

**Illinois State WIC Program**

Category: Pregnant

**R- 01.21 WIC Paper Assessment Tool**

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

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

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

**NEXT APPOINTMENT**

Determine and enter the next appointment information.

**Appointment Type:**    BFC    BI    CERT    F/U    FM    FPC    HGB    HR/FU    MIDCERT

N/ED    OTHR    PCERT    RECERT    OST

Duration:

\_\_\_\_\_

Date:

\_\_\_\_\_

Time:

\_\_\_\_\_

Appointment Note: