Cert Date	
Cert Effective	
Cert Expires	

Infant Participant Form

LA # _____ Site # _____

Identification

Client ID (CID)

PAN

Out-of-State Transfer Y N

Out-of-State Transfer Only

Priority

Cert Expires M M – D D – Y Y Y Y

Name
Last
First
Middle

Social Security Number – –

Date of Birth (DOB) M M – D D – Y Y Y Y

Sex M F

Race (may select one or more, if applicable)

A _____ Asian
B _____ Black
P _____ Native Hawaiian or Other Pacific Islander
I _____ American Indian or Alaska Native
W _____ White

Ethnicity
Hispanic or Latino Y N

Identification-Verification Method

01 _____ Birth Certificate
02 _____ Hospital Records
03 _____ Baptismal Certificate
06 _____ WIC Identification Card
07 _____ Immunization Card
10 _____ Official ID
12 _____ Passport/Immigration Record
13 _____ Other _____

Other Program Participation

_____ Medicaid
_____ Food Stamps/SNAP
_____ TANF
_____ THSteps

Medicaid Number

Immunizations

Current Y N

or

_____ Not Available

Measurements

Height – /8ths in

Weight lb oz

Measure Date M M – D D – Y Y Y Y

HCT

or

HGB .

Health-Care Sources/Referrals

Health-Care Sources

00 _____ None
02 _____ Child Health — Health Dept
03 _____ Hospital
04 _____ Private Physician
06 _____ Immunizations
07 _____ THSteps
15 _____ Other _____

Referred from

00 _____ None
02 _____ Child Health — Health Dept
03 _____ Hospital
04 _____ Private Physician
05 _____ Family Planning
06 _____ Immunizations
07 _____ THSteps
08 _____ TANF, Medicaid, or Food Stamps/SNAP
09 _____ ECI
10 _____ CSHCN
11 _____ Community Service Org
12 _____ Shelter
13 _____ Friend or Family
14 _____ Advertisement
15 _____ Other _____
16 _____ Case Manager

Referred to

00 _____ None
02 _____ Child Health — Health Dept
03 _____ Hospital
04 _____ Private Physician
06 _____ Immunizations
07 _____ THSteps
08 _____ TANF, Medicaid, or Food Stamps/SNAP
09 _____ ECI
10 _____ CSHCN
11 _____ Community Service Org
12 _____ Shelter
15 _____ Other _____
16 _____ Case Manager
99 _____ Do Not Release Client Data

Nutritional Risk: Turn to back side for data-entry codes.

Infant

Birthweight lb oz

Weeks Gestation

Currently Bf Y N

Date Ended Bf
(If Bf only on day infant was born, enter the date AFTER DOB.) M M – D D – Y Y Y Y

Food Pkg Code

Formula Code

Full or Partial Max or Tailored Qty

RX Expiration M M – D D – Y Y Y Y

Date	Food Pkg	Formula Code	Full	Part Max	RX Expiration
M M – D D			or		M M – D D – Y Y
M M – D D			or		M M – D D – Y Y
M M – D D			or		M M – D D – Y Y

Nutrition Education

NE Code
NE Code
NE Code

WIC Infant Nutritional Risk Codes

Anthropometric – Priority I

103 _____**Infant Underweight** – Less than or equal to 5th percentile weight for length **(R)**

104 _____**Infant at Risk of Becoming Underweight** – Greater than the 5th and less than or equal to the 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 5th percentile length for age **(R)**

122 _____**Infant at Risk of Short Stature** – Greater than the 5th and less than or equal to the 10th percentile length for age **(R)**

134 _____**Failure to Thrive (FTT) (R)**

135 _____**Inadequate Growth (R)**

141 _____**Low Birthweight** – Birthweight of 5 lb 8 oz or less (2500 g or less)

142 _____**Prematurity** – 37 weeks or less gestation

143 _____**Very Low Birthweight** – Birthweight of 3 lb 5 oz or less (1500 g)

151 _____**Small for Gestational Age** – Diagnosed by a physician

152 _____**Low Head Circumference** – Less than 5th percentile head circumference

153 _____**Large for Gestational Age** – Birthweight of 9 lb or more (4000 g or more) or diagnosed by a physician

Biochemical – Priority I

201 _____**Low Hematocrit/Low Hemoglobin (R)**
9 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** – GERD, peptic ulcer, short bowel syndrome, inflamatory bowel disease (including ulcerative colitis and Crohn's) pancreatitis, liver, and biliary tract disease

343 _____**Diabetes Mellitus**

344 _____**Thyroid Disorders**

345 _____**Hypertension and Prehypertension**

346 _____**Renal Disease** – Excluding urinary tract infections

347 _____**Cancer**

348 _____**Central Nervous System Disorders** – Epilepsy, cerebral palsy, spina bifida, and myelomeningocele

349 _____**Genetic and Congenital Disorders** – Cleft lip or palate, Down syndrome, thalassemia major, 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** – Bronchiolitis (three episodes in past six months), TB, pneumonia, meningitis, parasitic infections, HIV or AIDS, and hepatitis

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

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

428 _____**Risk Associated with Complementary Feeding Practices** – For infants 4–12 months only

460 _____**Inappropriate Nutrition Practices**

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 per 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** – Entry or transfer during previous six months (Priority IV)

904 _____**Environmental Tobacco Smoke Exposure** – Exposure to smoke inside the home (Priority I)

(R) = Allowable regression risk code for children.

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