more likely to feel committed and try to carry out her commitment. Having her write down the goal even further reinforces this, particularly for visual learners, or the counselor could write the goal on the handout the participant is taking home, or on a note card. It doesn’t have to be fancy. Any written note will jog the participant’s memory and help her change the behavior she has agreed to alter. You should make a note about the goal in the participant’s file for future reference. The goal can be written in a progress note section or in the comment box of the diet recall and assessment form.

STOP

Answer Question 7

7. Mrs. Wright tells you her goal is to eat healthier.

Step One

Think of the specific ways she could do this, then write down an open-ended question you could ask Mrs. Wright.

Step Two

List at least two specific goals that Mrs. Wright could work on.

Step Three

What are some suggestions you could give to make sure that Mrs. Wright's goal is achievable?

Step Four

Write down the goal chosen to work on first.



Chapter Five:

Evaluate the Session

Objectives

After completing this chapter, the learner will be able to:

- ◆ **State why providing an evaluation component is important.**
- ◆ **List the steps in evaluating a session.**
- ◆ **List two reasons why providing congratulatory comments to the participant is important.**

The final step in counseling is to evaluate the participant's understanding of the information presented.

Why Evaluation is Important

The evaluation component is important because it allows the participant to wrap up the session by telling you what she plans to do or what she learned. Having the participant tell you what she is going to do gives her the chance to put it all together, and it allows her time to process what went on in the counseling session. The evaluation is beneficial not only to the participant but also to the counselor. It helps the counselor know what discussion points made the biggest impression on the participant. It also allows the counselor to make sure that the participant is not leaving with the wrong message. For example, suppose when you are counseling Mrs. Wright you discuss the need to slow down Blanca's weight gain. You would not want her to leave thinking that Blanca needs to be on a weight loss diet. Also, by evaluating the counseling session you provide the participant with the opportunity to formulate a goal or goals.

This chapter will cover information needed for evaluating the session.

The steps in this process are:

1. Ask open-ended questions.
2. Give the participant time to respond.
3. Provide feedback.

REMEMBER:

It's important to remember that providing an evaluation component is a requirement per WIC nutrition education policy (NE 01.0). A nutrition education contact is not complete without an evaluation component.

How to Evaluate the Session

STEP ONE --ASK OPEN-ENDED QUESTIONS.

You evaluate the session by asking the participant open-ended questions. The questions you ask are about what you covered. Examples of open-ended questions which can be used as evaluation are:

- ① "Of the fruits and vegetables we talked about today, which two or three do you think Blanca would be willing to try?"
- ② "Mrs. Wright, of the things we talked about today, what changes do you see yourself making?"
- ③ "Which of these choices do you think might work best for your family?"
- ④ "Of the information we covered today, what stuck out in your mind?"
- ⑤ "What points do you remember?"
- ⑥ "What do you remember about iron-rich foods?"
- ⑦ "How do you plan on mixing the formula?"
- ⑧ "What liquids are okay to put in the bottle?"

All of these open-ended questions are appropriate evaluation questions. A question that is not appropriate as an evaluation is: "Do you have any

questions?” This question is closed and does not evaluate the level of learning by the participant.

STEP TWO --GIVE THE PARTICIPANT TIME TO RESPOND

After you have asked the open-ended question, give the participant a minute to think about her response so she can give you a complete response. This takes practice, so be patient. If she can't remember or is unclear, rephrase or give helpful hints like “Some of the iron sources we discussed were WIC cereals, beans and peas, peanut butter, chicken and beef. Which of these are foods you and your family like to eat?”

STEP THREE --PROVIDE FEEDBACK

The evaluation component not only assesses the participant's knowledge of the information covered in the counseling session, but also allows the counselor to provide the participant with frequent, positive feedback. Examples of positive feedback include ❶ letting the participant know that you are excited about her goal to decrease the amount of fat in her diet or ❷ telling her it's good to introduce more vegetables into the family's diet. Use words like “Congratulations,” “That's great!”, “Wonderful”, “Excellent”, “Good idea!” Congratulating the participant when she has achieved a goal at her following visit and acknowledging her efforts will empower her, leave her with a positive feeling, and reinforce her efforts to continue.



STOP

Answer Questions 8-10

8. Why is evaluation important?

9. Put a check mark next to the evaluation questions that are effective and valid.

_____ Do you have any questions about what we discussed?

_____ Based on what we discussed today, what's one thing you plan to do when you're at home?

_____ Write down the three things you said you wanted to do to help your son lose weight.

_____ Do you plan on making these changes when you go home?

Refer back to Question number 7 on page 61 in the goal setting section.

10. Write two evaluation questions to assess Mrs. Wright's comprehension of the counseling session.

In Conclusion

Nutrition assessment and Individual counseling are important components of the WIC certification process. During nutrition assessment the participant's nutrition status is evaluated and risk conditions are identified. Individual counseling is then provided based on the identified risk condition.

When providing the individual counseling it is important to avoid overwhelming the participant with too much information. As a counselor you must first decide what information to cover with the participant. You do this by reviewing the participant's risk conditions, finding out what the participant is interested in and then covering no more than two or three main points. Once the information to be covered is identified, educate the participant in a way that will appeal to their learning style by incorporating techniques that will appeal to the visual, auditory, and kinesthetic learner.

When providing individual counseling, we want to do more than just give the participants nutrition information. We want to empower them to make a change resulting in improved wellness for them and their families. We can empower the participants by helping them set small goals that they will be able to achieve. Small steps are important because once the participant is successful at the first step she is more likely to try another step.

Goal setting is also a means of evaluating the counseling session. In fact, the counseling session is not complete without the evaluation component. We evaluate the session by asking open-ended questions, giving the participant time to respond and providing the participant with feedback.

By working through the steps of individual counseling we provide participants with information to help them solve nutrition challenges. Individual counseling reinforces our WIC nutrition message and brings behavior changes to better nutrition outcomes for all our participants.

Congratulations!

You have now completed the **Nutrition Assessment / Individual Counseling** learning materials. You should refer to these materials when questions or problems arise. You might want to discuss these completed materials with your supervisor, especially looking at any areas that caused problems for you.

Our goal in producing these materials is to provide a quick and easy reference guide to help you provide the superior service that is typical of the service excellence being sought in WIC clinics across Texas. This commitment to delivering superior service shows every day as you screen and qualify applicants for WIC benefits and then deliver those benefits in an efficient and effective manner, one which confirms your dedication to WIC goals.

Remember that the journey to service excellence follows a long and winding road. It is a trip that never ends and is not always easy. Things like keeping up with current policy, answering the ringing telephone, and dealing with upset customers can make the trip seem difficult. But the bumps and curves in the road only keep the ride interesting.

Bon Voyage!



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Completed Participant Forms

For Betty Wright, Blanca Wright, and Bob Wright

WIC Pregnant Nutritional Risk Codes

Anthropometric - Priority I

- 101 ___ **Underweight** — Prepregnancy BMI less than 19.8 (R)
- 111 ___ **Overweight** — Prepregnancy BMI greater than or equal to 26.1 (R)
- 131 ___ **Low Maternal Weight Gain** —
 Low weight gain at any point in pregnancy using weight-gain grid and respective prepregnancy weight category
 or
 16 to 40 Weeks Gestation, singleton pregnancy:
 ___ Underweight women gain less than 4 lb./month
 ___ Normal/overweight women gain less than 2 lb./month
 ___ Obese women gain less than 1 lb./month
- 132 ___ **Maternal Weight Loss During Pregnancy** — Any weight loss below prepregnancy weight in first trimester (0-13 weeks gestation) or 2 lb. or more in second or third trimesters (14-40 weeks gestation)
- 133 ___ **High Maternal Weight Gain** — In current pregnancy, has gained 7 lb. or more per month in any trimester (singleton pregnancy)

Biochemical - Priority I

- 201 **Low Hematocrit/Low Hemoglobin** — (R)
 ___ First trimester (0-13 weeks): Hct less than 33.0% or Hgb less than 11.0 g/dL
 ___ Second trimester (14-26 weeks): Hct less than 32.0% or Hgb less than 10.5 g/dL
 ___ Third trimester (27-40 weeks): Hct less than 33.0% or Hgb less than 11.0 g/dL
- 211 ___ **Lead Poisoning** — Blood lead level of 10 µg/dL or greater within past 12 months (R)

Clinical/Health/Medical - Priority I

- 301 ___ **Hyperemesis Gravidarum**
- 302 ___ **Gestational Diabetes in Current Pregnancy**
- 303 ___ **History of Gestational Diabetes**
- 311 ___ **History of Preterm Delivery** — 37 weeks or less gestation
- 312 ___ **History of Low Birth Weight Infant** — Weighed 5 lbs. 8 ozs. or less (2500 g or less)
✓ 24 weeks gestation
- 321 **History of Fetal Death** (20 weeks or greater gestation), or **History of Neonatal Death** (28 days or less of life), or **History of Two or more Spontaneous Abortions** (miscarriages)
- 331 ___ **Pregnancy at a Young Age** — (conception at 17 years or younger) current pregnancy
- 332 **Closely Spaced Pregnancies** — (conception before 16 months postpartum) current pregnancy
- 333 ___ **High Parity and Young Age** — Woman, younger than 20 years at conception of current pregnancy, who has had three or more previous pregnancies of 20 weeks or more duration, regardless of birth outcome

- 334 ___ **Lack of or Inadequate Prenatal Care Beginning After First Trimester or** — (See following chart.)

Weeks of Gestation	Number of Prenatal Visits
— 14-21	0 or unknown
— 22-29	1 or less
— 30-31	2 or less
— 32-33	3 or less
— 34 or more	4 or less

- 335 ___ **Multi-Fetal Gestation in Current Pregnancy**
- 336 ___ **Fetal Growth Restriction (FGR)**
- 337 ___ **History of Birth of a Large for Gestational Age Infant** — Weighs 9 lbs. or more (4000 g or more) or at or above 90th percentile weight for gestational age at birth
- 338 ___ **Pregnant Woman Currently Breastfeeding**
- 339 ___ **History of Birth with Nutrition-Related Birth Defect** — (e.g. inadequate zinc, folic acid, or excess vitamin A)

Nutrition-Related Risk Conditions

- 341 ___ **Nutrient Deficiency Diseases** — Malnutrition, scurvy, rickets, hypocalcemia, and osteomalacia (Refer to nutrition risk manual for other conditions.) (R)
- 342 ___ **Gastro-Intestinal Disorders** — Ulcers, liver and gallbladder disease, malabsorption syndromes and bowel diseases, pancreatitis, and GER (R)
- 343 ___ **Diabetes Mellitus**
- 344 ___ **Thyroid Disorders**
- 345 ___ **Hypertension** — Chronic and pregnancy-induced
- 346 ___ **Renal Disease** — Excluding urinary-tract infections
- 347 ___ **Cancer** (R)
- 348 ___ **Central Nervous System Disorders** — Parkinson's, epilepsy, cerebral palsy, multiple sclerosis, and spina bifida
- 349 ___ **Genetic and Congenital Disorders** — Cleft lip or palate, Down's syndrome, thalassemia major, muscular dystrophy, and sickle-cell anemia (not sickle-cell trait)

- 351 ___ **Inborn Errors of Metabolism** — PKU, hyperlipoproteinemia, and galactosemia (Refer to nutrition risk manual for other conditions.)
- 352 ___ **Infectious Diseases within Past Six Months** — TB, pneumonia, meningitis, parasitic infections, hepatitis, HIV, or AIDS (R)
- 353 ___ **Food Allergy** — Wheat, eggs, milk, corn, or peanuts
- 354 ___ **Celiac Disease** — Celiac sprue, gluten enteropathy, or nontropical sprue
- 355 ___ **Lactose Intolerance**
- 356 ___ **Hypoglycemia**
- 357 ___ **Drug Nutrient Interactions**
- 358 ___ **Eating Disorders** — Anorexia nervosa and bulimia (R)

(R) = Allowable regression risk code for breastfeeding and postpartum women.

- 359 ___ **Recent Major Surgery, Trauma, or Burns in Past Two Months** — Occurrences more than two months previous must have the continued need for nutritional support diagnosed by a physician
- 360 ___ **Other Medical Conditions** — Juvenile rheumatoid arthritis, lupus erythematosus, heart and cardiorespiratory disease, cystic fibrosis, or persistent moderate or severe asthma requiring daily medication (R)
- 361 ___ **Clinical Depression** (R)
- 362 ___ **Developmental, Sensory or Motor Disabilities Interfering with the Ability to Eat** — Disabilities that restrict the ability to intake, chew, or swallow food or require tube-feeding to meet nutritional needs. Minimal brain function, brain damage, head trauma, other disabilities, or feeding problems due to a developmental disability

Substance Use/Other Health Risks

- 371 ___ **Maternal Smoking** — Any current daily smoking of tobacco products [(R) (Breastfeeding woman only)]
- 372 ___ **Any Alcohol Use in Current Pregnancy** (R)
- 373 ___ **Any Illegal Drug Use in Current Pregnancy** (R)
- 381 ___ **Dental Problems** — Gingivitis of pregnancy, periodontal disease, tooth decay, tooth loss, or ineffectively replaced teeth [(R) (Excluding gingivitis of pregnancy)]

Dietary - Priority IV

- 402 ___ **Vegan Diets** — No meat, poultry, fish, eggs, milk, cheese, or other dairy products
- 403 ___ **Highly Restrictive Diets** — Very low in calories or involving high-risk eating patterns (R)
- 421 ___ **Pica** — Clay, dirt, baking soda, starch, large quantities of ice, ashes, or paint chips
- 422 **Inadequate Diet** — Three or more diet deficiencies (R)
- 423 ___ **Inappropriate or Excessive Intake of Dietary Supplements** — Includes vitamins, minerals, and herbal remedies (R)
- 424 **Inadequate Vitamin/Mineral Supplementation** — Not taking 30 mg of iron a day

Other Risks - Priority IV

- 502 ___ **Transfer of Certification** (No Priority)
- 801 ___ **Homelessness**
- 802 ___ **Migrancy**
- 901 ___ **Recipient of Abuse/Battering within Past Six Months** (R)
- 902 ___ **Woman with Limited Ability to Make Feeding Decisions and/or Prepare Food** —
 ___ 17 years or younger
 ___ Mentally disabled/delayed, or mental illness such as clinical depression
 ___ Physical disability which restricts or limits ability to prepare food
 ___ Current use or history of abusing alcohol or other drugs
- 903 ___ **Foster Care** — During previous six months



WIC Child Nutritional Risk Codes

Anthropometric – Priority III

- 103 **Child Underweight** — Less than or equal to 10th percentile weight for length or less than or equal to 10th percentile BMI (R)
- 113 **Child Overweight** — For children 24 months or older — Greater than or equal to 95th percentile BMI (R)
- 114 **Child at Risk of Becoming Overweight** — For children 24 months or older — Greater than or equal to 85th and less than 95th percentile BMI. For children 12 months or older having a biological parent who is obese (BMI greater than or equal to 30) at the time of certification (if mother is pregnant or has had a baby within the past 6 months, use her preconceptional weight to assess obesity) (R)
- 121 **Short Stature** — Less than or equal to 10th percentile length or height for age (R)
- 134 **Failure to Thrive (FTT) (R)**
- 135 **Inadequate Growth (R)**
- 141 **Low Birth Weight** — For children younger than 24 months only — Birth weight of 5 lbs. 8 ozs. or less (2500 g or less)
- 151 **Small for Gestational Age** — For children younger than 24 months — Diagnosed by a physician

Biochemical – Priority III

- 201 **Low Hematocrit/Low Hemoglobin** — (R)
 12 to 24 months: Hct less than 33.0% or Hgb less than 11.0 g/dL
 2 to 5 years: Hct less than 33.0% or Hgb less than 11.1 g/dL

Blood test must be performed at each certification prior to 24 months.

Blood test may be waived for children 2 to 5 years old, if at previous certification:

- Hematocrit was 33% or greater, or Hemoglobin was 11.1 g/dL or greater

AND

- only qualified for risks 422 and/or 424.

- 211 **Lead Poisoning** — Blood lead level of 10 µg/dL or greater within past 12 months (R)

Clinical/Health/Medical – Priority III

Nutrition-Related Risk Conditions

- 341 **Nutrient Deficiency Diseases** — Malnutrition, scurvy, rickets, hypocalcemia, and osteomalacia (Refer to nutrition risk manual for other conditions.) (R)

- 342 **Gastro-Intestinal Disorders** — Ulcers, liver and gallbladder diseases, GER, malabsorption syndromes, bowel diseases, and pancreatitis (R)
- 343 **Diabetes Mellitus**
- 344 **Thyroid Disorders**
- 345 **Hypertension**
- 346 **Renal Disease** — Excluding urinary-tract infections
- 347 **Cancer (R)**
- 348 **Central Nervous System Disorders** — Epilepsy, cerebral palsy, spina bifida, and myelomeningocele
- 349 **Genetic and Congenital Disorders** — Cleft lip or palate, Down's syndrome, thalassemia major, muscular dystrophy, and sickle-cell anemia (not sickle-cell trait)
- 351 **Inborn Errors of Metabolism** — PKU, hyperlipoproteinemia, and galactosemia (Refer to nutrition risk manual for other conditions.)

- 352 **Infectious Diseases within Past Six Months** — Bronchitis (three episodes in past six months), TB, pneumonia, meningitis, parasitic infections, HIV or AIDS, and hepatitis (R)
- 353 **Food Allergy** — Wheat, eggs, milk, corn, or peanuts
- 354 **Celiac Disease** — Celiac sprue, gluten enteropathy, or nontropical sprue

- 355 **Lactose Intolerance**
- 356 **Hypoglycemia**

- 357 **Drug Nutrient Interactions**

- 359 **Recent Major Surgery, Trauma, Burns in Past Two Months** — Occurrences more than two months previous must have the continued need for nutritional support diagnosed by a physician.

- 360 **Other Medical Conditions** — Juvenile rheumatoid arthritis, cardiorespiratory diseases, heart disease, cystic fibrosis, and persistent moderate or severe asthma requiring daily medication (R)

- 361 **Clinical Depression (R)**

- 362 **Developmental, Sensory or Motor Disabilities Interfering with the Ability to Eat** — Disabilities that restrict the ability to intake, chew, or swallow food or require tube-feeding to meet nutritional needs; minimal brain function, brain damage, head trauma, birth injury, other disabilities, or feeding problems due to a developmental disability such as pervasive developmental disorder, which includes autism.

Other Health Risks

- 381 **Dental Problems** — Nursing or baby-bottle caries, smooth surface decay of the maxillary anterior and the primary molars, periodontal disease, tooth decay, tooth loss or ineffectively replaced teeth (R)

- 382 **Fetal Alcohol Syndrome (FAS)**

Dietary – Priority V

- 402 **Vegan Diets** — No meat, poultry, fish, eggs, milk, cheese, or other dairy products
- 403 **Highly Restrictive Diets** — Very low in calories or involving high-risk eating patterns (R)
- 419 **Inappropriate Use of Nursing Bottles**
- 421 **Pica** — Dirt, clay, baking soda, starch, paint chips, or ashes
- 422 **Inadequate Diet** — Three or more diet deficiencies (R)
- 423 **Inappropriate or Excessive Intake of Dietary Supplements** — Includes vitamins, minerals, and herbal remedies (R)
- 424 **Inadequate Vitamin or Mineral Supplementation** — When water supply contains less than 0.3 ppm fluoride:
 ___ Child younger than 36 months not taking 0.25 mg of fluoride daily or
 ___ Child 36-72 months not taking 0.5 mg fluoride daily
 When water supply contains 0.3 to 0.6 ppm fluoride:
 ___ Child 36-72 months not taking 0.25 mg fluoride daily

- 425 **Inappropriate Feeding Practices for Children**

Other Risks – Various Priorities (See each code)

- 501 **Possibility of Regression (Priority VII)**
- 502 **Transfer of Certification (No Priority)**
- 801 **Homelessness (Priority V)**
- 802 **Migrancy (Priority V)**
- 901 **Recipient of Child Abuse or Neglect within Past Six Months (R) (Priority V)**
- 902 **Child of Woman or Primary Caregiver with Limited Ability to Make Feeding Decisions and/or Prepare Food** — (Priority V)
 ___ 17 years or younger
 ___ Mentally disabled or delayed, or mental illness such as clinical or postpartum depression
 ___ Physical disability which restricts or limits ability to prepare food
 ___ Current use or history of abusing alcohol or other drugs
- 903 **Foster Care** — During previous six months (Priority V)

(R) = Allowable regression risk code for children.



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WIC Infant Nutritional Risk Codes

- Anthropometric - Priority I**
- 103 **Infant Underweight** — Less than or equal to 10th percentile weight for length (R)
- 114 ___ **Infant at Risk of Becoming Overweight** — Infant born to a woman who was obese (BMI greater than or equal to 30) at the time of conception or at any point in the first trimester of the pregnancy, or having a biological father who is obese (BMI greater than or equal to 30) at the time of certification (R)
- 121 ___ **Short Stature** — Less than or equal to 10th percentile length for age (R)
- 134 ___ **Failure to Thrive (FTT) (R)**
- 135 ___ **Inadequate Growth (R)**
- 141 ___ **Low Birth Weight** — Birth weight of 5 lbs. 8 ozs. or less (2500 g or less)
- 142 ___ **Prematurity** — 37 weeks or less gestation
- 151 ___ **Small for Gestational Age** — Diagnosed by a physician
- 152 ___ **Low Head Circumference** — Less than 5th percentile head circumference
- 153 ___ **Large for Gestational Age** — Birth weight of 9 lbs. or more (4000 g or more) or diagnosed by a physician
- Biochemical - Priority I**
- 201 ___ **Low Hematocrit/Low Hemoglobin** — (R)
6 to 12 months: Hct less than 33% or Hgb less than 11.0 g/dL
- 211 ___ **Lead Poisoning** — Blood lead level of 10 µg/dL or greater (R)
- Clinical/Health/Medical - Priority I**
- Nutrition-Related Risk Conditions**
- 341 ___ **Nutrient Deficiency Diseases** — Malnutrition, scurvy, rickets, hypocalcemia, osteomalacia, and vitamin K deficiency. (Refer to nutrition risk manual for other conditions.) (R)
- 342 ___ **Gastro-Intestinal Disorders** — Ulcers, liver and gallbladder diseases, malabsorption syndromes, bowel diseases, GER, and pancreatitis (R)
- 343 ___ **Diabetes Mellitus**
- 344 ___ **Thyroid Disorders**
- 345 ___ **Hypertension**
- 346 ___ **Renal Disease** — Excluding urinary-tract infections
- 347 ___ **Cancer (R)**
- 348 ___ **Central Nervous System Disorders** — Epilepsy, cerebral palsy, spina bifida, and myelomeningocele
- 349 ___ **Genetic and Congenital Disorders** — Cleft lip or palate, Down's syndrome, thalassemia major, and sickle-cell anemia (not sickle-cell trait)
- 350 ___ **Pyloric Stenosis**
- 351 ___ **Inborn Errors of Metabolism** — PKU, hyperlipoproteinemia, and galactosemia (refer to nutrition risk manual for other conditions)
- 352 ___ **Infectious Diseases within Past Six Months** — Bronchiolitis (three episodes in past six months), TB, pneumonia, meningitis, parasitic infections, HIV or AIDS, and hepatitis (R)
- 353 ___ **Food Allergy** — Wheat, eggs, milk, corn, or peanuts
- 354 ___ **Celiac Disease** — Celiac sprue, gluten enteropathy, or nontropical sprue
- 355 ___ **Lactose Intolerance**
- 356 ___ **Hypoglycemia**
- 357 ___ **Drug-Nutrient Interactions**
- 359 ___ **Recent Major Surgery, Trauma, Burns in Past Two Months** — Occurrences more than two months previous must have the continued need for nutritional support diagnosed by a physician
- 360 ___ **Other Medical Conditions** — Heart and cardiorespiratory disease and cystic fibrosis (R)
- 362 ___ **Developmental, Sensory or Motor Disabilities Interfering with the Ability to Eat** — Disabilities that restrict the ability to intake, chew, or swallow food or require tube-feeding to meet nutritional needs; minimal brain function, brain damage, birth injury, head trauma, other disabilities, or feeding problems due to a developmental disability
- Other Health Risks**
- 381 ___ **Dental Problems** — Nursing bottle or baby-bottle caries (smooth surface decay of maxillary anterior and primary molars) (R)
- 382 ___ **Fetal Alcohol Syndrome (FAS)**
- Dietary - Priority IV**
- 402 ___ **Vegan Diets** — No meat, poultry, fish, eggs, milk, cheese, or other dairy products
- 403 ___ **Highly Restrictive Diets** — Very low in calories or involving high-risk eating patterns (R)
- 411 ___ **Inappropriate Infant Feeding Practices**
- 412 ___ **Early Introduction of Solid Foods**
- 413 ___ **Feeding Cow's Milk During First 12 Months**
- 414 ___ **No Dependable Source of Iron at 6 Months or Later**
- 415 **Improper Dilution of Formula**
- 416 **Feeding Other Foods Low in Essential Nutrients**
- 417 ___ **Lack of Sanitation in Preparation, Handling, and Storage of Formula or Expressed Breastmilk**
- 418 **Infrequent Breastfeeding as Sole Source of Nutrients**
- 419 **Inappropriate Use of Nursing Bottles**
- 423 ___ **Inappropriate or Excessive Intake of Dietary Supplements** — Includes vitamins, minerals, and herbal remedies (R)
- 424 ___ **Inadequate Vitamin/Mineral Supplementation** — Infants 6 months or older not taking 0.25 mg fluoride when water supply has less than 0.3 ppm fluoride
- Other Risks - Various Priorities (See each code)**
- 502 ___ **Transfer of Certification (no priority)**
- 603 ___ **Infant Breastfeeding Complications or Potential Complications** — Jaundice, weak or ineffective suck, difficulty latching on to mother's breast, or less than six wet diapers/day (Priority I)
- 701 ___ **Infant Up to 6 Months Old of WIC Mother (Priority II)**
- 702 ___ **Breastfeeding Infant of Woman at Nutritional Risk (Priority I, II, or IV)**
- 703 ___ **Infant of Woman with Mental Retardation or Alcohol or Drug Abuse During Most Recent Pregnancy (Priority I)**
- 704 ___ **Infant Up to 6 Months of a Woman Who Would Have Been Eligible During Pregnancy** — (Priority II)
Pregnancy Risk Code: _____
- 801 ___ **Homelessness (Priority IV)**
- 802 ___ **Migrancy (Priority IV)**
- 901 ___ **Recipient of Child Abuse/Neglect within Past Six Months (R) (Priority IV)**
- 902 ___ **Infant of Woman or Primary Caregiver with Limited Ability to Make Feeding Decisions and/or Prepare Food** —
____ 17 years or younger
____ Mentally disabled/delayed, or mental illness such as clinical or postpartum depression
____ Physical disability which restricts or limits ability to prepare food
____ Current use or history of abusing alcohol or other drugs
- 903 ___ **Foster Care** — During previous six months (Priority IV)



(R) = Allowable regression risk code for children.

Answers to Questions

Chapter Two: Answers to Questions 1 – 2

1. Step One – Review the information

Step Two – Cover just 2 or 3 main points

Step Three – Find out what the participant is interested in

Step Four – Choose “Must” counseling items

Step Five – Group common items

2. Answers will consist of two or three of the main points found in the pamphlets.

For example:

Eat a variety of foods to stay healthy

Eat a good source of vitamin C along with a good source of iron to help your

body use iron

Only put water in the bottle.

Chapter Three: Answers to questions 3 – 6

3. List the three learning styles. Circle your preferred style of learning.

Visual

Auditory

Kinesthetic

4. Below is a list of activities. Put a V next to the activities that would appeal to

a Visual learner, an A next to the activities that would appeal to an Auditory

learner, and a K next to the activities that would appeal to a Kinesthetic

learner.

 V Bulletin board

 K Having the participant use a marker to highlight information

V Videotape

A Group discussion

K or V Having participant use food models to demonstrate portion size

5. List five places your local agency regularly refers participants.

Answers will vary depending on the agency, and could include any of the following:

Medicaid

Food Stamps

Temporary Assistance for Needy Families (TANF)

Family Planning

Migrant Health Services

Texas Health Steps

Medical and Dental Services

Early Childhood Intervention (ECI)

School Lunch/Breakfast Summer Lunch Program

Food Pantries

Literacy Services

Job Banks

Housing Services

Parenting Classes

Substance Abuse Programs

Child Care

Child Support Enforcement

6a. There are several counseling tips for inadequate diet. Your answer could have been “reinforce what parents are doing right with child’s

diet; review the division of responsibility between parents and children; or discuss weaning if appropriate.” Any of these counseling

tips, as well as any of the others that are listed in the guide, would have been the correct answer to this question.

- 6b.** A child with risk code 121 should be referred to a doctor if the child isn't under regular medical care, as indicated on the Health History.
- 6c.** There are several resources for risk code 201, including Are You Anemic?, Foods with Iron, and Vitamin C Foods. These three resources would all be correct.

Chapter Four: Possible Answers to Question 7:

7. Betty tells you her goal is to eat healthier.

Step One

Ask open-ended questions.

An example of an open-ended question you could ask Betty is "What dietary changes would you like to make?"

Step Two

Help the participant set clearly defined goals.

Ask Mrs. Wright: How would you feel about adding more vegetables to your diet?

Step Three

Work with the participant to make sure that the goal is achievable.

You might suggest to Betty that she eat raw vegetable sticks with her sandwich, instead of potato chips.

Step Four

Write down the goal.

If Betty agrees to the plan replacing potato chips with vegetable sticks, write the goal down to take with her.

Chapter Five: Answers to Questions 8 – 10

8. Why is evaluation important?

It allows the participant to wrap up the session by telling you what she plans to do.

It enables the counselor to know what discussion points made the biggest impression on the participant.

It allows the counselor to make sure the participant is not leaving with the wrong message.

9. Put an X next to the evaluation questions that are effective and valid.

Do you have any questions about what we discussed?

Based on what we discussed today, what's one thing you plan to do when you're at home?

Write down the three things you said you wanted to do to help your son lose weight.

Do you plan on making these changes when you go home?

10. Write two evaluation questions to assess Mrs. Wright's comprehension of the counseling session.

Possible Answers:

What is one thing you can see yourself doing to help Blanca slow down her weight gain?

How will you prepare Bob's formula?