

R- 01.21 WIC Paper Assessment Tool

Participant ID: _____

Date: _____

CPA Initials: _____

NUTRITION RISK

Use the IWIC Nutrition Risk Criteria to ensure all applicable risk factors are noted.

Indicate all Nutrition Risks identified within this form in the section below.

Risk # - Detailed Description	Risk # - Detailed Description
Breastfeeding Mother of Infant at Nutrition Risk 702.01 OR 702.02 OR 702.04	

- Manually Assigned (check if applicable)
- 903 Foster Care (previous 6 months)

Nutrition Risk / HIGH Risk Comments: