

R- 01.21 WIC Paper Assessment Tool

Participant ID: _____

Date: _____

CPA Initials: _____

Mid-Certification - Breastfeeding

Applicant/Participant Name: _____	Applicant/Participant DOB: _____
ID #: _____	EBT card #: _____
Head of Household: _____	HH ID#: _____
Date of Visit: _____	Date Data Entered in IWIC: _____

Refer to the paper Infant WIC Paper Assessment Forms for these additional screens that must be completed:

	I-WIC System Required Screens	IL WIC Policy Required Screens
Mid-Certification (MIDCERT)	<ul style="list-style-type: none"> Mid-Certification Food Prescription Issue Benefits 	<ul style="list-style-type: none"> Lab Breastfeeding (<i>bf dyads only</i>) * Nutrition Education

- Cert Action Screen** (optional) – complete Breastfeeding Status Change ONLY if the breastfeeding dyad breastfeeding status has changed
- Breastfeeding Screen** (required for BF dyads only) – complete and update information on the Breastfeeding screens as appropriate
- Other optional screens (Infant WIC Paper Assessment Forms):** Health, Nutrition, Nutrition Risk, Care Plan, Referrals.
- Confirm if Intake needs to update Household or Participant Information.**
- Use IWIC MIS Flowsheets** – for steps to complete during a MIDCERT appointment.

Complete the following questions related to the Mid-Certification

Mandatory questions are **bolded** and/or preceded by a star (*). Mandatory questions must be completed through participant-centered discussions.

1. ***Has your health changed in the last few months?**

2. What questions do you have about weight gain or weight loss?

3. Tell me about the types of physical activity you do:

4. What are some healthy nutrition habits you practice?

Illinois State WIC Program

Category: Breastfeeding

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5. How is your appetite?

6. Does your family have enough food?

Yes

No

Nutrition Risk(s) Identified (for any new risks to be generated, the CPA must complete Health and Nutrition screens):

General Notes / Alerts:

NEXT APPOINTMENT

Next Appt. Type: _____

Duration:

Date:

Time:
