

Illinois State WIC Program

Category: Infant

R- 01.21 WIC Paper Assessment Tool

Participant ID: _____

Date: _____

CPA Initials: _____

Mid-Certification - Infant

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 the baby’s health changed in the last few months?**

2. ***How do you feel the baby is growing?**

3. ***How do you feel the baby is eating?**

4. Is your baby drinking?

- Water Juice Other:

5. How does the baby feed him/herself?

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6. Has the baby started? (check all that apply)
- | | | |
|--|--|---|
| <input type="checkbox"/> Baby cereal | <input type="checkbox"/> Strained baby meats | <input type="checkbox"/> Mashed beans |
| <input type="checkbox"/> Baby vegetables | <input type="checkbox"/> Eggs | <input type="checkbox"/> Table/finger foods |
| <input type="checkbox"/> Baby fruits | <input type="checkbox"/> Yogurt | <input type="checkbox"/> Other: |
7. Does the baby eat with the rest of the family? Yes No
8. What do you do if the baby doesn't try/eat a new food you've offered?
9. 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:
