Illinois State WIC Program
Category: Frontline

R- 07.22 WIC Paper Assessment Tool

Date: _____   Frontline Initials: _____

Enter the following information. For initial certifications, the WIC ID number may not be available. The automated system will generate a WIC ID number, if needed, when data is entered, and it should be recorded on this form at that time.

Mandatory questions are **bolded** and preceded by a star (*). Mandatory questions must be completed through participant-centered discussions. **Use IWIC MIS Flowsheets –** for steps to complete during a CERT appointment.

Responses that generate a nutrition risk have the risk number identified in parenthesis near applicable questions. This is for CPA use only.

Paper Certification Appointment	Type of Certification Appointment	Reason for Paper Certification
Date: _____ Site: _____ Time: _____	□ CERT □ PCERT □ RECERT	□ Computer system not operational □ Equipment problems □ Power Outage □ Other reason (as approved by the State agency)

Precertification

*Head of Household (Last, First, MI)	*Birth Date	Housing Option	*Street Address	*Mailing Address (if different from Residential)	Check if preference is no mailing	*How Heard about WIC
		□ Housing □ Migrant (Risk 802) □ Sheltered Homeless (Risk 801) □ Unsheltered Homeless (Risk 801)			□	

List All Applicants starting with the person indicated as "Head of Household" If *more than four (3), use additional copies of this page.*

*Name (Last, First, MI)	*Birthdate	*Category		*M/F	Participant ID	Foster
1.		□ PG □ BE □ BP □ NP □ IBE	□ IBP □ IFF □ C1 □ C2 □ C3 □ C4	□ Female □ Male		□ Yes □ No
2.		□ PG □ BE □ BP □ NP □ IBE	□ IBP □ IFF □ C1 □ C2 □ C3 □ C4	□ Female □ Male		□ Yes □ No
3.		□ PG □ BE □ BP □ NP □ IBE	□ IBP □ IFF □ C1 □ C2 □ C3 □ C4	□ Female □ Male		□ Yes □ No

Illinois State WIC Program
Category: Frontline
R- 07.22 WIC Paper Assessment Tool

Date: _____   Frontline Initials: _____

Check if no phone	*Area Code	*Phone	Comments	Prefer	No Calls	Phone Type	Txt Msg	*Preferred Contact Method
□				□	□	□ Home □ Cell □ Work □ Message □ Caretaker	□	□ Phone □ Text □ Email

*Language (Primary)	
	□ Translator Required

Household Information

Proxy (Last Name, First Name, MI)	*Education Level	*Proof of Residency
	□ 8th Grade or less □ 9th to 12th Grade □ Technical / Trade □ Some College □ Associate Degree □ Bachelor's Degree □ Master's Degree or Higher	□ 30 Day Certification □ DCFS Placement Papers □ IL Driver's License □ Matricula Consula ID Card □ Military Base Orders □ Official Notices/Bills with Current Address (Pay Stub, water bill, etc.) □ Rent or Mortgage Receipt □ SNAP, TANF Notice of Decision Letter

Email Address

□   Yes
□   No
□   Unknown/Declined

Email Address:_____