

**R- 01.21 WIC Paper Assessment Tool**

Participant ID: \_\_\_\_\_

Date: \_\_\_\_\_

CPA Initials: \_\_\_\_\_

## INDIVIDUAL CARE PLAN

**If the participant has identified High Risk(s), complete the optional Individual Care Plan sections below.**

Here the CPA may enter subjective information and the participant's assessment and plan. This screen is optional, only include information that is not documented in other notes or already in I-WIC.

- There should only be one care plan for the certification period (the Follow Up section is used to track progress throughout the certification period).

Subjective:

Assessment/Plan:

Follow Up: