

Illinois State WIC Program

Category: Infant

R- 01.21 WIC Paper Assessment Tool

Participant ID: _____

Date: _____

CPA Initials: _____

FOOD PRESCRIPTION

Review Core Food Packages and tailoring options with participant.

Select Food Package Type

**Review Core Food Package and tailored options with participant then choose from the following options:*

- Core Package, reviewed options, no tailoring needed
- Tailored Package* (see table below)
- Flags (Select options below if applicable)
 - Medical Condition
 - Milk (Lactose)
 - Allergy
 - Milk Fish Peanut Shellfish Eggs Wheat Tree nuts Soy Other: _____
 - Inadequate Storage
 - Other: _____

Medically Prescribed Formula Yes No

Medical documentation must be attached to this form and then scanned into the electronic record.

Notes:

***Tailored Package Options**

Review and mark all the foods the participant would like in their package:

<input type="checkbox"/> Enfamil Infant <ul style="list-style-type: none"> <input type="radio"/> Powder <input type="radio"/> Concentrate <input type="radio"/> RTF <input type="checkbox"/> Enfamil Gentlease Powder <input type="checkbox"/> Enfamil Reguline Powder	<input type="checkbox"/> Enfamil Prosobee <ul style="list-style-type: none"> <input type="radio"/> Powder <input type="radio"/> Concentrate <input type="radio"/> RTF <input type="checkbox"/> Enfamil AR
Beginning at 6 months: <ul style="list-style-type: none"> <input type="radio"/> Formula and WIC infant foods <input type="radio"/> Formula only 	Beginning at 9 months: <ul style="list-style-type: none"> <input type="radio"/> Jarred infant fruits / vegetables <input type="radio"/> Fresh fruit / vegetable cash value benefits

If Breastfeeding Partial (BP), number of cans requested: ____*

**Use NPS Breastfeeding, Breastfeeding Amount Guide for maximum amount allowed.*

Benefit Issuance (# Months): 1 2 3

Food Prescription Comments: