

**Illinois State WIC Program**

Category: Postpartum/Non-Breastfeeding

**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

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

If no risks have been identified, assign Risk 401 (Failure to Meet Dietary Guidelines for Americans). This risk will be assigned within the electronic system when all nutrition assessment information has been entered.

Nutrition Risk / HIGH Risk Comments: