

**Illinois State WIC Program**

Category: Breastfeeding

**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"/> Cheese	<input type="checkbox"/> Milk
<input type="checkbox"/> Tofu	<input type="checkbox"/> Lactose-free milk
<input type="checkbox"/> Yogurt	<input type="checkbox"/> Soy Beverage
	<input type="checkbox"/> Kosher Milk
	<input type="checkbox"/> UHT (shelf stable) milk
<input type="checkbox"/> Breakfast Cereal	<input type="checkbox"/> Juice
<input type="checkbox"/> Whole Grains	<input type="checkbox"/> Legumes (exclus & mostly BF receive both beans and PB choice)
<input type="checkbox"/> Eggs	<input type="radio"/> Dried Beans
<input type="checkbox"/> Fruit and Vegetable Cash Value Voucher	<input type="radio"/> Canned Beans
	<input type="radio"/> Peanut Butter
	<input type="checkbox"/> Canned Tuna / Salmon

**Benefit Issuance** (# Months):  1  2  3

Food Prescription Comments: