



Special Supplemental
Nutrition Program for
Women, Infants and Children

FFY2019 COLORADO WIC MINI MANUAL

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COLORADO
Department of Public
Health & Environment



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Financial Eligibility

Screening Tool

You may find this tool helpful when determining if a participant is eligible for WIC based on income and household size. For more information or further clarification, please refer to the Eligibility Section (VII) of the Procedure Manual, pages 14-33.

1. “How many people live in your household?”

- For purposes of determining income eligibility for WIC, the terms “family,” “economic unit,” and “household size” are interchangeable. A family is a group of related or non-related individuals who usually (although not necessarily) live together and share economic resources and consumption of goods and/or services (e.g. food).
- **More than one family in a house:** It is possible for two separate families to live under the same roof. In determining household number it is important to determine the economic independence of the family applying for WIC. The income they report must be sufficient to cover their living expenses (i.e., food, clothing, daycare). Financial resources and support must be retained separately.
- **Pregnant Woman:** When determining family size for a pregnant woman, the family size should be increased by one. If the woman is carrying twins the family should be increased by two, triplets by three, etc.
- **Foster Child:** A foster child who is living with a family, but remains the legal responsibility of the state or other agency is considered a family of one and income is the amount of money paid to the foster parent to care for the child.
- **Adopted Child:** When a family has adopted a child or has accepted legal responsibility for a child, the child is counted as a member of the family with whom he/she lives. The size and total income of that family are used to determine the child’s income eligibility for WIC. Question Medicaid participation of the adopted child.
- **Joint Custody:** A child that resides in more than one home as a result of a joint custody situation shall be considered as part of the household of the parent/guardian who is applying for WIC on behalf of the child. (A child may only receive benefits as part of one household or family.)
- **Child Support:** If a family pays child support for a child that does not live with them, the child may NOT be considered as part of the household (unless the child lives in an institution or school). The family also may not deduct the cost of the child support when reporting their gross income to WIC.
- **Child in School/Institution:** A child who resides in an school/institution, and the child’s support is being paid for by the parent or guardian, the child may be counted in the family size of that parent/guardian.
- **Minor:** If a minor receives any support for which she does not pay, such as shelter or meals, she should not be considered a separate household. If the minor pays all expenses for her own support, it is possible that the minor may then be considered a separate household.
- **Military Personnel:** Military personnel living overseas or assigned to a military base, even though they are not living with the family, should be considered members of the economic household unit when they are sharing financial resources with the household. When a military individual is counted as a member of the economic unit, their income must also be included in the economic unit.

Examples:

- A pregnant woman and her one child live with the woman’s boyfriend and his two children. They share food, utility, and rental expenses. The woman has a job and receives child support for her child. The boyfriend has a job. Economic Unit = 6 (pregnant woman counts as 2). Income for both adults plus the child support must be included in the income determination.
- A woman (not categorically eligible for WIC), her two children (one applying for WIC), and the grandmother live in a house together. The woman is employed and grandmother receives social security. They share food and other expenses. Economic Unit = 4. The woman’s income plus the grandmother’s social security need to be included in the income determination.
- A pregnant woman lives with her parents and her younger sister. The pregnant woman is unemployed. Both parents are employed, as is the younger sister. The parents provide for all expenses except that the younger sister contributes money for groceries. Economic Unit = 5. The income of both parents and the sister need to be included in the income determination.
- A pregnant woman and her daughter live in the woman’s parent’s house. The pregnant woman is employed and provides the food, clothing, and other living expenses for herself and her daughter. The parents do not provide any money, and do not share income or food with their daughter or her child. Economic Unit = 3 (pregnant woman counts as 2). Only the pregnant woman’s income needs to be considered in the income determination. Even though the parents provide “housing” this is not considered income, but is considered “in-kind” benefit*.

2. ***“How many people in your household work? What is the gross monthly income for each of them?”***

- Income is defined as the total gross income of **all** household members. Gross income is all income before deductions are made for income taxes, employee social security taxes, insurance premiums, etc. It also includes any money received or withdrawn from any source, including savings. See income inclusions and exclusions in the Procedure Manual (Eligibility Section, VII, pages 21-25). Income is generally determined on current income (meaning income received in the previous month), but may also be determined as an annual rate of income when appropriate.
- **Lump sum payments** represent “new money” intended to be used as income and should be considered as “other cash income” for WIC income eligibility determinations. Lump sum payments considered as income should be counted as annual income or be divided by 12 to estimate a monthly income. These include, but are not limited to:
 - Gifts
 - Inheritances
 - Lottery winnings
 - Workman’s compensation for lost income
 - Severance Pay
 - School Loans (prorate over the semester or quarter that it was granted)
- Income determination for a family with **temporary low income** should be based on the family’s annual rate of income. Temporary low income means income which is below a family’s normal level due to infrequency or irregularity of employment. This applies to families with individuals who are *employed*, but not currently receiving income. Families who might be in this category may include, but are not limited to:
 - Construction workers
 - Seasonal agricultural workers such as farmers
 - Self-employed persons
 - Teachers
 - Persons on extended leave due to childbirth or illness
 - When the adult members of a family become unemployed their income while unemployed should be used for income determination.
- If an individual’s income increases and this increase is expected to be sustained, current income should be used for income determination.
- ***Inkind Benefit:** Any benefit which is of value, but which is not provided in the form of cash money, is considered in-kind benefit and is not counted as income.

3. ***“You mentioned that you don’t have any income?”***

- First always ask, “How do you obtain basic living necessities such as food, shelter, medical care, and clothing?” If the applicant/participant is sharing resources or food with another person, proof of income from the person(s) providing resources and food will be needed.
- If a participant is determined to truly have **zero income** they will need to describe to the WIC staff member they are acquiring basic living necessities. Then the participant will sign the signature pad attesting that the information given is accurate. This signature is collected in the Income panel. In the Income Determination table of the Income panel, the Source must be “Verbal Report” and the Proof must be “Affidavit.” Once “Affidavit” is chosen for the Proof column, a signature must be collect from the participant and an Affidavit Reason must be picked from the drop down.
- Cases where an applicant has **NO documentation** should be rare. WIC staff should work with applicants/participants to identify possible forms of documentation including letters from employers. However, in situations in which employers cannot/won’t write a letter or documentation was destroyed in a natural disaster, for example, the participant may verbally report their income and must sign the signature pad attesting the information they have given is accurate. In the Income Determination table of the Income panel, the Source must be “Verbal Report” and the Proof must be “Affidavit.” Once “Affidavit” is chosen for the Proof column, a signature must be collect from the participant and an Affidavit Reason must be picked from the drop down.

4. "So you or your husband works in the military, do you have last month's LES (Leave & Earnings Statement) with you?"

- Some forms of income that **must be included** along with the Base Pay for military personnel would be:
 - **BAS:** Basic Allowance for Subsistence
 - **Clothing allowance**
 - **CONUS COLA:** Cost-of-Living Allowance for the continental United States
 - **Foreign Duty Pay**
- Some specific **exclusions** that apply to military personnel include:
 - **FSH:** Family Separation Hardship or Family Separation Allowance
 - **HDP:** Hardship Duty Pay
 - **IMP/HFP:** Hazardous duty or combat pay, including Immanent Danger Pay/Hostile Fire Pay
 - **BAH:** Any Basic Allowance for Housing received by military services personnel for residing off-base or as payments for privatized on-base housing.
 - **OCONUS COLA:** Any Cost-Of-Living Allowance provided to a member of a uniformed service who is on duty outside the contiguous states of the United States. This allowance is also referred to as the Overseas Continental United States COLA.
 - The value of **inkind housing and other inkind benefits.**

Sample LES and Calculation

DEFENSE FINANCE AND ACCOUNTING SERVICE MILITARY LEAVE AND EARNINGS STATEMENT																
ID	NAME (Last, First, MI)	SOC. SEC. NO.	GRADE	PAY DATE	YRS SVC	ETS	BRANCH	ADSN/DSSN	PERIOD COVERED							
			E5	970402	09	110502	ARMY	4820	1-30 APR 06							
ENTITLEMENTS		DEDUCTIONS			ALLOTMENTS			SUMMARY								
Type	Amount	Type	Amount	Type	Amount	+Armt Fwd										
A	BASE PAY	2402.10	FEDERAL TAXES	97.97	COMB FED CAMPAIGN	1.00	+Tot Ent		4336.81							
B	BAS	272.26	FICA-SOC SECURITY	148.93	DISCRETIONARY ALT	1042.00	+Tot Ded		1474.82							
C	BAH	1042.00	FICA-MEDICARE	34.83	TRICARE DENTAL	26.27	+Tot Allt		1069.27							
D	CLOTHING	511.20	SGLI	27.00			=Net Amt		1792.82							
E	SITW REFUND (CZ)	34.33	STATE TAXES	63.78			-Cr Fwd		.00							
F	FTW REFUND (CZ)	75.02	AFRH	.50			=EOM Pay		1792.82							
G			FAMILY SGLI	6.00												
H			MID-MONTH-PAY	1095.81												
I																
J																
K																
L																
M																
N																
O																
TOTAL		4336.91		1474.82		1069.27										
LEAVE		BF Bal	Emd	Used	Cr Bal	ETS Bal	Lv Lost	Lv Paid	Use/Lose	FED TAXES	Wage Period	Wage YTD	M/S	Ex	Addl Tax	Tax YTD
		26.0	17.5	17	26.5	177.0	.0	.0	.0		1921.68	3683.22	M	01	.00	179.92
FICA TAXES		Wage Period	Soc Wage YTD	Soc Tax YTD	Med Wage YTD	Med Tax YTD	STATE TAXES	St	Wage Period	Wage YTD	M/S	Ex	Tax YTD			
		2402.10	9608.40	595.72	9608.40	139.32			1921.68	3683.22		00	111.24			
PAY DATA		BAQ Type	BAQ Depn	VHA Zip	Rent Amt	Share	Stat	JFTR	Depns	2D JFTR	BAS Type	Charity YTD	TPG	PACIDN		
		W/DEP	SPOUSE	80913	1.00	1	R		0			3.00		TF1G2LTO		
THRIFT SAVINGS PLAN (TSP)		Base Pay Rate	Base Pay Current	Spec Pay Rate	Spec Pay Current	Inc Pay Rate	Inc Pay Current	Bonus Pay Rate	Bonus Pay Current							
		0	.00	0	.00	0	.00	0	.00							
		TSP YTD Deductions			Deferred			Exempt								
		.00			.00			.00								

Military LES

Let's add up what counts towards income:

Base Pay	\$2,402.10
BAS	\$272.62
Clothing	\$42.60
(511.20/12m)	
TOTAL	= \$2,717.32

5. *“How long have you been living with your family/friends or in a shelter?”*

- A **homeless** individual is defined as a woman, infant, or child who lacks a fixed and regular nighttime residence, or whose primary nighttime residence is:
 - A publicly supervised or privately operated shelter including a welfare hotel, a congregate shelter, or a shelter for victims of domestic violence, designated to provide temporary living accommodations;
 - An institution that provides a temporary residence for individuals intended to be institutionalized;
 - A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings; or
 - A temporary accommodation in the residence of another individual not exceeding 365 days.
- If the person is living in a shelter or institution, the “family unit” does not include other residents of the shelter. Only the participant or unit of related persons shall be counted.
- If the participant is living in a temporary situation in a shelter or friend’s home, he/she can be considered an economic unit of one. A pregnant woman with her 2-year old child would be an economic unit of three. If after 365 days the participant continues to live in the same residence, then the entire household is considered an economic unit and the total household income should be used for WIC screening.

*For more information on the homeless population, please see Special Populations in the Program Manual.

Verifying WIC Participant's Health First Colorado Eligibility

The Colorado WIC Program requires verification of Health First Colorado (Colorado's Medicaid Program) for adjunct eligibility purposes.

Local agencies can verify a participant's eligibility through Health First Colorado Provider Service Center:

1. Phone verification system: 1-844-235-2387
2. Online provider portal: <https://colorado-hcp-portal.xco.dcs-usps.com/hcp/provider/Home/tabid/135/Default.aspx>

To verify a participant's Health First Colorado eligibility, local agency staff will need the following:

1. WIC's Health First Colorado provider number provider number: **83037331**; or the provider number for their local public health department or nursing service.
2. Client's Health First Colorado Member ID number (Medicaid number); or social security number and date of birth

To Verify Member Eligibility by Phone:

1. Call the Health First Colorado Provider Service Center toll-free at 1-844-235-2387
2. Press 1 to request Member Eligibility Verification (you will not need to access the other options).
3. Enter WIC's non-billing provider number: **83037331** followed by the (#) sign; - *or*- the provider number for your local public health department or nursing service.
4. To verify member eligibility you will need the client's Member ID (Medicaid number); - *or*- social security number and date of birth.
 - a. To verify by Member ID, press 1. Enter the client's 7-Digit Member ID followed by the (#) sign. NOTE: Member IDs contain both alpha and numeric characters. To enter an alpha character, you must use the star (*) key and the position of the alpha character on the key pad for entry.

Example: For Member ID Y0123456, enter *930123456#. *93 represents the letter Y. The star is a place holder, the 9 denotes where the letter X is located on the key pad and the 3 denotes the position of the letter under the number 9. The exceptions are the letters Q and Z. Please see chart below.

LETTER	ENTRY
A	*21
B	*22
C	*23
D	*31
E	*32
F	*33
G	*41
H	*42
I	*43
J	*51
K	*52
L	*53
M	*61
N	*62
O	*63
P	*71
Q	*11
R	*73
S	*74
T	*81
U	*82
V	*83
W	*91
X	*92
Y	*93
Z	*12

- b. To verify eligibility using the client's social security number and date of birth. Enter the member's social security number followed by the # sign. Then enter the date of birth.

1 Income Eligibility Determination Scenarios

Types of Eligibility Documentation (Proof): **POID** = Proof of Identification **POA** = Proof of Address **POI** = Proof of Income

Scenario	Income Determination Table			Adjunct Eligibility Link	Additional Information
	Source	Proof	Amount		
Applicant/client only brought proof of ID. <ul style="list-style-type: none"> Did not bring POI or POA Client DOES NOT receive Medicaid, SNAP, or TANF 	Leave Blank	Leave Blank	Leave Blank	Do not complete	<p>If client did not bring proof of income or address, client CANNOT be provisionally certified.</p> <ul style="list-style-type: none"> Two of the three required proofs must be provided in order to Provisionally Certify a client. <p>Complete as much of the appointment as possible including the <i>Assessment, Education and Care</i>, and <i>Foods</i> screens in Compass.</p> <p><u>Reschedule</u> the visit and provide information on acceptable proofs to bring.</p>
Applicant/client has income but did not bring POI to WIC appointment. <ul style="list-style-type: none"> Brought POA and POID Client DOES NOT receive Medicaid, SNAP, or TANF 	Leave Blank	Leave Blank	Leave Blank	Do not complete	<p>The Income Determination Table should be <u>left blank</u>.</p> <ul style="list-style-type: none"> Provisionally certify the applicant/client. Give 1 month of food benefits. Schedule the client to return with POI within 30 days. <p>If client does not bring POI within the 30 days no additional food benefits can be given until a full recertification has occurred.</p>
<p>Rare: Applicant/client has income but is unable to provide proof.</p> <p>Specific Examples:</p> <ul style="list-style-type: none"> Undocumented farm worker paid in cash and employer refuses to provide documentation. Client whose documentation has been destroyed in a natural disaster, such as a flood, fire, etc... <p>Not intended for a client who forgot to bring proof of income.</p>	Verbal Report	Affidavit	<p>Enter verbal amount of gross income (before taxes and deductions) as reported.</p> <p>*Do not include dollar amount of SNAP benefit.</p>	Do not complete	<p>Once the Income Determination Table is complete:</p> <ul style="list-style-type: none"> Collect applicant/endorser's signature on the Income panel. Select affidavit reason from the drop down list. Add additional information in Income Determination "Note" field, as applicable. <p>The client is certified for the full time period.</p>

2 Income Eligibility Determination Scenarios

Types of Eligibility Documentation (Proof): **POID** = Proof of Identification **POA** = Proof of Address **POI** = Proof of Income

Scenario	Income Determination Table			Adjunct Eligibility Link	Additional Information
	Source	Proof	Amount		
Child with Medicaid. <ul style="list-style-type: none"> Brought POA and POID 	Verbal Report	Medicaid/SNAP/TANF	Enter verbal amount of gross income (before taxes and deductions) as reported. *Do not include dollar amount of SNAP benefit.	Verify active enrollment via Medicaid portal or Medicaid toll free number. If active: <ol style="list-style-type: none"> Select type of proof provided (award letter or telephone/computer). Mark MA box for child with Medicaid. Enter Medicaid # in the MA-ID field for child. 	If actively enrolled in Medicaid: <ul style="list-style-type: none"> Do not ask for additional proof(s) of income. The client is certified for the full time period.
Infant with Medicaid. <ul style="list-style-type: none"> Medicaid card presented 	Verbal Report	Medicaid/SNAP/TANF	Enter verbal amount of gross income (before taxes and deductions) as reported. *Do not include dollar amount of SNAP benefit.	Verify active enrollment via Medicaid portal or Medicaid toll free number. If active: <ol style="list-style-type: none"> Select type of proof provided (award letter or telephone/computer) for infant. Mark MA box for infant with Medicaid. Enter Medicaid # in the MA-ID field for infant. 	If infant is actively enrolled on Medicaid: <ul style="list-style-type: none"> All WIC eligible family members are WIC adjunctively income eligible. No other proof of income required.

3 Income Eligibility Determination Scenarios

Types of Eligibility Documentation (Proof): **POID** = Proof of Identification **POA** = Proof of Address **POI** = Proof of Income

Scenario	Income Determination Table			Adjunct Eligibility Link	Additional Information
	Source	Proof	Amount		
<p>Two Children: One with Medicaid, other child without Medicaid.</p> <ul style="list-style-type: none"> • Endorser presents one child's Medicaid card (Medicaid card can be used for POID for children/infants). • Brought POID for child <u>without</u> Medicaid. • No other POI brought to appointment. • No other family members receive SNAP or TANF. • Brought POA. 	Leave Blank	Leave Blank	Leave Blank	<p>Verify active enrollment via Medicaid portal or Medicaid toll free number. If active:</p> <ol style="list-style-type: none"> 1. Select type of proof provided (award letter or telephone/ computer) for child with Medicaid. 2. Mark MA box for child with Medicaid. 3. Enter Medicaid # in the MA-ID field for child. 	<p>The Income Determination Table should be <u>left blank</u>.</p> <ul style="list-style-type: none"> • Certify the child with active Medicaid. • Provisionally certify the other child who does not have Medicaid in the household. • Provide one month of benefits and schedule the endorser to return within 30 days to provide POI for remaining child that did not have Medicaid. <p>A child older than one year old with Medicaid DOES NOT qualify other family members.</p>
<p>Pregnant woman with Medicaid.</p>	Verbal Report	Medicaid/SNAP/TANF	<p>Enter verbal amount of gross income (before taxes and deductions) as reported.</p> <p>*Do not include dollar amount of SNAP benefit.</p>	<p>Verify active enrollment via Medicaid portal or Medicaid toll free number. If active:</p> <ol style="list-style-type: none"> 1. Select type of proof provided (award letter or telephone/ computer). 2. Mark MA box for client with Medicaid. 3. Enter Medicaid # in the MA-ID field for client. 	<p>If pregnant woman is actively enrolled on Medicaid:</p> <ul style="list-style-type: none"> • All WIC eligible family members are adjunctive income eligible • No other proof of income needed. <p>Note: A baby, born to a mother who has Medicaid is automatically eligible to receive Medicaid benefits for a full year. This coverage is known as Needy Newborn Medicaid Coverage.</p>

4 Income Eligibility Determination Scenarios

Types of Eligibility Documentation (Proof): **POID** = Proof of Identification **POA** = Proof of Address **POI** = Proof of Income

Scenario	Income Determination Table			Adjunct Eligibility Link	Additional Information
	Source	Proof	Amount		
Newborn, born to a mother who had Medicaid during pregnancy, is not yet assigned a Medicaid number.	Verbal Report	Medicaid/SNAP/TANF	<p>Enter verbal amount of gross income (before taxes and deductions) as reported.</p> <p>*Do not include dollar amount of SNAP benefit.</p>	<p>Emergency Medicaid or regular Medicaid should be verified and documented in Compass during a women’s pregnancy.</p> <p>For the Infant:</p> <ol style="list-style-type: none"> 1. Select “other” as proof 2. Mark MA box for client 3. Enter “pending” in the MA-ID field for client. <p>For the Mother with Medicaid (not Emergency Medicaid):</p> <ol style="list-style-type: none"> 1. Select type of proof provided (award letter or telephone/computer). 2. Mark MA box for client 3. Enter Medicaid Number in the MA-ID field for client. 	<p>Infant is automatically eligible to receive Medicaid benefits for a full year. This coverage is known as Needy Newborn Medicaid Coverage. Since infant is eligible for Medicaid all WIC eligible family members will also be WIC income eligible.</p> <ul style="list-style-type: none"> • No other proof of income required. • It is not necessary to ask the mother to provide the infant’s Medicaid number at a later appointment since income eligibility has already been determined.

5 Income Eligibility Determination Scenarios

Types of Eligibility Documentation (Proof): **POID** = Proof of Identification **POA** = Proof of Address **POI** = Proof of Income

Scenario	Income Determination Table			Adjunct Eligibility Link	Additional Information
	Source	Proof	Amount		
Active Participation in TANF.	TANF - see adjunctive	Medicaid/SNAP/TANF Verify active enrollment via: -Award letter -Colorado Peak -Colorado Benefit Management System (CBMS) printout. View proofs electronically or the client may provide a hard copy.	Enter verbal amount of gross income self-reported (before taxes and deductions) including TANF amount indicated on eligibility notice. *Do not include dollar amount of SNAP benefit.	If actively enrolled: 1. Select type of proof provided. 2. Mark TANF box for all WIC eligible family members in the household.	If actively enrolled in SNAP/TANF: <ul style="list-style-type: none"> All WIC eligible family members also are adjunctively income eligible. No other proof of income required. The WIC certification/recertification start date must fall within the valid dates listed on the SNAP or TANF Eligibility Notice. Example, the WIC certification/recertification start date is Sept 29, 2015 and SNAP/TANF notice is valid Oct 1, 2014 - Sept 30, 2015.
Active Participation in SNAP.	Verbal report	Medicaid/SNAP/TANF Verify active enrollment via: -Award letter -Colorado Peak -Colorado Benefit Management System (CBMS) printout. View proofs electronically or the client may provide a hard copy.	Enter verbal amount of gross income (before taxes and deductions) as reported. *Do not include dollar amount of SNAP benefit.	If actively enrolled: 1. Select type of proof provided. 2. Mark SNAP box for all WIC eligible family members in the household.	If actively enrolled in SNAP/TANF: <ul style="list-style-type: none"> All WIC eligible family members also are adjunctively income eligible. No other proof of income required. The WIC certification/recertification start date must fall within the valid dates listed on the SNAP or TANF Eligibility Notice. Example, the WIC certification/recertification start date is Sept 29, 2015 and SNAP/TANF notice is valid Oct 1, 2014 - Sept 30, 2015.

Types of Eligibility Documentation (Proof): **POID** = Proof of Identification **POA** = Proof of Address **POI** = Proof of Income

Types of health insurance for people with limited income:

- Presumptive eligibility (PE) provides short-term access to health care while Medicaid eligibility is being determined. Therefore PE does NOT adjunctively income qualify an individual for WIC.
- Emergency Medicaid is short-term access to health care for immigrants without legal permanent residency. Emergency Medicaid only covers life and limb threatening situations, such as childbirth, and does not cover medical appointments or routine care, including prenatal care. Emergency Medicaid DOES adjunctively income qualify an individual for WIC.
- Child Health Plan Plus (CHP+) income eligibility guidelines (IEG) exceed WIC’s IEG. CHP+ participation does NOT adjunctively income qualify an individual for WIC.
- Needy Newborn Medicaid Coverage- a baby, born to a mother who either had emergency Medicaid or full Medicaid benefits during pregnancy, is automatically eligible to receive Medicaid benefits until age 1.

Please Note: WIC accepts current participation in Health First Colorado (Colorado Medicaid) or any of Colorado’s other Medicaid Programs (e.g. Health First Colorado Limited/Emergency Medicaid, Transitional Medicaid, etc.), as evidence of financial eligibility for participation in WIC.

Additional Information:

- Participant signs Rights and Responsibilities which says, “I will notify WIC if my income changes.” Do not ask for income information at a mid-cert or follow-up visit. However, if a change of income is volunteered by the client or if a report is received by an outside source, WIC staff must re-determine that client’s WIC income eligibility.
- Compass blocks cert/recert of clients who are over-income unless Medicaid, SNAP or TANF data is entered in the Adjunctive Eligibility link. Pregnant woman or an infant receiving Medicaid, or a family member actively receiving SNAP/TANF adjunctively income qualifies all WIC eligible family members.

Foods

eWIC Food Package Contents

Pregnant/Part BF women

Food	Full	2/3	1/3
Milk (gallons)	4.75	3	1.75
Cheese (pounds)	1	1	0
Eggs (dozen)	1	1	1
Cereal (ounces)	36	24	12
Grains (ounces)	16	16	16
Legumes (jar/bag/can)	2	2	1
Juice (12 oz frozen)	3	2	1
Fruit & Vegetable (\$)	11	11	11

Exclusively BF women

Food	Full	2/3	1/3
Milk (gallons)	5.25	3.75	1.50
Cheese (pounds)	2	1	1
Eggs (dozen)	2	1	1
Cereal (ounces)	36	24	12
Grains (ounces)	16	16	16
Legumes (jar/bag/can)	2	2	1
Juice (12 oz frozen)	3	2	1
Fish (ounces)	30	20	10
Fruit & Vegetable (\$)	11	11	11

Postpartum/non-breastfeeding women

Food	Full	2/3	1/3
Milk (gallons)	3.25	2	1.25
Cheese (pounds)	1	1	0
Eggs (dozen)	1	1	1
Cereal (ounces)	36	24	12
Legumes (jar/bag/can)	1	1	1
Juice (12 oz frozen)	2	1	1
Fruit & Vegetable (\$)	11	11	11

Exclusively breastfeeding multiples

Food	Full	2/3	1/3
Milk (gallons)	8.25	6	3
Cheese (pounds) EVEN MO	3	1	1
Cheese (pounds) ODD MO	2	1	1
Eggs (dozen)	3	2	1
Cereal (ounces)	54	36	18
Grains (ounces)	24	24	16
Legumes (jar/bag/can)	3	2	1
Juice (12 oz frozen) EVEN MO	4	3	1
Juice (12 oz frozen) ODD MO	5	3	2
Fish (ounces)	45	30	15
Fruit & Vegetable (\$)	16.50	16.50	16.50

Child / Toddler

Food	Full	2/3	1/3
Milk (gallons)	3.25	2	1.25
Cheese (pounds)	1	1	0
Eggs (dozen)	1	1	1
Cereal (ounces)	36	24	12
Grains (ounces)	32	32	16
Legumes (jar/bag/can)	1	1	1
Juice (64 oz)	2	1	1
Fruit & Vegetable (\$)	8	8	8

Substitutions:

Food	Substitution	Substitution
1 quart milk =	1 pound tofu	
1 quart milk =	1 12-oz can evaporated milk	
3 quarts milk -	1 pound cheese	
1 jar peanut butter =	1 pound dry beans =	4 cans canned beans

(Maximum 2 pounds cheese for Exclusively BF women; 1 pound for children and preg/part BF, postpartum women)

Formula proration

Contract – powder (12.4 – 12.9 oz cans)

Age	Formula	Full	2/3	1/3
0-3 mo	Enfamil Infant, ProSobee, Gentlease, AR, Reguline	9	6	3
4-5 mo	Enfamil Infant, ProSobee, Gentlease, AR, Reguline	10	7	3
6-11 mo	Enfamil Infant, ProSobee, Gentlease, AR, Reguline	7	5	2
12 mo +	Enfamil Infant, Gentlease, AR, Reguline	10	7	3
12 mo +	Enfamil ProSobee	9	6	3

Contract & exempt infant– concentrate (13 oz cans)

Age	Formula	Full	2/3	1/3
0-3 mo	Enfamil Infant, ProSobee, Nutramigen	31	21	10
4-5 mo	Enfamil Infant, ProSobee, Nutramigen	34	23	11
6-11 mo	Enfamil Infant, ProSobee, Nutramigen	24	16	8
12 mo +	Enfamil Infant, ProSobee, Nutramigen	35	23	12

Contract & exempt infant– RTF (32-oz cans)

Age	Formula	Full	2/3	1/3
0-3 mo	Enfamil Infant, Gentlease, Alimentun, NeoSure, Nutramigen	26	17	9
4-5 mo	Enfamil Infant, Gentlease, Alimentun, NeoSure, Nutramigen	28	19	9
6-11 mo	Enfamil Infant, Gentlease, Alimentun, NeoSure, Nutramigen	20	13	7
12 mo +	Enfamil Infant, Gentlease, Alimentun, NeoSure, Nutramigen	28	19	9

Contract & exempt Infant – RTF (8-oz 6-packs)

Age	Formula	Full	2/3	1/3
0-3 mo	Enfamil Infant, ProSobee, Gentlease, AR, Reguline, EnfaCare, Enfaport	17	11	6
4-5 mo	Enfamil Infant, ProSobee, Gentlease, AR, Reguline, EnfaCare, Enfaport	19	13	6
6-11 mo	Enfamil Infant, ProSobee, Gentlease, AR, Reguline, EnfaCare, Enfaport	13	9	4
12 mo +	Enfamil Infant, ProSobee, Gentlease, AR, Reguline, EnfaCare, Enfaport	18	12	6

Exempt – powder (16 oz cans)

Age	Formula	Full	2/3	1/3
0-3 mo	Pregestimil	7	5	2
4-5 mo	Pregestimil	8	5	3
6-11 mo	Pregestimil	6	4	2
12 + mo	Pregestimil	8	5	3

Exempt – powder (12.8 – 14.1 oz cans)

Age	Formula	Full	2/3	1/3
0-3 mo	Neocate Infant, PurAmino, Similac PM 60/40	8	5	3
4-5 mo	Neocate Infant, PurAmino, Similac PM 60/40	9	6	3
6-11 mo	Neocate Infant, PurAmino	7	5	2
6-11 mo	Similac PM 60/40	6	5	2
12 + mo	Neocate Infant, PurAmino	9	6	3
12 + mo	Similac PM 60/40	8	6	3

Exempt – powder (14.1 oz cans)

Age	Formula	Full	2/3	1/3
0-3 mo	Elecare Infant	9	6	3
4-5 mo	Elecare Infant	10	7	3
6-11 mo	Elecare Infant	7	5	2
12 + mo	Elecare Infant	9	6	3

Exempt – powder (12.1 – 13.1 oz cans)

Age	Formula	Full	2/3	1/3
0-3 mo	Enfamil EnfaCare, Nutramigen LGG, Alimentum, NeoSure	10	7	3
4-5 mo	Enfamil EnfaCare, Nutramigen LGG, Alimentum, NeoSure	11	7	4
6-11 mo	Enfamil EnfaCare, Nutramigen LGG, Alimentum, NeoSure	8	5	3
12 + mo	Enfamil EnfaCare	11	7	4
12 + mo	Nutramigen LGG, Alimentum, NeoSure	10	7	3

Maximum monthly amount of formula authorized by Colorado WIC

Formula	Form	Size	Yield	Age of participant				
				0-3 months	4-5 months	6-11 months	12 months +	Women
Number of containers								
Boost High Protein	RTF	8-oz 27-pk	216 oz					4 cases (108 cartons)
Boost Kid Essentials 1.5 cal (with or without fiber)	RTF	8-oz 27-pk	216 oz				4 cases (108 cartons)	
Bright Beginnings Soy Pediatric Drink	RTF	8-oz 6-pk	48 oz				18	
Compleat Pediatric	RTF	8.45 oz	8.45 oz				107	
EleCare Infant	Powder	14.1 oz	95 oz	9	10	7	9	
EleCare Junior	Powder	14.1 oz	62 oz				14	
Enfagrow Toddler Transitions Soy	Powder	20 oz	135 oz				6	
Enfamil AR	Powder	12.9 oz	91 oz	9	10	7	10	
Enfamil AR	RTF	8-oz 6-pk	48 oz	17	19	13	18	
Enfamil NeuroPro EnfaCare	Powder	12.8 oz	82 oz	10	11	8	11	
Enfamil EnfaCare	RTF	8-oz 6-pk	48 oz	17	19	13	18	
Enfamil Gentlease	Powder	12.4 oz	90 oz	9	10	7	10	
Enfamil Infant	Powder	12.5 oz	90 oz	9	10	7	10	
Enfamil Infant	Conc.	13 oz	26 oz	31	34	24	35	
Enfamil Infant	RTF	32 oz	32 oz	26	28	20	28	
Enfamil ProSobee	Powder	12.9 oz	93 oz	9	10	7	9	
Enfamil ProSobee	Conc.	13 oz	26 oz	31	34	24	35	
Enfamil ProSobee	RTF	8-oz 6-pk	48 oz	17	19	13	18	
Enfamil Reguline	Powder	12.4 oz	90 oz	9	10	7	10	
Enfaport	RTF	6-oz 6-pk	6 oz	23	25	17	25	
Ensure / Ensure Plus	RTF	8-oz 6-pk	48 oz					18 6-pk (108 cartons)
Human Milk Fortifier (Similac)	Powder	50 pkt ctn	93 oz	9	10	7		

Formula	Form	Size	Yield	Age of participant				
				0-3 months	4-5 months	6-11 months	12 months +	Women
				Number of containers				
Neocate Infant	Powder	14.1 oz	97 oz	8	9	7	9	
Neocate Syneo Infant	Powder	14.1 oz	95 oz	9	10	7	9	
Neocate Junior	Powder	14 oz	64 oz				14	
Neocate Junior with Prebiotics	Powder	14 oz	60-63 oz				14	
Neocate Splash	RTF	8-oz 27-pk	216 oz				4 cases (108 boxes)	
Nutramigen	Conc.	13 oz	26 oz	31	34	24	35	
Nutramigen	RTF	32 oz	32 oz	26	28	20	28	
Nutramigen with Enflora LGG	Powder	12.6 oz	87 oz	10	11	8	10	
Nutren 1.0	RTF	8.45 oz	8.45 oz					107
Nutren 1.0 with fiber	RTF	8.45 oz	8.45 oz					107
Nutren 1.5	RTF	8.45 oz	8.45 oz					107
Nutren 2.0	RTF	8.45 oz	8.45 oz					107
Nutren Jr. / with Prebio fiber	RTF	8.45 oz	8.45 oz				107	
Osmolite 1 cal	RTF	8 oz	8 oz					113
PediaSure / with fiber	RTF	8-oz 6-pk	48 oz				18 6-pk (108 cartons)	
PediaSure enteral / with fiber	RTF	8 oz	8 oz				108	
PediaSure 1.5 cal / with fiber	RTF	8 oz	8 oz				108	
Peptamen / with Prebio fiber	RTF	8.45 oz	8.45 oz					107
Peptamen Jr. / with Prebio fiber	RTF	8.45 oz	8.45 oz				107	
Portagen	Powder	14.4 oz	64 oz				14	14
Pregestimil	Powder	16 oz	112 oz	7	8	6	8	
PurAmino	Powder	14.1 oz	98 oz	8	9	7	9	
Similac Alimentum	Powder	12.1 oz	87 oz	10	11	8	10	
Similac Alimentum	RTF	32 oz	32 oz	26	28	20	28	
Similac NeoSure	Powder	13.1 oz	87 oz	10	11	8	10	
Similac NeoSure	RTF	32 oz	32 oz	26	28	20		
Similac PM 60/40	Powder	14.1 oz	102 oz	8	9	6	8	
Tolerex	Powder	2.82 oz pkts	300 ml = 10.144 oz					14 cartons of 6 pkts/carton

Formula	Form	Size	Yield	Age of participant				
				0-3 months	4-5 months	6-11 months	12 months +	Women
				Number of containers				
Vivonex Pediatric	Powder	1.7-oz pkts	250 ml (8.45 oz)				17 cartons of 6 (1.7-oz) pkts	
Vivonex T.E.N.	Powder	2.84 oz pkts	300 ml = 10.144 oz					8 cartons of 10 pkts/carton

12/01/2018

Maximum monthly amount of metabolic formula authorized by Colorado WIC

Formula	Form	Size (gm)	Yield (oz)	Age of participant				
				0-3 months	4-5 months	6-11 months	12 months +	Women
				Number of containers				
Calcilo - XD	Powder	375 (13.2 oz)	96	9	10	7		
Cyclinex 1	Powder	400	102	8	9	6	8	
Cyclinex 2		400	88				10	10
GA-1 Anamix Early Years	Powder	400	90.1	9	10	7	10	
Glutarex 1	Powder	400	96	9	10	7	9	
Glutarex 2	Powder	400	82				11	11
HCU Anamix Early Years	Powder	400	90..1	9	10	7	10	
Hominex 1	Powder	400	96	9	10	7	9	
Hominex 2	Powder	400	82				11	11
IVA Anamix Early Years	Powder	400	90.1	9	10	7	10	
I Valex 1	Powder	400	96	9	10	7	9	
I Valex 2	Powder	400	82				11	11
Ketonex 1	Powder	400	96	9	10	7	9	
Ketonex 2	Powder	400	82				11	11
MMA/PA Anamix Early Years	Powder	400	90.1	9	10	7	10	
MSUD Anamix Early Years	Powder	400	90.1	9	10	7	10	
MSUD Maxamaid	Powder	454	74				12	
MSUD Maxamum	Powder	454	46					19
Phenex 1	Powder	400	96	9	10	7	9	
Phenex 2	Powder	400	82				11	11
Phenyl Free 1	Powder	454	114	7	8	6	7	
Phenyl Free 2	Powder	454	93				9	9
Phenyl Free 2 HP	Powder	454	89				10	10
Phenylade Essential Drink Mix	Powder	454	91				10	10
PKU Periflex Early Years	Powder	400	90.1	9	10	7	10	
PKU Periflex Junior Plus Plain	Powder	400	51.3				17	
PKU Periflex Junior Plus Flavored	Powder	400	50.3				18	
Pro-Phree	Powder	400	102	8	9	6	8	8

Formula	Form	Size (gm)	Yield (oz)	Age of participant				
				0-3 months	4-5 months	6-11 months	12 months +	Women
				Number of containers				
ProViMin	Powder	150	166	5	5	4	5	5
Propimex – 1	Powder	400	96	9	10	7	9	
Propimex – 2	Powder	400	82				11	11
RCF	Conc,	13 oz 384 ml	26	31	34	24	35	35
TYR Anamix Early Years	Powder	400	90.1	9	10	7	10	
Tyrex 1	Powder	400	96	9	10	7	9	
Tyrex 2	Powder	400	82				11	11
TYROS 1	Powder	454	114	7	8	6	7	
TYROS 2	Powder	454	93				9	9
XLeu Maxamaid	Powder	454	74				12	
XLeu Maxamum	Powder	454	46					19
XLys XTry Maxamaid	Powder	454	74				12	
XLys XTry Maxamum	Powder	454	46					19
XMet Maxamaid	Powder	454	74				12	
XMet Maxamum	Powder	454	46					19
XMTVI Maxamaid	Powder	454	74				12	
XMTVI Maxamum	Powder	454	46					19
XPhe Maxamaid	Powder	454	74				12	
XPhe Maxamum	Powder	454	46					19
XPhe XTyr Maxamaid	Powder	454	74				12	

02/01/2017

eWIC

Ordering Instructions for Products Not on Retail Shelves for Local Agencies

(Rev. 7/2016)

POLICY:

Local Agency WIC staff may special order infant formulas and WIC-eligible nutritionals when a formula is not locally available within the needed time frame, in the quantities needed, or is excessively priced. Orders must be submitted on a monthly basis; no more than one month's issuance of formula may be ordered at a time. All special order formula requests must be sent to the state office. Ward Road Pharmacy is the Colorado WIC Program's authorized retailer for formulas not available locally.

PROCEDURE:

Perform the following steps to special order formula from Ward Road Pharmacy:

1. Ensure (within reason) that the formula is the correct issuance for that month and will be picked up by the endorser/participant during the valid benefit period.
2. Assign the correct food package and issue benefits to the family's PAN.
3. Complete the [Special Formula Order Form](#) (see example on last page) for each formula requested and click "submit."
 - a. Enter the participants' first name and the PAN (eWIC card number).
 - b. Choose the formula type by clicking "standard," "specialty," or "metabolic."
 - c. From the drop down list of formulas, select the specific formula, ensuring the correct form (powder, concentrate, RTF), size, and flavor (if available). If a requested formula or flavor doesn't display, enter it in the "Other comments" field.
 - d. Indicate the order amount and the unit ("can," "case," or "6-pack").
 - e. Indicate the amount already in the clinic.
 - f. Enter the benefit start date and the appointment date (must be within the benefit date range).
 - g. Select the WIC clinic name from the drop down list. If the clinic name doesn't display, enter it in the "Other comments" field.
 - h. Enter any additional information in the "Other comments" field, such as clinic closure dates.
4. **Draw a line through the formula name on the Family Food Benefits list and note "ordered from Ward Road Pharmacy."** Instruct the family to not purchase the formula at another vendor; they will pick it up at the clinic. Schedule a time within the valid food benefit date for them to return to the clinic to pick up the formula.
5. Submit subsequent month's orders about a week before the next appointment. Issue subsequent month benefits prior to the 10th day of the month to avoid proration of benefits.

Confirmation of orders:

Local staff ordering the formula will receive two emails: 1) Confirmation of submitted order; 2) email from Ward Road Pharmacy with the date the formula should arrive at the clinic. Email CDPHE.WICFormula@state.co.us if either confirmation is not received.

Order changes:

Email CDPHE.WICFormula@state.co.us to cancel an order or change quantities of a formula that has already been ordered.

Complete the [Special Formula Order Form](#) to order a different formula.

Formula pick-up confirmation

When the formula is picked up at the clinic, obtain the endorser's signature on the packing slip (from the Ward Road shipment box), record the date and save the form in a Ward Road order file. Signed packing slips may be destroyed 3 ½ years from the end of the applicable fiscal year.

When endorser/participant does not pick up the special formula

Make every effort to contact the endorser/participant to learn whether the formula will be picked up. If formula will not be picked up, learn why and document details in the participant's care plan.

1. If the formula is not issued to the participant for whom it was originally intended, the formula may be issued to another WIC participant, donated to a local hospital or destroyed. If reissue is preferred and a recipient is not identified within the local agency, email the Colorado WIC high risk counselor's google group (cdphe_wichrcounselors@state.co.us) to see if another agency can use the formula. Include the name of the formula, amount and expiration date. If no response from other agencies, email the state office at CDPHE.WICFormula@state.co.us. Once a recipient is identified, follow the instructions below.

The original clinic:

- a. Emails the state office at CDPHE.WICFormula@state.co.us with the name, FID and clinic/agency of the new recipient.
- b. Works directly with the other clinic/agency RD to arrange transfer of the formula, which may be in person, by courier or by mail. Includes the Ward Road Pharmacy packing slip in the shipment.

The receiving clinic:

- c. Provides the formula to the new recipient within the participant's valid benefit period.
- d. Obtains the endorser's signature and date on the packing slip and keeps the packing slip in the Ward Road file.
- e. Notifies the state office Help Desk to remove the formula benefits from the participant's account for that month.

2. If the formula is donated or disposed of and not issued to a participant, staff must document the disposition on the packing slip, sign, date and retain in the Ward Road order file.

Ward Road Pharmacy Ordering Guide

Formula	Form	Size	Yield	Maximum monthly formula amount					Units/ Case	Special order information	
				0-3 mo	4-5 mo	6-11 mo	12 mo +	Women		Order unit	Other instructions
				Number of cans							
Boost High Protein	RTF	8 oz 27-pk	216 oz					4 cases (108)	27	Case	Vanilla flavor only 12-pk & 6-pk of vanilla, chocolate & strawberry often available in stores
Boost Kid Essentials 1.5 cal	RTF	8 oz 27-pk	216 oz					4 cases (108)	27	Case	Specify flavor: vanilla, chocolate, strawberry
Boost Kid Essentials 1.5 cal with fiber	RTF	8 oz 27-pk	216 oz					4 cases (108)	27	Case	Vanilla flavor only
Bright Beginnings Soy Pediatric Drink	RTF	8 oz 6-pk	48 oz					18 6-pk	18	6-pk	
Compleat Pediatric	RTF	8.45 oz	8.45 oz					107	24	Can	Order by number of cans
Elecare Infant	Pwd	14.1 oz	95 oz	9	10	7		9	6	Can	Unflavored only
Elecare Junior	Pwd	14.1 oz	62 oz					14	6	Can	Specify flavor: unflavored, vanilla, chocolate, banana
Enfagrow Toddler Transitions Soy	Pwd	20 oz	135 oz					6	4	Can	
Enfamil NeuroPro EnfaCare	Pwd	12.8 oz	82 oz	10	11	8		11	6	Can	Often available in local stores
Enfamil EnfaCare	RTF	8 oz 6-pk	48 oz	17 6-pk	19 6-pk	13 6-pk		18 6-pk	4	6-pk	Often available in local stores
Enfaport	RTF	6 oz 6-pk	36 oz	23 6-pk	25 6-pk	17 6-pk		25 6-pk	24 cans	6-pk	
Ensure	RTF	8 oz 6-pk	48 oz						24 cans	6-pk	Often available at local stores. Specify flavor: vanilla, dark chocolate, milk chocolate, strawberries & cream, butter pecan, coffee latte
Ensure Plus	RTF	8 oz 6-pk	48 oz						24 cans	6-pk	Often available at local stores. Specify flavor: vanilla, chocolate, dark chocolate, strawberry, butter pecan
Human Milk Fortifier (Similac)	Pwd	50-pkt ctn	93 oz	9	10	7			4 ctns	50-pkt ctn	

Formula	Form	Size	Yield	Maximum monthly formula amount					Special order information		
				0-3 mo	4-5 mo	6-11 mo	12 mo +	Women	Units/Case	Order unit	Other instructions
				Number of cans							
Neocate Infant	Pwd	14.1 oz	97 oz	8	9	7	9		4	Can	
Neocate Syneo Infant	Pwd	14.1 oz	95 oz	9	10	7	9		4	Can	
Neocate Junior	Pwd	14 oz	64 oz				14		4	Can	Specify flavor: unflavored, tropical fruit, chocolate
Neocate Junior with Prebiotics	Pwd	14 oz	60-63 oz				14		4	Can	Specify flavor: unflavored, vanilla, strawberry
Neocate Splash	RTF	8 oz 27-pk	216 oz				4 cases (108)		27	Case	Unflavored, tropical fruit, orange-pineapple, grape
Nutramigen	Conc.	13 oz	26 oz	31	34	24	35		12	Can	Often available in local stores
Nutramigen	RTF	32 oz	32 oz	26	28	20	28		6	Can	Often available in local stores
Nutramigen with Enflora LGG	Pwd	12.6 oz	87 oz	10	11	8	10		6	Can	Often available in local stores
Nutren 1.0	RTF	8.45 oz	8.45 oz					107	24	Can	Vanilla flavor only
Nutren 1.0 with fiber	RTF	8.45 oz	8.45 oz					107	24	Can	Vanilla flavor only
Nutren 1.5	RTF	8.45 oz	8.45 oz					107	24	Can	Vanilla flavor only
Nutren 2.0	RTF	8.45 oz	8.45 oz					107	24	Can	Vanilla flavor only
Nutren Jr.	RTF	8.45 oz	8.45 oz					107	24	Can	Vanilla flavor only
Nutren Jr. with Prebio fiber	RTF	8.45 oz	8.45 oz					107	24	Can	Vanilla flavor only
Osmolite 1 cal	RTF	8 oz	8 oz					113	24	Can	
PediaSure	RTF	8 oz 6-pk	48 oz				18 6-pk (108)		4	6-pk	Often available at local stores. Specify flavor: vanilla, chocolate, strawberry, banana cream, berry, s'mores
PediaSure with fiber	RTF	8 oz 6-pk	48 oz				18 6-pk (108)		4	6-pk	Often available at local stores. Vanilla & strawberry

Formula	Form	Size	Yield	Maximum monthly formula amount					Special order information		
				0-3 mo	4-5 mo	6-11 mo	12 mo +	Women	Units/Case	Order unit	Other instructions
				Number of cans							
PediaSure Enteral	RTF	8 oz	8 oz				108		24	Can	Vanilla flavor only
PediaSure Enteral with fiber and ScFOS	RTF	8 oz	8 oz				108		24	Can	Vanilla flavor only
PediaSure 1.5 cal	RTF	8 oz	8 oz				108		24	Can	Vanilla flavor only
PediaSure 1.5 cal with fiber	RTF	8 oz	8 oz				108		24	Can	Vanilla flavor only
Peptamen	RTF	8.45 oz	8.45 oz					107	24	Can	Specify flavor: unflavored, vanilla
Peptamen with Prebio fiber	RTF	8.45 oz	8.45 oz					107	24	Can	Vanilla flavor only
Peptamen Jr.	RTF	8.45 oz	8.45 oz				107		24	Can	Specify flavor: unflavored, vanilla, strawberry
Peptamen Jr. with Prebio fiber	RTF	8.45 oz	8.45 oz				107		24	Can	Vanilla flavor only
Portagen	Pwd	14.4 oz	64 oz				14	14	6	Can	
Pregestimil	Pwd	16 oz	112 oz	7	8	6	8		6	Can	Often available in local stores
PurAmino	Pwd	14.1 oz	98 oz	8	9	7	9		4	Can	
Similac Alimentum	Pwd	12.1 oz	87 oz	10	11	8	10		6	Can	Often available in local stores
Similac Alimentum	RTF	32 oz	32 oz	26	28	20	28		12	Can	Often available in local stores
Similac NeoSure	Pwd	13.1 oz	87 oz	10	11	8	10		6	Can	Often available in local stores
Similac NeoSure	RTF	32 oz	32 oz	26	28	20			12	Can	Often available in local stores
Similac PM 60/40	Pwd	14.1 oz	102 oz	8	9	6	8		6	Can	

Formula	Form	Size	Yield	Maximum monthly formula amount					Special order information		
				0-3 mo	4-5 mo	6-11 mo	12 mo +	Women	Units/Case	Order unit	Other instructions
				Number of cans							
Tolerex	Pwd	2.82 oz pkts	300 ml (10.144 oz)					14 cartons of 6 pkts/ctn	6/carton 10 ctn/case	Carton	
Vivonex Pediatric	Pwd	1.7-oz pkts	250 ml (8.45 oz)				17 cartons of 6 (1.7-oz) pkts		6 pkt/carton	Carton	
Vivonex T.E.N.	Pwd	2.84 oz pkts	300 ml (10.144 oz)					8 cartons of 10 pkts/carton	10 pkg/ctn 60 ctn/case	Carton	

Note: If product is available in both flavored and unflavored and no flavor is specified, product will be ordered as unflavored.

01.01.2019

Contract Infant Formula Ranges

Partially BF (In Range)	<i>Formula</i>	<i>Can size</i>	<i>Yield</i>	<i>< 1 mo</i>	<i>1 – 3 mo</i>	<i>4 – 5 mo</i>	<i>6 – 11 mo</i>
	Powder	oz	oz				
	Enfamil AR	12.9	91	0	1 – 4	1 – 5	1 – 4
	Enfamil Gentlease	12.4	90	0	1 – 4	1 – 5	1 – 4
	Enfamil Infant	12.5	90	0	1 – 4	1 – 5	1 – 4
	Enfamil ProSobee	12.9	93	0	1 – 4	1 – 5	1 – 4
	Enfamil Reguline	12.4	90	0	1 – 4	1 – 5	1 – 4
	Concentrate						
	Enfamil Infant	13	26	0	1 – 14	1 – 17	1 – 12
	Enfamil ProSobee	13	26	0	1 – 14	1 – 17	1 – 12
	Ready-to-Feed 32-oz						
	Enfamil Infant	32	32	0	1 – 12	1 – 14	1 – 10
	Ready-to-Feed 8-oz 6-Packs						
	Enfamil AR	8 (6-pk)	48	0	1 – 8	1 – 9	1 – 7
	Enfamil Gentlease *	8 (6-pk)	48	0	1 – 8	1 – 9	1 – 7
Enfamil Infant *	8 (6-pk)	48	0	1 – 8	1 – 9	1 – 7	
Enfamil ProSobee	8 (6-pk)	48	0	1 – 8	1 – 9	1 – 7	

Partially BF (out of Range)	<i>Formula</i>	<i>Can size</i>	<i>Yield</i>	<i>< 1 mo</i>	<i>1 – 3 mo</i>	<i>4 – 5 mo</i>	<i>6 – 11 mo</i>
	Powder	oz	oz				
	Enfamil AR	12.9	91	1 – 9	5 – 9	6 – 10	5 – 7
	Enfamil Gentlease	12.4	90	1 – 9	5 – 9	6 – 10	5 – 7
	Enfamil Infant	12.5	90	1 – 9	5 – 9	6 – 10	5 – 7
	Enfamil ProSobee	12.9	93	1 – 9	5 – 9	6 – 10	5 – 7
	Enfamil Reguline	12.4	90	1 – 9	5 – 9	6 – 10	5 – 7
	Concentrate						
	Enfamil Infant	13	26	1 – 31	15 – 31	18 – 34	13 – 24
	Enfamil ProSobee	13	26	1 – 31	15 – 31	18 – 34	13 – 24
	Ready-to-Feed						
	Enfamil Infant	32	32	1 – 26	13 – 26	15 – 28	11 – 20
	Ready-to-Feed 8-oz 6-Packs						
	Enfamil AR	8 (6-pk)	48	1 – 17	9 – 17	10 – 19	8 – 13
	Enfamil Gentlease *	8 (6-pk)	48	1 – 17	9 – 17	10 – 19	8 – 13
Enfamil Infant *	8 (6-pk)	48	1 – 17	9 – 17	10 – 19	8 – 13	
Enfamil ProSobee	8 (6-pk)	48	1 – 17	9 – 17	10 – 19	8 – 13	

Fully Formula-Fed	<i>Formula</i>	<i>Can size</i>	<i>Yield</i>	<i>< 1 mo</i>	<i>1 – 3 mo</i>	<i>4 – 5 mo</i>	<i>6 – 11 mo</i>
	Powder	oz	oz				
	Enfamil AR	12.9	91	9	9	10	7
	Enfamil Gentlease	12.4	90	9	9	10	7
	Enfamil Infant	12.5	90	9	9	10	7
	Enfamil ProSobee	12.9	93	9	9	10	7
	Enfamil Reguline	12.4	90	9	9	10	7
	Concentrate						
	Enfamil Infant	13	26	31	31	34	24
	Enfamil ProSobee	13	26	31	31	34	24
	Ready-to-Feed						
	Enfamil Infant	32	32	26	26	28	20
	Ready-to-Feed 8-oz 6-Packs						
	Enfamil AR	8 (6-pk)	48	17	17	19	13
	Enfamil Gentlease*	8 (6-pk)	48	17	17	19	13
Enfamil Infant*	8 (6-pk)	48	17	17	19	13	
Enfamil ProSobee	8 (6-pk)	48	17	17	19	13	

*to be discontinued July, 2018

06.01.2018

Exempt Infant Formula Ranges

Partially BF (In Range)	<i>Formula</i>	<i>Can size</i>	<i>Yield</i>	<i>< 1 mo</i>	<i>1 – 3 mo</i>	<i>4 – 5 mo</i>	<i>6 – 11 mo</i>
	Powder	oz	oz				
	Elecare Infant	14.1	95	0	1 – 4	1 – 5	1 – 4
	Enfamil EnfaCare	12.8	82	0	1 – 5	1 – 6	1 – 4
	Neocate Infant	14.1	97	0	1 – 4	1 – 5	1 – 3
	Neocate Syneo Infant	14.1	95	0	1 – 4	1 – 5	1 – 4
	Nutramigen w/ Enflora LGG	12.6	87	0	1 – 5	1 – 6	1 – 4
	Pregestimil	16.0	112	0	1 – 3	1 – 4	1 – 3
	PurAmino	14.1	98	0	1 – 4	1 – 5	1 – 3
	Similac Alimentum	12.1	87	0	1 – 5	1 – 6	1 – 4
	Similac NeoSure	13.1	87	0	1 – 5	1 – 6	1 – 4
	Similac PM 60/40	14.1	102	0	1 – 4	1 – 5	1 – 3
	Concentrate						
	Nutramigen	13	26	0	1 – 14	1 – 17	1 – 12
	Ready-to-Feed						
Enfamil EnfaCare	8 (6-pk)	48	0	1 – 8	1 – 9	1 – 7	
Enfaport	6 (6-pk)	36	0	1 – 10	1 – 13	1 – 9	
Nutramigen	32	32	0	1 – 12	1 – 14	1 – 10	
Similac Alimentum	32	32	0	1 – 12	1 – 14	1 – 10	
Similac NeoSure	32	32	0	1 – 12	1 – 14	1 – 10	

Partially BF (out of Range)	<i>Formula</i>	<i>Can size</i>	<i>Yield</i>	<i>< 1 mo</i>	<i>1 – 3 mo</i>	<i>4 – 5 mo</i>	<i>6 – 11 mo</i>
	Powder	oz	oz				
	Elecare Infant	14.1	95	1 – 9	5 – 9	6 – 10	5 – 7
	Enfamil EnfaCare	12.8	82	1 – 10	6 – 10	7 – 11	5 – 8
	Neocate Infant	14.1	97	1 – 8	5 – 8	6 – 9	4 – 7
	Neocate Syneo Infant	14.1	95	1 – 9	5 – 9	6 – 10	5 – 7
	Nutramigen w/ Enflora LGG	12.6	87	1 – 10	6 – 10	7 – 11	5 – 8
	Pregestimil	16.0	112	1 – 7	4 – 7	5 – 8	4 – 6
	PurAmino	14.1	98	1 – 8	5 – 8	6 – 9	4 – 7
	Similac Alimentum	12.1	87	1 – 10	6 – 10	7 – 11	5 – 8
	Similac NeoSure	13.1	87	1 – 10	6 – 10	7 – 11	5 – 8
	Similac PM 60/40	14.1	102	1 – 8	5 – 8	6 – 9	4 – 6
	Concentrate						
	Nutramigen	13	26	1 – 31	15 – 31	18 – 34	13 – 24
	Ready-to-Feed						
Enfamil EnfaCare	8 (6-pk)	48	1 – 17	9 – 17	10 – 17	8 – 17	
Enfaport	6 (6-pk)	36	1 – 23	13 – 23	14 – 23	10 – 23	
Nutramigen	32	32	1 – 26	13 – 26	15 – 28	11 – 20	
Similac Alimentum	32	32	1 – 26	13 – 26	15 – 28	11 – 20	
Similac NeoSure	32	32	1 – 26	13 – 26	15 – 28	11 – 20	

Fully Formula Fed	<i>Formula</i>	<i>Can size</i>	<i>Yield</i>	<i>< 1 mo</i>	<i>1 – 3 mo</i>	<i>4 – 5 mo</i>	<i>6 – 11 mo</i>
	Powder	oz	oz				
	Elecare Infant	14.1	95	9	9	10	7
	Enfamil EnfaCare	12.8	82	10	10	11	8
	Neocate Infant	14.1	97	8	8	9	7
	Neocate Syneo Infant	14.1	95	9	9	10	7
	Nutramigen w/ Enflora LGG	12.6	87	10	10	11	8
	Pregestimil	16.0	112	7	7	8	6
	PurAmino	14.1	98	8	8	9	7
	Similac Alimentum	12.1	87	10	10	11	8
	Similac NeoSure	13.1	87	10	10	11	8
	Similac PM 60/40	14.1	102	8	8	9	6
	Concentrate						
	Nutramigen	13	26	31	31	34	24
	Ready-to-Feed						
Enfamil EnfaCare	8 (6-pk)	48	17	17	19	13	
Enfaport	6 (6-pk)	36	23	23	25	17	
Nutramigen	32	32	26	26	28	20	
Similac Alimentum	32	32	26	26	28	20	
Similac NeoSure	32	32	26	26	28	20	

Guidelines for Providing Supplemental Formula To Non-Exclusively Breastfed Infants:

Staff carefully determine with mothers the amount of formula the food package shall contain for the non-exclusively breastfed infant. When possible staff should provide the minimum amount of formula needed and issue powder (not concentrate) formula.

	Number of cans powder formula			
Breastfed Infant's Average Daily Formula Intake	Enfamil EnfaCare Nutramigen with Enflora LGG Similac Alimentum Similac NeoSure	EleCare Infant Enfamil Infant Gentlease Prosobee Enfamil AR Enfamil Reguline	Neocate Infant PurAmino Similac PM 60/40	Pregestimil
1-3 ounces	1	1	1	1
4 ounces	2	2	2	1
5-6 ounces	2	2	2	2
7 ounces	3	2	2	2
8 ounces	3	3	3	2
9 ounces	3	3	3	3 * #
10 ounces	4 #	3	3	3
11-12 ounces	4	4 * #	4 * #	3
13 ounces	5 *	4	4	4 +
14-15 ounces	5	5 +	5 +	4
16-17 ounces	6 +	5	5	5
18-19 ounces	6	6	6	5
20 ounces	7	6	6	6
21 ounces	7	7	6	6
22 ounces	8	7	7	6
23 ounces	8	8	7	7
24 ounces	9	8	7	7
25-26 ounces	9	9	8	7
27 ounces	10	9	8	8
28 ounces or more	11	10	9	8

* Maximum "in range" formula for 1-3 month olds

+ Maximum "in range" formula for 4-5 month olds

Maximum "in range" formula for 6-11 month olds

10.30.2016

Nutrition Risk Factors

Nutrition Risk Factors PREGNANT WOMAN

System Assigned (S): Compass assigns based on anthropometric, blood values, and/or dates entered in system.

User Assigned (U): User assigns by checking a box or radio button, or by assigning on the Risk panel.

Compass Code	Name/Definition	Priority	Risk	User or System Assigned																				
101	Underweight - Prepregnancy Body Mass Index (BMI) <18.5	1	L	S																				
111	Overweight - Prepregnancy Body Mass Index (BMI) ≥25.0	1	L	S																				
131	<p>Low Maternal Weight Gain (singleton pregnancies only)</p> <ul style="list-style-type: none"> ▶ Assign when weight plots, at any point, beneath the bottom line of the appropriate weight gain range for her respective prepregnancy weight category. ▶ Assign when weight gain in the 2nd or 3rd trimester (14 - 40 weeks gestation) is lower than the following recommendations for her respective prepregnancy weight category: <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Prepregnancy Weight Classification</th> <th>BMI</th> <th colspan="2">Total Weight Gain</th> </tr> </thead> <tbody> <tr> <td>Underweight</td> <td><18.5</td> <td>< 1 lb/week</td> <td>< 4 lbs/month</td> </tr> <tr> <td>Normal Weight</td> <td>18.5 - 24.9</td> <td>< 0.8 lb/week</td> <td>< 3 lbs/month</td> </tr> <tr> <td>Overweight</td> <td>25.0-29.9</td> <td>< 0.5 lb/week</td> <td>< 2 lbs/month</td> </tr> <tr> <td>Obese</td> <td>≥30.0</td> <td>< 0.4 lb/week</td> <td>< 1.5 lbs/month</td> </tr> </tbody> </table>	Prepregnancy Weight Classification	BMI	Total Weight Gain		Underweight	<18.5	< 1 lb/week	< 4 lbs/month	Normal Weight	18.5 - 24.9	< 0.8 lb/week	< 3 lbs/month	Overweight	25.0-29.9	< 0.5 lb/week	< 2 lbs/month	Obese	≥30.0	< 0.4 lb/week	< 1.5 lbs/month	1	H	U
Prepregnancy Weight Classification	BMI	Total Weight Gain																						
Underweight	<18.5	< 1 lb/week	< 4 lbs/month																					
Normal Weight	18.5 - 24.9	< 0.8 lb/week	< 3 lbs/month																					
Overweight	25.0-29.9	< 0.5 lb/week	< 2 lbs/month																					
Obese	≥30.0	< 0.4 lb/week	< 1.5 lbs/month																					
133	<p>High Maternal Weight Gain - At any point in a singleton pregnancy, weight plots at any point above the top line of the appropriate weight gain range for her respective prepregnancy weight category.</p> <p>Note: Singleton pregnancy only</p>	1	H	U																				
201	Low Hematocrit/Low Hemoglobin - Hemoglobin value below those listed in <i>Hemoglobin Levels Indicating NRF #201</i> table.	1	L	S																				
201B	Severely Low Hematocrit/Hemoglobin - Hemoglobin value low enough to necessitate a medical referral as listed in the <i>Standards for Severely Low Hemoglobin-NRF201b-High Risk Condition</i> table.	1	H	U																				
211	Elevated Blood Lead Levels - Blood lead level of ≥ 5 micrograms/deciliter within the past twelve months.	1	H	S																				
300 Series	<p>Medical Conditions</p> <p>*See <i>Clinical/Health/Medical Conditions List</i> for definitions, codes, and risk level (high or low).</p>	1	L/H	U																				
401	Failure to Meet Dietary Guidelines for Americans Pregnant woman who meets the income, categorical, and residency eligibility requirements may be presumed to be at nutritional risk based on failure to meet Dietary Guidelines for Americans. Based on an individual's estimated energy needs, this risk criterion is defined as consuming fewer than the recommended number of servings from one or more of the basic food groups (grains, fruits, vegetables, milk products, and meat or beans).	4	L	U																				

Nutrition Risk Factors PREGNANT WOMAN

	Note: Assign 401 to a pregnant woman when a complete nutrition assessment (to include NRF 427) has been performed and for whom no other risk(s) are identified.			
Compass Code	Name/Definition	Priority	Risk	User or System Assigned
427	INAPPROPRIATE NUTRITION PRACTICES FORWOMEN: Routine nutrition practices that may result in impaired nutrient status, disease, or health problems. These practices, with examples, are outlined below:	4	L	U
427A	Consuming dietary supplements with potentially harmful consequences - Examples of dietary supplements which when ingested in excess of recommended dosages, may be toxic or have harmful consequences: ▶ Single or multiple vitamins; ▶ Mineral supplements; and ▶ Herbal or botanical supplements/remedies/teas.	4	L	U
427B	Consuming a diet very low in calories and/or essential nutrients; or impaired caloric intake or absorption of essential nutrients following bariatric surgery - Examples are: ▶ Strict vegan diet; ▶ Low-carbohydrate, high-protein diet; ▶ Macrobiotic diet; and ▶ Any other diet restricting calories and/or essential nutrients.	4	L	U
427C	Compulsively ingesting non-food items (pica) - Examples of non-food items are: ▶ Ashes; ▶ Baking soda; ▶ Burnt matches; ▶ Carpet fibers; ▶ Chalk; ▶ Cigarettes; ▶ Clay; ▶ Dust; ▶ Large quantities of ice and/or freezer frost; ▶ Paint chips; ▶ Soil; and ▶ Starch (laundry or cornstarch).	4	L	U
427D	Inadequate vitamin/mineral supplementation recognized as essential by national public health policy - Examples are: ▶ Consumption of < 27 mg of iron as a supplement daily. ▶ Consumption < 150 µg of supplemental iodine per day.	4	L	U

Nutrition Risk Factors PREGNANT WOMAN

Compass Code	Name/Definition	Priority	Risk	User or System Assigned
427E	<p>Pregnant woman ingesting foods that could be contaminated with pathogenic microorganisms - Examples of potentially harmful foods are:</p> <ul style="list-style-type: none"> ▶ Raw fish or shellfish, including oysters, clams, mussels, and scallops; ▶ Refrigerated smoked seafood, unless it is an ingredient in a cooked dish, such as a casserole; ▶ Raw or undercooked meat or poultry; ▶ Hot dogs, luncheon meats (cold cuts), fermented and dry sausage and other deli-style meat or poultry products unless reheated until steaming hot; ▶ Refrigerated pâté or meat spreads; ▶ Unpasteurized milk or foods containing unpasteurized milk; ▶ Soft cheeses such as feta, Brie, Camembert, blue-veined cheeses and Mexican style cheese such as queso blanco, queso fresco, or Panela unless labeled as made with pasteurized milk; ▶ Raw or undercooked eggs or foods containing raw or lightly cooked eggs including certain salad dressings, cookie and cake batters, sauces, and beverages such as unpasteurized eggnog; ▶ Raw sprouts (alfalfa, clover, and radish); or ▶ Unpasteurized fruit or vegetable juices. 	4	L	U
501	<p>Possibility of Regression in Nutritional Status - A participant who has previously been certified eligible for the Program may be considered to be at nutritional risk in the next certification period if the Competent WIC Authority (CWA) determines there is a possibility of regression in nutritional status without the benefits that the WIC Program provides.</p> <p>Note: Regression cannot be assigned to a participant two certification periods in a row and may only be used once after the initial certification.</p>	4	L	U
502	<p>Transfer of Certification - Person with current valid Verification of Certification (VOC) document from another State or local agency. The VOC is valid until the certification period expires and shall be accepted as proof of eligibility for program benefits.</p>	N/A	L	S
601	<p>Breastfeeding Mother of Infant at Nutritional Risk - A breastfeeding woman whose breastfed infant has been determined to be at nutritional risk.</p>			
601A	Priority 1 mother	1	L	U
601B	Priority 2 mother	2	L	U
601D	Priority 4 mother	4	L	U
	<p>Note: Mother must be the same priority as at-risk infant</p>			
602	<p>Breastfeeding Complications or Potential Complications- A breastfeeding woman with any of the following complications or potential complications for</p>			

Nutrition Risk Factors PREGNANT WOMAN

	breastfeeding:			
602A	▶ severe breast engorgement	1	H	U
602B	▶ recurrent plugged ducts	1	H	U
602C	▶ mastitis (fever or flu-like symptoms with localized breast tenderness)	1	H	U
602D	▶ flat or inverted nipples	1	H	U
602E	▶ cracked, bleeding, or severely sore nipples	1	H	U
602F	▶ age 40 years or older	1	L	U
602G	▶ failure of milk to come in by 4 days postpartum	1	H	U
602H	▶ tandem nursing (breastfeeding two siblings who are not twins).	1	H	U
	Note: High Risk must be seen by a Lactation Management Specialist (LMS/CLC/IBCLC) or WIC High Risk Counselor within 24 hours.			
801	Homelessness - Woman who lacks a fixed and regular night time residence; or whose primary night time residence is: ▶ A supervised publicly or privately operated shelter (including a welfare hotel, a congregate shelter or a shelter for victims of domestic violence) designed to provide temporary living accommodations; ▶ An institution that provides a temporary residence for individuals intended to be institutionalized; ▶ A temporary accommodation in the residence of another individual not exceeding 365 days; or ▶ A public or private place not designed or ordinarily used as a regular sleeping accommodation for human beings.	4	L	U
802	Migrancy - Categorically eligible woman who is a member of a family that contains at least one individual: ▶ Whose principal employment is in agriculture on a seasonal basis and; ▶ Has been so employed within the last 24 months and; ▶ Who establishes, for the purposes of such employment, a temporary abode.	4	L	U
901	Recipient of Abuse - Victim of violent physical assault within the past 6 months as self-reported, or as documented by a social worker, health care provider or on other appropriate documents, or as reported through consultation with a social worker, health care provider, or other appropriate personnel.	4	L	U
902	Woman or Primary Caregiver with Limited Ability to Make Feeding Decisions and/or Prepare Food - Pregnant woman assessed to have a limited ability to make appropriate feeding decisions and/or prepare food. Examples include, but are not limited to: ▶ Documented or self-reported misuse of alcohol, use	4	L	U

Nutrition Risk Factors PREGNANT WOMAN

	<p>of illegal substances, use of marijuana, or misuse of prescription medications.</p> <ul style="list-style-type: none"> ▶ Mental illness, including clinical depression.* ▶ Intellectual disability.* ▶ Physically disabled to a degree which restricts or limits food preparation abilities. ▶ ≤ 17 years of age. <p>* Presence of the condition diagnosed, documented, or reported by a physician or psychologist or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver</p>			
903	<p>Foster Care - Entering the foster care system during the previous 6 months or moving from one foster care home to another foster care home during the previous 6 months.</p>	4	L	S
904	<p>Environmental Tobacco Smoke Exposure (ETS) - Exposure to smoke from tobacco products inside the home.</p>	1	L	U

Nutrition Risk Factors BREASTFEEDING WOMAN

System Assigned (S): Compass assigns based on anthropometric, blood values, and/or dates entered in system.
User Assigned (U): User assigns by checking a box or radio button, or by assigning on the Risk panel.

Compass Code	Name/Definition	Priority	Risk	User or System Assigned
101	Underweight - Current Body Mass Index (BMI) <18.5	1	L	S
111	Overweight - ▶ Woman <6 months postpartum: Prepregnancy Body Mass Index (BMI) ≥ 25.0 ▶ Woman ≥ 6 months postpartum: Current Body Mass Index (BMI) ≥ 25.0	1	L	S
133	High Maternal Weight Gain - For most recent pregnancy, total gestational weight gain exceeded the upper limit of the IOM's recommended range based on Body Mass Index (BMI). Note: Singleton pregnancy only	1	L	S
201	Low Hematocrit/Low Hemoglobin - Hemoglobin value below those listed in <i>Hemoglobin Levels Indicating NRF #201</i> table.	1	L	S
201B	Severely Low Hematocrit/Hemoglobin - Hemoglobin value low enough to necessitate a medical referral as listed in the <i>Standards for Severely Low Hemoglobin-NRF201b-High Risk Condition</i> table.	1	H	U
211	Elevated Blood Lead Levels - Blood lead level of ≥ 5 micrograms/deciliter within the past twelve months.	1	H	S
300 Series	Medical Conditions - *See <i>Clinical/Health/Medical Conditions List</i> for definitions, codes, and risk level (high or low).	1	L/H	U
401	Failure to Meet Dietary Guidelines for Americans - Breastfeeding woman who meets the eligibility requirements of income, categorical, and residency eligibility requirements may be presumed to be at nutritional risk based on <i>failure to meet Dietary Guidelines for Americans</i> . Based on an individual's estimated energy needs, this risk criterion is defined as consuming fewer than the recommended number of servings from one or more of the basic food groups (grains, fruits, vegetables, milk products, and meat or beans). Note: Assign 401 to breastfeeding women when a complete nutrition assessment has been performed <u>and</u> no other nutrition risk(s) are identified.	4	L	U
427	INAPPROPRIATE NUTRITION PRACTICES For WOMEN Routine nutrition practices that may result in impaired nutrient status, disease, or health problems. These practices, with examples, are outlined below:	4	L	U

Nutrition Risk Factors BREASTFEEDING WOMAN

Compass Code	Name/Definition	Priority	Risk	User or System Assigned
427A	<p>Consuming dietary supplements with potentially harmful consequences - Examples of dietary supplements which when ingested in excess of recommended dosages, may be toxic or have harmful consequences:</p> <ul style="list-style-type: none"> ▶ Single or multiple vitamins; ▶ Mineral supplements; and ▶ Herbal or botanical supplements/remedies/teas. 	4	L	U
427B	<p>Consuming a diet very low in calories and/or essential nutrients; or impaired caloric intake or absorption of essential nutrients following bariatric surgery - Examples are:</p> <ul style="list-style-type: none"> ▶ Strict vegan diet; ▶ Low-carbohydrate, high-protein diet; ▶ Macrobiotic diet; and ▶ Any other diet restricting calories and/or essential nutrients. 	4	L	U
427C	<p>Compulsively ingesting non-food items (pica) - Examples of non-food items are:</p> <ul style="list-style-type: none"> ▶ Ashes; ▶ Baking soda; ▶ Burnt matches; ▶ Carpet fibers; ▶ Chalk; ▶ Cigarettes; ▶ Clay; ▶ Dust; ▶ Large quantities of ice and/or freezer frost; ▶ Paint chips; ▶ Soil; and ▶ Starch (laundry or cornstarch) 	4	L	U
427D	<p>Inadequate vitamin/mineral supplementation recognized as essential by national public health policy Examples are:</p> <ul style="list-style-type: none"> ▶ Consumption of < 150 µg of supplemental iodine per day ▶ Consumption of < 400 mcg of folic acid from fortified foods and/or supplements daily. 	4	L	U
501	<p>Possibility of Regression in Nutritional Status - A participant who has previously been certified eligible for the Program may be considered to be at nutritional risk in the next certification period if the Competent WIC Authority (CWA) determines there is a possibility of regression in nutritional status without the benefits that the WIC Program provides.</p> <p>Note: Regression cannot be assigned to a participant two certification periods in a row and may only be used once after the initial certification.</p>	4	L	U

Nutrition Risk Factors BREASTFEEDING WOMAN

Compass Code	Name/Definition	Priority	Risk	User or System Assigned
502	Transfer of Certification - Person with current valid Verification of Certification (VOC) document from another State or local agency. The VOC is valid until the certification period expires and shall be accepted as proof of eligibility for program benefits.	N/A	L	S
601	Breastfeeding Mother of Infant at Nutritional Risk - A breastfeeding woman whose breastfed infant has been determined to be at nutritional risk.			
601A	Priority 1 mother	1	L	S
601B	Priority 2 mother	2	L	S
601D	Priority 4 mother	4	L	S
Note: Mother must be the same priority as at-risk infant				
602	Breastfeeding Complications or Potential Complications- A breastfeeding woman with any of the following complications or potential complications for breastfeeding:			
602A	▶ severe breast engorgement	1	H	U
602B	▶ recurrent plugged ducts	1	H	U
602C	▶ mastitis (fever or flu-like symptoms with localized breast tenderness)	1	H	U
602D	▶ flat or inverted nipples	1	H	U
602E	▶ cracked, bleeding, or severely sore nipples	1	H	U
602F	▶ age 40 years or older	1	L	S
602G	▶ failure of milk to come in by 4 days postpartum	1	H	U
602H	▶ tandem nursing (breastfeeding two siblings who are not twins).	1	H	U
Note: High Risk must be seen by a Lactation Management Specialist (LMS) or WIC High Risk Counselor within 24 hours.				
801	Homelessness - Woman who lacks a fixed and regular night time residence; or whose primary night time residence is: ▶ A supervised publicly or privately operated shelter (including a welfare hotel, a congregate shelter or a shelter for victims of domestic violence) designed to provide temporary living accommodations or; ▶ An institution that provides a temporary residence for individuals intended to be institutionalized or; ▶ A temporary accommodation in the residence of another individual not exceeding 365 days or; ▶ A public or private place not designed or ordinarily used as a regular sleeping accommodation for human beings.	4	L	U

Nutrition Risk Factors BREASTFEEDING WOMAN

Compass Code	Name/Definition	Priority	Risk	User or System Assigned
802	<p>Migrancy - Categorically eligible woman who is a member of a family that contains at least one individual:</p> <ul style="list-style-type: none"> ▶ Whose principal employment is in agriculture on a seasonal basis and; ▶ Has been so employed within the last 24 months and; ▶ Who establishes, for the purposes of such employment, a temporary abode. 	4	L	U
901	<p>Recipient of Abuse - Victim of violent physical assault within the past 6 months as self-reported, or as documented by a social worker, health care provider or on other appropriate documents, or as reported through consultation with a social worker, health care provider, or other appropriate personnel.</p>	4	L	U
902	<p>Woman with Limited Ability to Make Feeding Decisions and/or Prepare Food - Pregnant woman assessed to have a limited ability to make appropriate feeding decisions and/or prepare food. Examples include, but are not limited to:</p> <ul style="list-style-type: none"> ▶ Documented or self-reported misuse of alcohol, use of illegal substances, use of marijuana, or misuse of prescription medications. ▶ Mental illness, including clinical depression.* ▶ Intellectual disability.* ▶ Physically disabled to a degree which restricts or limits food preparation abilities. ▶ ≤ 17 years of age. <p>* Presence of the condition diagnosed, documented, or reported by a physician or psychologist or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver.</p>	4	L	U
903	<p>Foster Care - Entered the foster care system during the previous 6 months or moved from one foster care home to another foster care home during the previous 6 months.</p>	4	L	S
904	<p>Environmental Tobacco Smoke Exposure (ETS) - Exposure to smoke from tobacco products inside the home.</p> <p>Note: ETS is also known as passive, secondhand, or involuntary smoke.</p>	1	L	U

Nutrition Risk Factors

NON-BREASTFEEDING WOMAN

System Assigned (S): Compass assigns based on anthropometric, blood values, and/or dates entered in system.

User Assigned (U): User assigns by checking a box or radio button, or by assigning on the Risk panel.

Compass Codes	Name/Definition	Priority	Risk	User or System Assigned
101	Underweight - Current Body Mass Index (BMI) <18.5	6	L	S
111	Overweight - Prepregnancy Body Mass Index (BMI) \geq 25.0	6	L	S
133	High Maternal Weight Gain - For most recent pregnancy, total gestational weight gain exceeded the upper limit of the IOM's recommended range based on Body Mass Index (BMI). Note: Singleton pregnancy only	6	L	S
201	Low Hematocrit/Low Hemoglobin - Hemoglobin value below those listed in <i>Hemoglobin Levels Indicating NRF #201</i> table.	6	L	S
201B	Severely Low Hematocrit/Low Hemoglobin - Hemoglobin value low enough to necessitate a medical referral as listed in the <i>Standards for Severely Low Hemoglobin-NRF201b-High Risk Condition</i> table.	6	H	U
211	Elevated Blood Lead Levels - Blood lead level of \geq 5 micrograms/deciliter within the past twelve months.	6	H	S
300 Series	Medical Conditions - *See <i>Clinical/Health/Medical Conditions List</i> for definitions, codes, and risk level (high or low).	6	L/H	U
401	Failure to Meet Dietary Guidelines for Americans - Non-breastfeeding woman who meets the income, categorical, and residency eligibility requirements may be presumed to be at nutritional risk based on <i>failure to meet Dietary Guidelines for Americans</i> . Based on an individual's estimated energy needs, this risk criterion is defined as consuming fewer than the recommended number of servings from one or more of the basic food groups (grains, fruits, vegetables, milk products, and meat or beans). Note: Assign 401 to a non-breastfeeding woman when a complete nutrition assessment (to include NRF 427) has been performed and for whom no other risk(s) are identified.	6	L	U
427	INAPPROPRIATE NUTRITION PRACTICES FOR WOMEN Routine nutrition practices that may result in impaired nutrient status, disease, or health problems. These practices, with examples, are outlined below:	6	L	U
427A	Consuming dietary supplements with potentially harmful consequences - Examples of dietary supplements which when ingested in excess of recommended dosages, may be toxic or have harmful consequences are: ▶ Single or multiple vitamins; ▶ Mineral supplements; and ▶ Herbal or botanical supplements/remedies/teas.	6	L	U

Nutrition Risk Factors NON-BREASTFEEDING WOMAN

Compass Codes	Name/Definition	Priority	Risk	User or System Assigned
427B	<p>Consuming a diet very low in calories and/or essential nutrients; or impaired caloric intake or absorption of essential nutrients following bariatric surgery -</p> <p>Examples are:</p> <ul style="list-style-type: none"> ▶ Strict vegan diet; ▶ Low-carbohydrate, high-protein diet; ▶ Macrobiotic diet; and ▶ Any other diet restricting calories and/or essential nutrients. 	6	L	U
427C	<p>Compulsively ingesting non-food items (pica) -</p> <p>Examples of non-food items are:</p> <ul style="list-style-type: none"> ▶ Ashes; ▶ Baking soda; ▶ Burnt matches; ▶ Carpet fibers; ▶ Chalk; ▶ Cigarettes; ▶ Clay; ▶ Dust; ▶ Large quantities of ice and/or freezer frost; ▶ Paint chips; ▶ Soil; and ▶ Starch (laundry or cornstarch) 	6	L	U
427D	<p>Inadequate vitamin/mineral supplementation recognized as essential by national public health policy -</p> <p>For example:</p> <ul style="list-style-type: none"> ▶ Consumption of less than 400 mcg of folic acid from fortified foods and/or supplements daily by non-pregnant woman. 	6	L	U
501	<p>Possibility of Regression in Nutritional Status -</p> <p>A participant who has previously been certified eligible for the Program may be considered to be at nutritional risk in the next certification period if the Competent WIC Authority (CWA) determines there is a possibility of regression in nutritional status without the benefits that the WIC Program provides.</p> <p>Note: Regression cannot be assigned to a participant two certification periods in a row and may only be used once after the initial certification.</p>	6	L	U
502	<p>Transfer of Certification -</p> <p>Person with current valid Verification of Certification (VOC) document from another State or local agency. The VOC is valid until the certification period expires and shall be accepted as proof of eligibility for program benefits.</p>	N/A	L	S

Nutrition Risk Factors NON-BREASTFEEDING WOMAN

Compass Codes	Name/Definition	Priority	Risk	User or System Assigned
801	<p>Homelessness - Woman who lacks a fixed and regular night time residence; or whose primary night time residence is:</p> <ul style="list-style-type: none"> ▶ A supervised publicly or privately operated shelter (including a welfare hotel, a congregate shelter or a shelter for victims of domestic violence) designed to provide temporary living accommodations or; ▶ An institution that provides a temporary residence for individuals intended to be institutionalized or; ▶ A temporary accommodation in the residence of another individual not exceeding 365 days or; ▶ A public or private place not designed or ordinarily used as a regular sleeping accommodation for human beings. 	6	L	U
802	<p>Migrancy - Categorically eligible woman who is a member of a family that contains at least one individual:</p> <ul style="list-style-type: none"> ▶ Whose principal employment is in agriculture on on a seasonal basis and; ▶ Has been so employed within the last 24 months and; ▶ Who establishes, for the purposes of such employment, a temporary abode. 	6	L	U
901	<p>Recipient of Abuse - Victim of violent physical assault within the past 6 months as self-reported, or as documented by a social worker, health care provider or on other appropriate documents, or as reported through consultation with a social worker, health care provider, or other appropriate personnel.</p>	6	L	U
902	<p>Woman with Limited Ability to Make Feeding Decisions and/or Prepare Food - Breastfeeding woman assessed to have a limited ability to make appropriate feeding decisions and/or prepare food. Examples include, but are not limited to:</p> <ul style="list-style-type: none"> ▶ Documented or self-reported misuse of alcohol, use of illegal substances, use of marijuana, or misuse of prescription medications. ▶ Mental illness, including clinical depression.* ▶ Intellectual disability.* ▶ Physically disabled to a degree which restricts or limits food preparation abilities. ▶ ≤ 17 years of age. <p>* Presence of the condition diagnosed, documented, or reported by a physician or psychologist or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver.</p>	6	L	U
903	<p>Foster Care - Entered the foster care system during the previous 6 months or moved from one foster care home to another foster care home during the previous 6 months.</p>	6	L	S
904	<p>Environmental Tobacco Smoke Exposure (ETS) - Exposure to smoke from tobacco products inside the home.</p> <p>Note: ETS is also known as passive, secondhand, or involuntary smoke.</p>	6	L	U

Nutrition Risk Factors

INFANT

System Assigned (S): Assigned by Compass based on anthropometric, blood values, and/or dates entered in system.

User Assigned (U): Assigned by the user by checking a box or radio button, or by assigning on the Risk panel.

Compass Code	Name/Definition	Priority	Risk	User or System Assigned
103A	At Risk of Underweight - > 2nd percentile and ≤ 5 th percentile weight-for-length	1	L	S
103B	Underweight - ≤ 2nd percentile weight-for-length Note: CDC labels the 2.3 rd percentile as the 2 nd percentile on the Birth to 24 months gender specific growth charts.	1	H	S
114	At Risk of Overweight - ► Biological mother with a BMI ≥ 30 at the time of conception or at any point in the first trimester of pregnancy. (Compass assigns using biological mother's most recent pregnancy record.) ► Biological father with a BMI ≥ 30 at the time of certification. [BMI must be based on self-reported weight and height by the father in attendance (i.e., one parent may not "self-report" for the other parent) or weight and height measurements taken by staff at the time of certification.]	1	L	S U
115	High Weight-for-Length - ≥ 98 th percentile weight-for-length Note: CDC labels the 97.7 th percentile as the 98 th percentile on the Birth to 24 months gender specific growth charts.	1	L	S
121A	At Risk for Short Stature - > 2nd percentile and ≤ 5 th percentile length-for-age as plotted on the CDC Birth to 24 months gender specific growth charts. Note: CDC labels the 2.3 rd percentile as the 2 nd percentile on the birth to 24 months gender-specific growth charts. Note: Assignment for premature infant is based on adjusted gestational age.	1	L	S
121B	Short Stature - ≤ 2nd percentile length-for-age as plotted on the CDC Birth to 24 months gender specific growth charts. Note: CDC labels the 2.3 rd percentile as the 2 nd percentile on the birth to 24 months gender-specific growth charts. Note: Assignment for premature infant is based on adjusted gestational age.	1	L	S
134	Failure to Thrive - Presence of failure to thrive (FTT) diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by endorser/caregiver.	1	H	U

Nutrition Risk Factors INFANT

Compass Code	Name/Definition	Priority	Risk	User or System Assigned
135	Slowed/Faltering Growth Pattern - <i>Infant Birth to 2 weeks</i> <ul style="list-style-type: none"> Excessive weight loss after birth, defined as $\geq 7\%$ birth weight. Note: Requires further assessment and counseling by the WIC High Risk Counselor within 24 hours of risk identification.	1	H	S
	<i>Infants 2 weeks to 6 months of age</i> <ul style="list-style-type: none"> Any weight loss. Use two separate weight measurements taken at least 8 weeks apart. Note: Requires further assessment and counseling by the WIC High Risk Counselor within 30 days of risk identification.	1	H	S
141A	Low Birth Weight - Birth weight defined as ≤ 5 pounds 8 ounces (≤ 2500 grams)	1	H	S
141B	Very Low Birth Weight - Birth weight defined as ≤ 3 pounds 5 ounces (≤ 1500 grams)	1	H	S
142A	Preterm Delivery - Delivery of an infant born ≤ 36 6/7 week gestation.	1	H	S
142B	Early Term Delivery - Delivery of an infant born ≥ 37 0/7 and ≤ 38 6/7 weeks gestation.	1	L	S
151	Small for Gestational Age (SGA) - Diagnosed as small for gestational age.	1	H	U
153	Large for Gestational Age (LGA) - Birth weight of ≥ 9 pounds (≥ 4000 g) or presence of LGA as diagnosed by a physician or someone working under a physician's orders, or as self-reported by endorser/caregiver.	1	L	S
201	Low Hematocrit/Low Hemoglobin - Hemoglobin value below those listed in <i>Hemoglobin Levels Indicating NRF #201</i> table.	1	L	S
201B	Severely Low Hematocrit/Hemoglobin - Hemoglobin value low enough to necessitate a medical referral as listed in the <i>Standards for Severely Low Hemoglobin-NRF201b-High Risk Condition</i> table.	1	H	U
211	Elevated Blood Lead Levels - Blood lead level of ≥ 5 micrograms/deciliter within the past twelve months.	1	H	S
300 Series	Medical Conditions - *See <i>Clinical/Health/Medical Conditions List</i> for definitions, codes, and risk level (high or low).	1	L/H	U

Nutrition Risk Factors INFANT

Compass Code	Name/Definition	Priority	Risk	User or System Assigned
411	INAPPROPRIATE NUTRITION PRACTICES FOR INFANTS: Routine use of feeding practices that may result in impaired nutrient status, disease, or health problems. These practices, with examples, are outlined below:	4	L	U
411A	Routinely using a substitute(s) for human milk or for FDA approved iron-fortified formula as the primary nutrient source during the first year of life. Examples of substitutes: ▶ Low iron formula without iron supplementation; ▶ Cow's milk, goat's milk, or sheep's milk (whole, reduced fat, low-fat, skim), canned evaporated or sweetened condensed milk; and ▶ Imitation or substitute milks (such as rice- or soy-based beverages, non-dairy creamer), or "other homemade concoctions."	4	L	U
411B	Routinely using nursing bottles or cups improperly. Example include: ▶ Using a bottle to feed fruit juice. ▶ Feeding any sugar-containing fluids, such as soda/soft drinks, gelatin water, corn syrup solutions, and sweetened tea. ▶ Allowing the infant to fall asleep or be put to bed with a bottle at naps or bedtime. ▶ Allowing the infant to use the bottle without restriction (e.g. walking around with a bottle) or as a pacifier. ▶ Propping the bottle when feeding. ▶ Allowing an infant to carry around and drink throughout the day from a covered or training cup. ▶ Adding any food (cereal or other solid foods) to the infant's bottle.	4	L	U
411C	Routinely offering complementary foods* or other substances that are inappropriate in type or timing. Examples of inappropriate complementary foods: ▶ Adding sweet agents such as sugar, honey, or syrups to any beverage (including water) or prepared food, or used on a pacifier. ▶ Introducing any food other than human milk or iron-fortified infant formula before 6 months of age. * Complementary foods are any foods or beverages other than human milk or infant formula.	4	L	U

Nutrition Risk Factors INFANT

Compass Code	Name/Definition	Priority	Risk	User or System Assigned
411D	<p>Routinely using feeding practices that disregard the developmental needs or stage of the infant.</p> <ul style="list-style-type: none"> ▶ Inability to recognize, insensitivity to, or disregarding the infant's cues for hunger and satiety (e.g., forcing an infant to eat a certain type and/or amount of food or beverage or ignoring an infant's hunger cues). ▶ Feeding foods of inappropriate consistency, size, or shape that put infants at risk of choking. ▶ Not supporting an infant's need for growing independence with self-feeding (e.g., solely spoon-feeding an infant who is able and ready to finger-feed and/or try self-feeding with appropriate utensils). ▶ Feeding an infant food with inappropriate textures based on his/her developmental stage (e.g., feeding primarily pureed or liquid foods when the infant is ready and capable of eating mashed, chopped or appropriate finger foods). 	4	L	U
411E	<p>Feeding foods to an infant that could be contaminated with harmful microorganisms or toxins.</p> <p>Examples of potentially harmful foods:</p> <ul style="list-style-type: none"> ▶ Unpasteurized fruit or vegetable juice; ▶ Unpasteurized dairy products or soft cheeses such as feta, Brie, Camembert, blue-veined, and Mexican-style cheese; ▶ Honey (added to liquids or solid foods, used in cooking, as part of processed foods, on a pacifier, etc.); ▶ Raw or undercooked meat, fish, poultry, or eggs; ▶ Raw vegetable sprouts (alfalfa, clover, bean, and radish); ▶ Donated human milk acquired directly from individuals or the Internet. 	4	L	U
411F	<p>Routinely feeding inappropriately diluted formula.</p> <ul style="list-style-type: none"> ▶ Failure to follow manufacturer's mixing instructions (to include stretching formula for household economic reasons). ▶ Failure to follow specific instructions accompanying a prescription. 	4	L	U
411G	<p>Routinely limiting the frequency of nursing of the exclusively breastfed infant when human milk is the sole source of nutrients.</p> <p>Examples of inappropriate frequency of nursing:</p> <ul style="list-style-type: none"> ▶ Scheduled feedings instead of demand feedings; and ▶ Less than 8 feedings in 24 hours if less than 2 months of age. 	4	L	U

Nutrition Risk Factors INFANT

Compass Code	Name/Definition	Priority	Risk	User or System Assigned
411H	<p>Routinely feeding a diet very low in calories and/or essential nutrients.</p> <p>Examples:</p> <ul style="list-style-type: none"> ▶ Vegan diet ▶ Macrobiotic diet ▶ Other diets very low in calories and/or essential nutrients 	4	L	U
411I	<p>Routinely using inappropriate sanitation in the feeding, preparation, handling, and storage of expressed human milk or formula.</p> <p>▶ Limited or no access to a:</p> <ul style="list-style-type: none"> • Safe water supply (documented by appropriate authorities); • Heat source for sterilization; and/or • Refrigerator or freezer for storage. <p>▶ Failure to prepare, handle, and store bottles, storage containers or breast pumps properly; examples include:</p> <p>Human Milk</p> <ul style="list-style-type: none"> • Thawing in a microwave • Refreezing • Adding freshly expressed unrefrigerated human milk to frozen human milk • Adding freshly pumped chilled human milk to frozen human milk in an amount that is greater than the amount of frozen human milk • Feeding thawed refrigerated human milk more than 24 hours after it was thawed • Saving human milk from a used bottle for another feeding • Failure to clean breast pump per manufacturer's instruction • Feeding donor human milk acquired directly from individuals or the Internet. <p>Formula</p> <ul style="list-style-type: none"> • Storing at room temperature for more than 1 hour • Failure to prepare and/or store prepared formula per manufacturer's or physicians instructions • Using formula in a bottle one hour after the start of a feeding • Saving formula from a used bottle for another feeding • Failure to clean baby bottle properly 	4	L	U
411J	<p>Feeding dietary supplements with potentially harmful consequences.</p> <p>Examples of dietary supplements which, when fed in excess of recommended dosage, may be toxic or have harmful consequences:</p> <ul style="list-style-type: none"> ▶ Single or multi-vitamins; ▶ Mineral supplements; and ▶ Herbal or botanical supplements/remedies/teas. 	4	L	U

Nutrition Risk Factors INFANT

Compass Code	Name/Definition	Priority	Risk	User or System Assigned
411K	<p>Routinely not providing dietary supplements recognized as essential by national public health policy when an infant's diet alone cannot meet nutrient requirements.</p> <ul style="list-style-type: none"> ▶ Infants who are 6 months of age or older who are ingesting less than 0.25 mg of fluoride daily when the water supply contains less than 0.3 ppm fluoride. ▶ Infants who are exclusively breastfed, or who are ingesting less than one liter (or 1 quart) per day of vitamin D-fortified formula and are not taking a supplement of 400 IU of vitamin D. 	4	L	U
428	<p>Dietary Risk Associated with Complementary Feeding Practices - Infant 4-12 months of age who has begun to or is expected to begin to:</p> <ol style="list-style-type: none"> 1) consume complementary foods and beverages, 2) eat independently, 3) be weaned from breast milk or infant formula, or 4) transition from a diet based on infant/toddler foods to one based on the <i>Dietary Guidelines for Americans</i>. <p>Note: A complete nutrition assessment, including for risk #411, Inappropriate Nutrition Practices for Infants, must be performed prior to assigning this risk.</p>	4	L	U
501	<p>Possibility of Regression - A participant who has previously been certified eligible for the Program may be considered to be at nutritional risk in the next certification period if the Competent WIC Authority (CWA) determines there is a possibility of regression in nutritional status without the benefits that the WIC Program provides.</p> <p>Note: Regression cannot be assigned to a participant two certification periods in a row and may only be used once after the initial certification.</p>	4	L	U
502	<p>Transfer of Certification - Person with current valid Verification of Certification (VOC) documents from another State or local agency. The VOC is valid until the certification period expires and shall be accepted as proof of eligibility for program benefits.</p>	N/A	L	S
603 603A 603B 603C 603D	<p>Breastfeeding Complications or Potential Complications - Breastfed infant with any of the following complications or potential complications for breastfeeding:</p> <ul style="list-style-type: none"> ▶ jaundice ▶ weak or ineffective suck ▶ difficulty latching onto mother's breast ▶ inadequate stooling (for age, as determined by a physician or other health care professional), and/or less than 6 wet diapers per day. <p>Note: Must be seen by an LMS or WIC High Risk Counselor within 24 hours.</p>	1	H	U

Nutrition Risk Factors INFANT

Compass Code	Name/Definition	Priority	Risk	User or System Assigned
701	<p>Infant Up to 6 Months Old of WIC Mother or of a Woman Who Would Have Been Eligible During Pregnancy -</p> <p>Infant < 6 months of age whose mother was a WIC Program participant during pregnancy or whose mother's medical records document that the woman was at nutritional risk during pregnancy because of detrimental or abnormal nutritional conditions detectable by biochemical or anthropometric measurements or other documented nutritionally related conditions.</p>	2	L	S
702A 702B 702D	<p>Breastfeeding Infant of Woman at Nutritional Risk -</p> <p>Priority 1 infant</p> <p>Priority 2 infant</p> <p>Priority 4 infant</p> <p>Note: Infant must be the same priority as at-risk mother</p>	1 2 4	L L L	S S S
801	<p>Homelessness -</p> <p>Infant who lacks a fixed and regular nighttime residence; or whose primary nighttime residence is:</p> <ul style="list-style-type: none"> ▶ A supervised publicly or privately operated shelter (including a welfare hotel, a congregate shelter, or a shelter for victims of domestic violence) designed to provide temporary living accommodations; ▶ An institution that provides a temporary residence for individuals intended to be institutionalized; ▶ A temporary accommodation of not more than 365 days in the residence of another individual; or ▶ A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings. 	4	L	U
802	<p>Migrancy -</p> <p>Infant who is a member of a family that contains at least one individual whose principal employment is in agriculture on a seasonal basis, who has been so employed within the last 24 months, and who establishes, for the purposes of such employment, a temporary abode.</p>	4	L	U

Nutrition Risk Factors INFANT

Compass Code	Name/Definition	Priority	Risk	User or System Assigned
901	<p>Recipient of Abuse - Battering or child abuse/neglect within the past 6 months as self-reported by endorser/proxy or documented by a social worker, health care provider, or on other appropriate documents, or as reported through consultation with a social worker, health care provider, or other appropriate personnel.</p>	4	L	U
902	<p>Infant of Primary Caregiver with Limited Ability to Make Feeding Decisions and/or Prepare Food - Infant whose primary caregiver is assessed to have a limited ability to make appropriate feeding decisions and/or prepare food. Examples include, but are not limited to:</p> <ul style="list-style-type: none"> ▶ Documented or self-reported misuse of alcohol, use of illegal substances, use of marijuana, or misuse of prescription medications. ▶ Mental illness, including clinical depression.* ▶ Intellectual disability.* ▶ Physically disabled to a degree which restricts or limits food preparation abilities. ▶ ≤ 17 years of age. <p>* Presence of the condition diagnosed, documented, or reported by a physician or psychologist or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver</p>	4	L	U
903	<p>Foster Care - Entering the foster care system during the previous 6 months or moving from one foster care home to another foster care home during the previous 6 months.</p>	4	L	S
904	<p>Environmental Tobacco Smoke Exposure (ETS) - Exposure to smoke from tobacco products inside the home.</p> <p>Note: ETS is also known as passive, secondhand, or involuntary smoke.</p>	1	L	U

Nutrition Risk Factors

CHILD

System Assigned (S): Compass assigns based on anthropometric, blood values, and/or dates entered in system.
 User Assigned (U): User assigns by checking a box or radio button, or by assigning on the Risk panel.

Compass Code	Name/Definition	Priority	Risk	User or System Assigned
103A	<p>At Risk of Underweight - <i>Child \geq 12 months to <24 months:</i> > 2nd percentile and \leq 5th percentile weight-for-length</p> <p><i>Child 2-5 years of age:</i> > 5th percentile and \leq 10th percentile Body Mass Index (BMI)-for-age</p>	3	L	S
103B	<p>Underweight - <i>Child \geq 12 months to <24 months:</i> \leq 2nd percentile weight-for-length</p> <p>Note: CDC labels the 2.3rd percentile as the 2nd percentile on the Birth to 24 months gender specific growth charts.</p> <p><i>Child 2-5 years of age:</i> \leq 5th percentile Body Mass Index (BMI)-for-age</p>	3	H	S
113	<p>Obese - <i>Child 2-5 years of age:</i> \geq 95th percentile Body Mass Index (BMI)-for-age</p> <p>Note: standing height only</p>	3	H	S
114	<p>Overweight - <i>Child 2-5 years of age:</i> \geq 85th and < 95th percentile Body Mass Index (BMI)-for-age</p>	3	L	S
	<p>At Risk of Overweight - <i>Child \geq 12 months to 5 years of age:</i> Biological mother** and/or biological father with a BMI \geq 30 at the time of certification.*</p> <p>*BMI must be based on self-reported weight and height by the parent in attendance (i.e., one parent may not "self-report" for the other parent) or weight and height measurements taken by staff at the time of certification.</p> <p>**If the mother is pregnant or has had a baby within the past 6 months but was not on WIC during that pregnancy, use her preconceptional weight to assess for obesity since her current weight will be influenced by pregnancy-related weight gain. For children <24 months of age whose biological mother was on WIC during the most recent pregnancy, Compass assigns using the biological mother's most recent pregnancy record.</p>	3	L	S/U
115	<p>High Weight-for-Length - <i>Child \geq 12 months to < 24 months of age:</i> \geq 98th percentile weight-for-length as plotted on the CDC Birth to 24 months gender specific growth charts.</p> <p>Note: CDC labels the 97.7th percentile as the 98th percentile on the Birth to 24 months gender specific growth charts.</p>	3	L	S

Nutrition Risk Factors CHILD

Compass Code	Name/Definition	Priority	Risk	User or System Assigned
121A	<p>At Risk for Short Stature - <i>Child \geq 12 months to < 24 months of age:</i> > 2nd percentile and \leq 5th percentile length-for-age as plotted on the CDC Birth to 24 months gender specific growth charts.</p> <p>Note: CDC labels the 2.3rd percentile as the 2nd percentile on the Birth to 24 months gender specific growth charts.</p> <p>Note: Assignment for a child with a history of prematurity is based on adjusted gestational age.</p> <p><i>Child 2-5 years of age:</i> > 5th percentile and \leq 10th percentile height-for-age.</p>	3	L	S
121B	<p>Short Stature - <i>Child \geq 12 months to < 24 months of age:</i> < 2nd percentile length-for-age as plotted on the CDC Birth to 24 months gender specific growth charts.</p> <p>Note: CDC labels the 2.3rd percentile as the 2nd percentile on the birth to 24 months gender-specific growth charts.</p> <p>Note: Assignment for a child with a history of prematurity is based on adjusted gestational age.</p> <p><i>Child 2-5 years of age:</i> \leq 5th percentile height-for-age</p>	3	L	S
134	<p>Failure to Thrive - Presence of failure to thrive (FTT) diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by endorser/caregiver.</p>	3	H	U
141A	<p>Low Birth Weight - <i>Child < 24 months of age:</i> Birth weight defined as \leq 5 pounds 8 ounces (\leq 2500 grams)</p>	3	L	S
141B	<p>Very Low Birth Weight - <i>Child < 24 months of age:</i> Birth weight defined as \leq 3 pounds 5 ounces (\leq 1500 grams)</p>	3	L	S
142A	<p>Preterm Delivery (<i>Child < 24 months of age</i>) - Delivery of an infant born \leq 36 6/7 week gestation.</p>	3	L	U
142B	<p>Early Term Delivery (<i>Child < 24 months of age</i>) - Delivery of an infant born \geq 37 0/7 and \leq 38 6/7 weeks gestation</p>	3	L	U
151	<p>Small for Gestational Age (SGA) - <i>Child < 24 months of age:</i> Diagnosed as small for gestational age.</p>	3	L	U
201	<p>Low Hematocrit/Low Hemoglobin - Hemoglobin value below those listed in <i>Hemoglobin Levels Indicating NRF #201</i> table.</p>	3	L	S
201B	<p>Severely Low Hematocrit/Hemoglobin - Hemoglobin value low enough to necessitate a medical</p>	3	H	U

Nutrition Risk Factors

CHILD

Compass Code	Name/Definition	Priority	Risk	User or System Assigned
	referral as listed in the <i>Standards for Severely Low Hemoglobin-NRF201b-High Risk Condition</i> table.			
211	Elevated Blood Lead Levels - Blood lead level of ≥ 5 micrograms/deciliter within the past twelve months.	3	H	S
300 Series	Medical Conditions - *See <i>Clinical/Health/Medical Conditions List</i> for definitions, codes, and risk level (high or low).	3	L/H	U
401	Failure to Meet Dietary Guidelines for Americans - Child ≥ 24 months of age who meets the income, categorical, and residency eligibility requirements may be presumed to be at nutritional risk based on <i>failure to meet Dietary Guidelines for Americans</i> . Based on a child's estimated energy needs, this risk criterion is defined as consuming fewer than the recommended number of servings from one or more of the basic food groups (grains, fruits, vegetables, milk products, and meat or beans). Note: Assign 401 to child 2-5 years of age when a complete nutrition assessment has been performed and no other nutrition risks are identified.	5	L	U
425	INAPPROPRIATE NUTRITION PRACTICES FOR CHILDREN - Routine use of feeding practices that may result in impaired nutrient status, disease, or health problems.	5	L	U
425A	Routinely feeding inappropriate beverages as the primary milk source - Examples of inappropriate beverages as primary milk source: ▶ Non-fat or reduced-fat milks between 12 and 24 months of age (unless overweight or obesity is a concern) or sweetened condensed milk; and ▶ Goat's milk, sheep's milk, imitation or substitute milks (that are unfortified or inadequately fortified), or other "homemade concoctions."	5	L	U
425B	Routinely feeding a child any sugar-containing fluids Examples of sugar-containing fluids: ▶ Soda/soft drinks ▶ Gelatin water ▶ Corn syrup solutions; and ▶ Sweetened tea	5	L	U
425C	Routinely using nursing bottles, cups, or pacifiers inappropriately - ▶ Using a bottle to feed: • Fruit juice, or • Diluted cereal or other solid foods. ▶ Allowing the child to fall asleep or be put to bed with a bottle at naps or bedtime. ▶ Allowing the child to use the bottle without restriction (e.g., walking around with a bottle) or as a pacifier. ▶ Using a bottle for feeding or drinking beyond 14	5	L	U

Nutrition Risk Factors CHILD

	<p>months of age.</p> <ul style="list-style-type: none"> ▶ Using a pacifier dipped in sweet agents such as sugar, honey, or syrups. ▶ Allowing a child to carry around and drink throughout the day from a covered or training cup. 			
425D	<p>Routinely using feeding practices that disregard the developmental needs or stages of the child -</p> <ul style="list-style-type: none"> ▶ Inability to recognize, insensitivity to, or disregarding the child's cues for hunger and satiety (e.g., forcing a child to eat a certain type and/or amount of food or beverage or ignoring a hungry child's request for appropriate foods). ▶ Feeding foods of inappropriate consistency, size, or shape that puts child at risk of choking. ▶ Not supporting a child's need for growing independence with self-feeding (e.g., solely spoon-feeding a child who is able and ready to finger-feed and/or try self-feeding with appropriate utensils). ▶ Feeding a child food with an inappropriate texture based on his/her developmental stage (e.g., feeding primarily pureed or liquid foods when the child is ready and capable of eating mashed, chopped or appropriate finger foods). 	5	L	U
425E	<p>Feeding foods to a child that could be contaminated with harmful microorganisms -</p> <p>Examples of potentially harmful foods for a child:</p> <ul style="list-style-type: none"> ▶ Unpasteurized fruit or vegetable juice; ▶ Unpasteurized dairy products or soft cheeses such as feta, Brie, Camembert, blue-veined, and Mexican-style cheese; ▶ Raw or undercooked meat, fish, poultry, or eggs; ▶ Raw vegetable sprouts (alfalfa, clover, bean, and radish); and ▶ Deli meat, hot dogs, and processed meats (avoid unless heated until steaming hot). 	5	L	U
425F	<p>Routinely feeding a diet very low in calories and/or essential nutrients -</p> <p>Examples:</p> <ul style="list-style-type: none"> ▶ Vegan diet; ▶ Macrobiotic diet; and ▶ Other diets very low in calories and/or essential nutrients. 	5	L	U
425G	<p>Feeding dietary supplements with potentially harmful consequences -</p> <p>Examples of dietary supplements which when fed in excess of recommended dosage may be toxic or have harmful consequences:</p> <ul style="list-style-type: none"> ▶ Single or multi-vitamins; ▶ Mineral supplements; and ▶ Herbal or botanical supplements/remedies/teas. 	5	L	U

Nutrition Risk Factors CHILD

Compass Code	Name/Definition	Priority	Risk	User or System Assigned
425H	<p>Routinely not providing dietary supplements recognized as essential by national public health policy when a child's diet alone cannot meet nutrient requirements -</p> <ul style="list-style-type: none"> ▶ Providing child < 36 months of age less than 0.25 mg of fluoride daily when the water supply contains less than 0.3 ppm fluoride. ▶ Providing child 36-60 months of age less than 0.50 mg of fluoride daily when the water supply contains less than 0.3 ppm fluoride. ▶ Not providing 400 IU of vitamin D per day if a child consumes less than 1 liter (or 1 quart) of vitamin D fortified milk or formula. 	5	L	U
425I	<p>Routine ingestion of nonfood items (pica) - Examples of inappropriate nonfood items:</p> <ul style="list-style-type: none"> ▶ Ashes; ▶ Carpet fibers; ▶ Cigarettes or cigarette butts; ▶ Clay; ▶ Dust; ▶ Foam rubber; ▶ Paint chips; ▶ Soil; and ▶ Starch (laundry or cornstarch). 	5	L	U
428	<p>Dietary Risk Associated with Complementary Feeding Practices - Child ≥ 12 to < 24 months of age who has begun to or is expected to begin to:</p> <ol style="list-style-type: none"> 1) Consume complementary foods and beverages, 2) Eat independently, 3) Be weaned from breast milk or infant formula, or 4) Transition from a diet based on infant/toddler foods to one based on the <i>Dietary Guidelines for Americans</i>, and is at risk of inappropriate complementary feeding <p>Note: A complete nutrition assessment, including #425, Inappropriate Nutrition Practices for Children, must be completed prior to assigning this risk.</p>	5	L	U
501	<p>Possibility of Regression- A participant who has previously been certified eligible for the Program may be considered to be at nutritional risk in the next certification period if the Competent WIC Authority (CWA) determines there is a possibility of regression in nutritional status without the benefits that the WIC Program provides.</p> <p>Note: Regression cannot be assigned to a participant two certification periods in a row and may only be used once after the initial certification.</p>	5	L	U
502	<p>Transfer of Certification - Person with current valid Verification of Certification (VOC) documents from another State or local agency. The VOC is valid until the certification period expires and shall be accepted as proof of eligibility for program benefits.</p>	N/A	L	S

Nutrition Risk Factors CHILD

Compass Code	Name/Definition	Priority	Risk	User or System Assigned
801	<p>Homelessness - Child who lacks a fixed and regular night time residence; or whose primary night time residence is:</p> <ul style="list-style-type: none"> ▶ A supervised publicly or privately operated shelter (including a welfare hotel, a congregate shelter, or a shelter for victims of domestic violence) designed to provide temporary living accommodations; ▶ An institution that provides a temporary residence for individuals intended to be institutionalized; ▶ A temporary accommodation of not more than 365 days in the residence of another individual; or ▶ A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings. 	5	L	U
802	<p>Migrancy - Child who is a member of a family that contains at least one individual:</p> <ul style="list-style-type: none"> ▶ Whose principal employment is in agriculture on a seasonal basis and; ▶ Has been so employed within the last 24 months and; ▶ Who establishes, for the purposes of such employment, a temporary abode. 	5	L	U
901	<p>Recipient of Abuse - Battering or child abuse/neglect within the past 6 months as self-reported by endorser/proxy or documented by a social worker, health care provider, or on other appropriate documents, or as reported through consultation with a social worker, health care provider, or other appropriate personnel.</p>	5	L	U
902	<p>Child of Primary Caregiver with Limited Ability to Make Feeding Decisions and/or Prepare Food - A child whose primary caregiver is assessed to have a limited ability to make appropriate feeding decisions and/or prepare food. Examples include, but are not limited to:</p> <ul style="list-style-type: none"> ▶ Documented or self-reported misuse of alcohol, use of illegal substances, use of marijuana, or misuse of prescription medications. ▶ Mental illness, including clinical depression.* ▶ Intellectual disability.* ▶ Physically disabled to a degree which restricts or limits food preparation abilities. ▶ ≤ 17 years of age. <p>* Presence of the condition diagnosed, documented, or reported by a physician or psychologist or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver.</p>	5	L	U
903	<p>Foster Care - Entered the foster care system during the previous 6 months or moved from one foster care home to another foster care home during the previous 6 months.</p>	5	L	U
904	<p>Environmental Tobacco Smoke Exposure (ETS) - Exposure to smoke from tobacco products inside the</p>	3	L	U

Nutrition Risk Factors CHILD

	home. Note: ETS is also known as passive, secondhand, or involuntary smoke.			
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Colorado WIC Program Clinical/Health/Medical Conditions

All Conditions are User-assigned, unless specifically noted. Risk level assigned (*High or (Low Risk)*) noted in the Definition section.

NRF Code	Compass Description	Definition	Categories				
			P	B	N	I	C
301	Hyperemesis Gravidarum*	Severe nausea and vomiting to the extent that the pregnant woman becomes dehydrated and acidotic. (<i>High Risk</i>)	X				
302	Gestational Diabetes*	Any degree of glucose/carbohydrate intolerance with onset or first recognition during pregnancy. (<i>High Risk</i>)	X				
303	History of Gestational Diabetes*	History of diagnosed gestational diabetes mellitus (GDM). (<i>Low Risk</i>)	X	X	X		
304	History of Preeclampsia*	History of diagnosed preeclampsia. (<i>Low Risk</i>)	X	X	X		
311A	History of Preterm Delivery	Delivery of an infant born ≤ 36 6/7 weeks gestation: (<i>Low Risk</i>) Pregnant: Any history of preterm delivery Breastfeeding/Non-Breastfeeding: Most recent pregnancy	X	X	X		
311B	History of Early Term Delivery	Delivery of an infant born ≥ 37 0/7 and ≤ 38 6/7 weeks: (<i>Low Risk</i>) Pregnant: Any history of early term delivery Breastfeeding/Non-Breastfeeding: Most recent pregnancy	X	X	X		
312	History of Low Birth Weight	Birth of an infant weighing ≤ 5 pounds 8 ounces (≤ 2500 gm). (<i>Low Risk</i>) Pregnant: Any history of low birth weight Breastfeeding/Non-Breastfeeding: Most recent pregnancy	X	X	X		
321	History of Spontaneous Abortion, Fetal or Neonatal Loss	Any history of spontaneous abortion, fetal or neonatal loss. (<i>Low Risk</i>) <ul style="list-style-type: none"> • 321A Pregnant: Any history of fetal or neonatal death or 2 or more spontaneous abortions. • 321B Breastfeeding: Most recent pregnancy in which there was a multifetal gestation with one or more fetal or neonatal deaths but with one or more infants still living. • 321C Non-Breastfeeding: Spontaneous abortion, fetal or neonatal loss in most recent pregnancy. <i>Note:</i> Spontaneous abortion occurs before 20 weeks; fetal death occurs at or after 20 weeks gestation; neonatal death is within 0-28 days of life.	X	X	X		
331	Pregnancy at a Young Age** **System assigned	331A: < 16 years (<i>High Risk</i>) 331B: 16 to < 18 years (<i>Low Risk</i>) Pregnant: Current pregnancy Breastfeeding/Non-Breastfeeding: Most recent pregnancy	X	X	X		

Colorado WIC Program
Clinical/Health/Medical Conditions

NRF Code	Compass Description	Definition	Categories				
			P	B	N	I	C
332	Short Interpregnancy Interval** **System assigned	Interpregnancy interval of less than 18 months from the date of a live birth to the conception of the subsequent pregnancy for the following: <i>(Low Risk)</i> Pregnant: Current pregnancy Breastfeeding/Non-Breastfeeding: Most recent pregnancy	X	X	X		
333	High Parity and Young Age** **System assigned	Woman under age 20 years at date of conception who have had 3 or more previous pregnancies of at least 20 weeks duration, regardless of birth outcome for the following: <i>(Low Risk)</i> Pregnant: Current pregnancy Breastfeeding/Non-Breastfeeding: Most recent pregnancy	X	X	X		
334	Lack of or Inadequate Prenatal Care	Prenatal care beginning after the 1 st trimester (after 13 th week). <i>(Low Risk)</i>	X				
335	Multi-fetal Gestation	More than one fetus in: Pregnant: the current pregnancy <i>(High Risk)</i> Breastfeeding: the most recent pregnancy <i>(High Risk)</i> Non-Breastfeeding: the most recent pregnancy <i>(Low Risk)</i>	X	X	X		
336	Fetal Growth Restriction (FGR)*	Fetal weight <10 th percentile for gestational age. <i>(High Risk)</i> <i>Note:</i> Fetal Growth Restriction (FGR) may be diagnosed by a physician with serial measurements of fundal height, abdominal girth and can be confirmed with ultrasonography. FGR replaces the term Intrauterine Growth Retardation (IUGR)	X				
337	History of Birth of a Large for Gestational Age Infant*	Pregnant: Any history of giving birth to an infant weighing \geq 9 pounds (4000 grams). <i>(Low Risk)</i> Breastfeeding/Non-Breastfeeding: Most recent pregnancy, or history of giving birth to an infant weighing \geq 9 pounds (4000 grams). <i>(Low Risk)</i>	X	X	X		
338	Pregnant Woman Currently Breastfeeding	Breastfeeding woman now pregnant. <i>(Low Risk)</i>	X				
339	History of Birth with a Nutrition Related Congenital or Birth Defect*	A woman who has given birth to an infant who has a congenital or birth defect linked to inappropriate nutritional intake, e.g. inadequate zinc, folic acid, excess vitamin A. <i>(Low Risk)</i> Pregnant: Any history of birth with nutrition-related congenital or birth defect. Breastfeeding/Non-Breastfeeding: Most recent pregnancy	X	X	X		

Colorado WIC Program
Clinical/Health/Medical Conditions

NRF Code	Compass Description	Definition	Categories				
			P	B	N	I	C
341	Nutrient Deficiency or Disease*	<p>Nutritional deficiency or disease caused by insufficient dietary intake of macro and micronutrients. Diseases include, but are not limited to: <i>(High Risk)</i></p> <ul style="list-style-type: none"> • Protein energy malnutrition • Scurvy • Rickets • Vitamin K deficiency • Pellagra • Cheilosis • Beriberi • Hypocalcemia • Osteomalacia • Menkes disease • Xerophthalmia 	X	X	X	X	X
342	Gastro-intestinal Disorders*	<p>Disease(s) and/or conditions(s) that interfere with the intake or absorption of nutrients. The diseases and/or conditions include, but are not limited to: <i>(High Risk)</i></p> <ul style="list-style-type: none"> • Gastroesophageal reflux disease (GERD) • Peptic ulcer • Post-bariatric surgery • Short bowel syndrome • Inflammatory bowel disease, (including ulcerative colitis or Crohn's disease) • Liver disease • Pancreatitis • Biliary tract disease 	X	X	X	X	X
343	Diabetes Mellitus*	<p>Consists of a group of metabolic diseases characterized by inappropriate hyperglycemia resulting from defects in insulin secretion, insulin action or both. <i>(High Risk)</i></p>	X	X	X	X	X
344	Thyroid Disorders*	<p>Thyroid dysfunctions that occur in pregnant and postpartum women, during fetal development, and in childhood are caused by the abnormal secretion of thyroid hormones. The medical conditions include, but are not limited to: <i>(High Risk)</i></p> <ul style="list-style-type: none"> • Hyperthyroidism • Hypothyroidism • Congenital Hyperthyroidism • Congenital Hypothyroidism • Postpartum Thyroiditis 	X	X	X	X	X

Colorado WIC Program
Clinical/Health/Medical Conditions

NRF Code	Compass Description	Definition	Categories				
			P	B	N	I	C
345	Hypertension and Prehypertension*	Presence of Hypertension or Prehypertension. <i>(High Risk)</i>	X	X	X	X	X
346	Renal Disease*	Any renal disease including pyelonephritis and persistent proteinuria, but excluding urinary tract infections (UTI) involving the bladder. <i>(High Risk)</i>	X	X	X	X	X
347	Cancer *	A chronic disease whereby populations of cells have acquired the ability to multiply and spread without the usual biologic restraints. The current condition, or treatment of the condition, must be severe enough to affect nutritional status. <i>(High Risk)</i>	X	X	X	X	X
348	Central Nervous System Disorders*	Conditions which affect energy requirements, ability to feed self, or alter nutritional status metabolically, mechanically, or both. These include but are not limited to: <i>(High Risk)</i> <ul style="list-style-type: none"> • Epilepsy • Cerebral palsy (CP) • Neural tube defects (NTD), such as spina bifida • Parkinson's disease • Multiple sclerosis (MS) 	X	X	X	X	X
349	Genetic and Congenital Disorders*	A hereditary or congenital condition at birth that causes physical or metabolic abnormality. The current condition must alter nutrition status metabolically, mechanically, or both. May include but is not limited to: <i>(High Risk)</i> <ul style="list-style-type: none"> • Cleft lip or palate • Down's syndrome • Muscular dystrophy • Thalassemia major • Sickle cell anemia (not sickle cell trait) 	X	X	X	X	X
351	Inborn Errors of Metabolism*	Inherited metabolic disorders caused by a defect in the enzymes or their co-factors that metabolize protein, carbohydrate, or fat. Inborn errors of metabolism (IEM) generally refer to gene mutations or gene deletions that alter metabolism in the body, including but not limited to: <i>(High Risk)</i> <ul style="list-style-type: none"> • Amino acid disorders • Organic acid metabolism disorders • Fatty acid oxidation disorders • Lysosomal storage diseases • Urea cycle disorders • Carbohydrate disorders • Peroxisomal disorders • Mitochondrial disorders 	X	X	X	X	X

Colorado WIC Program
Clinical/Health/Medical Conditions

NRF Code	Compass Description	Definition	Categories				
			P	B	N	I	C
352A	Infectious Diseases - Acute*	<p>A disease which is characterized by a single or repeated episode of relatively rapid onset and short duration. The infectious disease must be present within the past 6 months. Includes, but not limited to: <i>(High Risk)</i></p> <ul style="list-style-type: none"> • Hepatitis A • Hepatitis E • Listeriosis • Pneumonia • Meningitis (Bacterial/Viral) • Bronchitis (3 episodes in last 6 months) • Parasitic Infections 	X	X	X	X	X
352B	Infectious Diseases - Chronic*	<p>Conditions likely lasting a lifetime and require long-term management of symptoms. Includes, but not limited to: <i>(High Risk)</i></p> <ul style="list-style-type: none"> • HIV (Human Immunodeficiency Virus) • AIDS (Acquired Immunodeficiency Syndrome) • Hepatitis B • Hepatitis C • Hepatitis D 	X	X	X	X	X
353	Food Allergies*	<p>Adverse health effects arising from a specific immune response that occurs reproducibly on exposure to a given food. <i>(High Risk)</i></p> <p>Note: Food allergy reactions occur when the body's immune system responds to a harmless food as if it were a threat. The foods that most often cause allergic reactions include cow's milk (and foods made from cow's milk), eggs, peanuts, tree nuts, fish, shellfish, wheat, and soy.</p> <p>Clarification: Unlike food allergies, food intolerances do not involve the immune system. Food intolerances are adverse reactions to food caused either by the properties of the food itself (such as a toxin) or the characteristics of the individual (such as a metabolic disorder). Food intolerances are often misdiagnosed as food allergies because the symptoms are often similar.</p>	X	X	X	X	X
354	Celiac Disease*	<p>An autoimmune disease precipitated by the ingestion of gluten (a protein in wheat, rye, and barley) that result in damage to the small intestine and malabsorption of the nutrients from food. Also known as Celiac Sprue, Gluten-sensitive Enteropathy, and Non-tropical Sprue. <i>(High Risk)</i></p>	X	X	X	X	X

Colorado WIC Program
Clinical/Health/Medical Conditions

NRF Code	Compass Description	Definition	Categories				
			P	B	N	I	C
355	Lactose Intolerance*	The syndrome of one or more of the following: diarrhea, abdominal pain, flatulence, and/or bloating, that occurs after lactose ingestion. <i>(Low Risk)</i> <i>Note:</i> Evidence of the condition may be documented by the WIC staff	X	X	X	X	X
356	Hypoglycemia*	Presence of hypoglycemia. <i>(High Risk)</i> <i>Note:</i> Hypoglycemia can occur as a complication of diabetes, as a condition in itself, in association with other disorders, or under certain conditions such as early pregnancy, prolonged fasting, or long periods of strenuous exercise. Symptomatic hypoglycemia is a risk observed in a substantial proportion of newborns who are small for gestational age. It is uncommon and of shorter duration in newborns who are of the appropriate size for gestational age.	X	X	X	X	X
358	Eating Disorders*	Eating disorders (anorexia nervosa and bulimia) are characterized by a disturbed sense of body image and morbid fear of becoming fat. Symptoms are manifested by abnormal eating patterns including, but not limited to: <i>(High Risk)</i> <ul style="list-style-type: none"> • Self-induced vomiting • Purgative abuse • Alternating periods of starvation • Use of drugs such as appetite suppressants, thyroid preparations or diuretics • Self-induced marked weight loss <i>Note:</i> Evidence of the condition may be documented by the WIC High Risk Counselor	X	X	X		
359	Recent Major Surgery, Trauma, Burns	Major surgery (including C-sections), trauma or burns severe enough to compromise nutritional status. Any occurrence: <i>(High Risk)</i> <ul style="list-style-type: none"> • Within the past two months may be self-reported. • More than two months previous must have the continued need for nutritional support diagnosed by a physician or a health care provider working under the orders of a physician. 	X	X	X	X	X

Colorado WIC Program
Clinical/Health/Medical Conditions

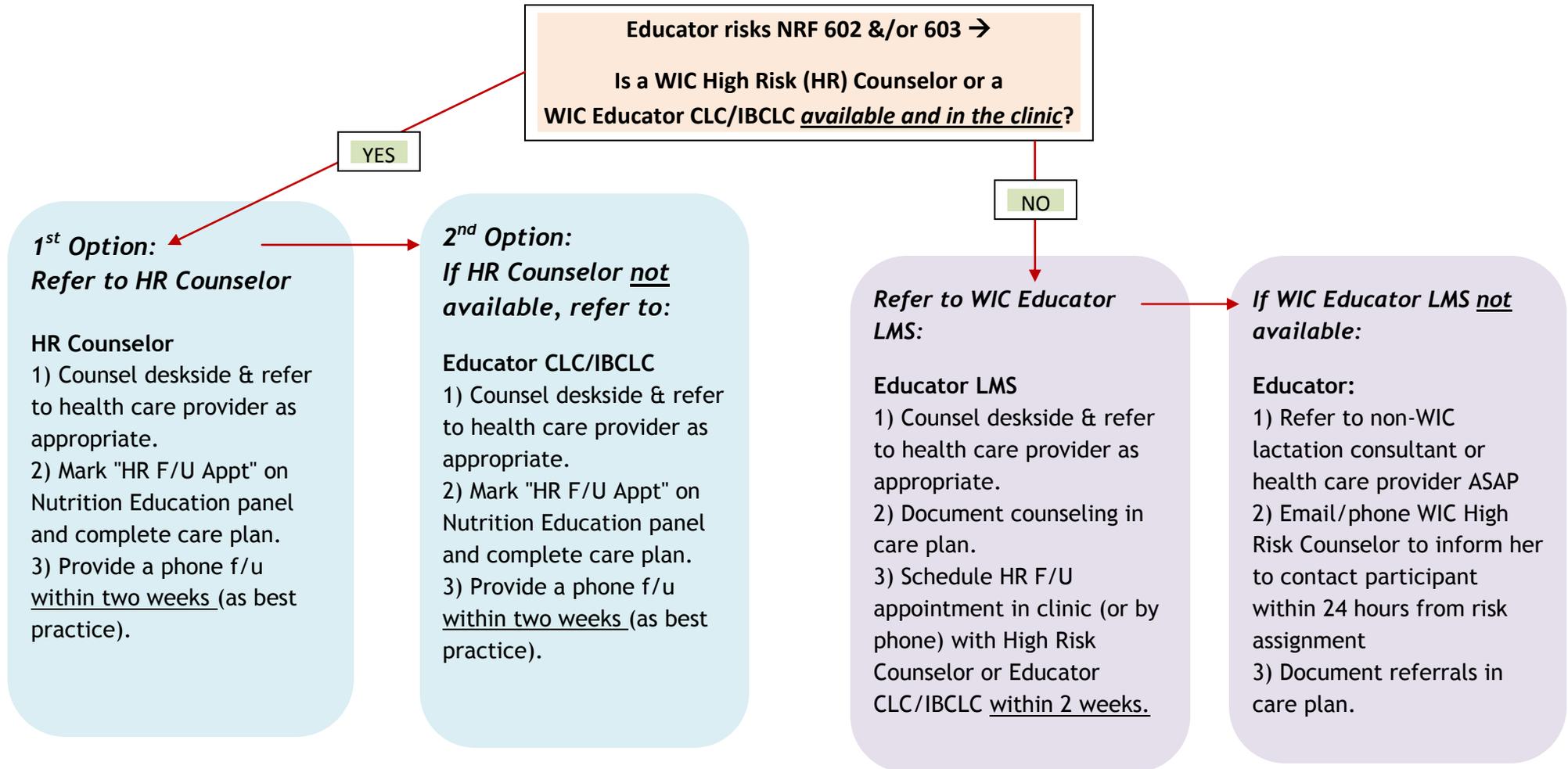
NRF Code	Compass Description	Definition	Categories				
			P	B	N	I	C
360	Other Medical Conditions *	Diseases or conditions with nutritional implications that are not included in any of the other medical conditions. The current condition, or treatment for the condition, must be severe enough to affect nutritional status. This includes, but is not limited to: <i>(High Risk)</i> <ul style="list-style-type: none"> • Juvenile Rheumatoid Arthritis (JRA) • Persistent Asthma (moderate or severe) requiring daily medication • Cardio Respiratory Diseases • Cystic Fibrosis • Lupus Erythematosus • Heart Disease 	X	X	X	X	X
361	Depression*	Presence of clinical depression, including postpartum depression. <i>(High Risk)</i>	X	X	X		
362	Developmental, Sensory or Motor Disabilities Interfering with the Ability to Eat	Developmental, sensory, or motor disabilities that restrict the ability to chew or swallow food or require tube feeding to meet nutritional needs. Disabilities include but are not limited to: <i>(High Risk)</i> <ul style="list-style-type: none"> • Minimal brain function • Feeding problems due to a developmental disability such as pervasive development disorder (PDD) which includes autism • Birth injury • Head trauma • Brain damage • Other disabilities 	X	X	X	X	X
363	Pre-Diabetes*	Impaired fasting glucose (IFG) and/or impaired glucose tolerance (IGT) are referred to as pre-diabetes. These conditions are characterized by hyperglycemia that does not meet the diagnostic criteria for diabetes mellitus. <i>(High Risk)</i>		X	X		
371	Maternal Smoking	Any smoking of tobacco products, i.e., cigarettes, pipes, or cigars. <i>(Low Risk)</i>	X	X	X		

NRF Code	Compass Description	Definition	Categories				
			P	B	N	I	C
372	Alcohol and Illegal Drug Use **system assigned based on Pregnant Woman Nutrition Interview 3f	372A Pregnant: <ul style="list-style-type: none"> ▪ Any current alcohol use** (<i>High Risk</i>) Breastfeeding (<i>High Risk</i>) and Non-Breastfeeding Postpartum (<i>Low Risk</i>): <ul style="list-style-type: none"> ▪ Routine current use of ≥ 2 drinks per day; or ▪ Binge drinking, i.e., drinks 5 or more drinks on the same occasion on at least one day in the past 30 days; or ▪ Heavy Drinking, i.e., drinks 5 or more drinks on the same occasion on five or more days in the previous 30 days <i>Note:</i> One drink is 1 can (12 oz) of beer; 5 oz wine; 1 ½ fluid oz liquor	X				
		372B Pregnant: <ul style="list-style-type: none"> ▪ Any current illegal drug use. (<i>High Risk</i>) Breastfeeding (<i>High Risk</i>) and Non-Breastfeeding Postpartum (<i>High Risk</i>): <ul style="list-style-type: none"> ▪ Any current illegal drug use 	X	X	X		
381	Oral Health Conditions*	Oral health conditions include, but are not limited to: (<i>Low Risk</i>) <ul style="list-style-type: none"> • Dental caries, often referred to as “cavities” or “tooth decay” • Periodontal diseases (stages include gingivitis and periodontitis) • Tooth loss, ineffectively replaced teeth or oral infections which impair the ability to ingest food in adequate quantity or quality <i>Note:</i> Evidence of the condition may be documented by the WIC staff	X	X	X	X	X
382	Fetal Alcohol Syndrome*	Fetal Alcohol Syndrome (FAS) is based on the presence of retarded growth, a pattern of facial abnormalities, and abnormalities of the central nervous system, including mental retardation. (<i>High Risk</i>)				X	X
383	Neonatal Abstinence Syndrome*	Neonatal abstinence syndrome (NAS) is a drug withdrawal syndrome that occurs among drug-exposed (primarily opioid-exposed) infants as a result of the mother’s use of drugs during pregnancy. NAS is a combination of physiologic and neurologic symptoms that can be identified immediately after birth and can last up to 6 months after birth. (<i>High Risk</i>)				X	

* Presence of the condition diagnosed, documented, or reported by a physician or someone working under a physician’s orders, or as self-reported by applicant/participant/caregiver. A self-reported diagnosis (My doctor says that I have/my son or daughter has...) should prompt the CWA to validate the presence of the condition by asking more pointed questions related to that diagnosis

Referral and Documentation Procedures for Participants Assigned Breastfeeding Risk Factors (602/603)

This flow chart is a tool to help clarify how WIC can best facilitate mothers and infants with high risk breastfeeding issues get timely access to breastfeeding support. Refer to Colorado WIC Program Manual for additional details.



***Note: Local Agencies with on-site BFPC programs -**

On the rare occasion when a BFPC (LMS, CLC or IBCLC) is in the clinic, the Educator can refer to the BFPC (LMS, CLC or IBCLC) when a High Risk Counselor or Educator LMS/CLC/IBCLC is not available. Refer to the Colorado WIC Program Manual for details on referral and documentation

STANDARDS FOR SEVERELY LOW HEMATOCRIT –NRF #201b – HIGH RISK CONDITION

(*Hematocrit* low enough to necessitate a medical referral)

	<u>3000-4999</u>	<u>5000-6999</u>	<u>7000-7999</u>	<u>8000-8999</u>	<u>9000-9999</u>	<u>>10,000</u>
Pregnancy (any trimester)						
Non-Smoker	<31%	<32%	<33%	<34%	<35%	<36%
Smoker						
½ - 1 pk/day	<32%	<33%	<34%	<35%	<36%	<37%
1 - 2 pk/day	<32%	<33%	<35%	<36%	<37%	<38%
≥2 pk/day	<34%	<34%	<35%	<36%	<37%	<38%
Non-Pregnant						
Non-Smoker	<32%	<33%	<34%	<35%	<36%	<37%
Smoker						
½ - 1 pk/day	<33%	<34%	<35%	<36%	<37%	<38%
1 - 2 pk/day	<33%	<34%	<36%	<37%	<38%	<39%
≥2 pk/day	<34%	<34%	<35%	<36%	<37%	<39%
6 – 23 months	<29%	<30%	<31%	<32%	<33%	<34%
2 – 5 years	<29%	<30%	<31%	<32%	<33%	<34%

STANDARDS FOR SEVERELY LOW HEMOGLOBIN –NRF #201b – HIGH RISK CONDITION

(*Hemoglobin* low enough to necessitate a medical referral)

	<u>3000-4999</u>	<u>5000-6999</u>	<u>7000-7999</u>	<u>8000-8999</u>	<u>9000-9999</u>	<u>>10,000</u>
Pregnancy (any trimester)						
Non-Smoker	<10.0	<10.3	<10.8	<11.1	<11.4	<11.8
Smoker						
½ - 1 pk/day	<10.3	<10.6	<11.1	<11.4	<11.7	<12.1
1 - 2 pk/day	<10.5	<10.8	<11.3	<11.6	<11.9	<12.3
≥2 pk/day	<10.7	<11.0	<11.5	<11.8	<12.1	<12.5
Non-Pregnant						
Non-Smoker	<10.3	<10.6	<11.1	<11.4	<11.7	<12.1
Smoker						
½ - 1 pk/day	<10.8	<11.1	<11.6	<11.9	<12.2	<12.6
1 - 2 pk/day	<11.0	<11.3	<11.8	<12.1	<12.4	<12.8
≥2 pk/day	<11.2	<11.5	<12.0	<12.3	<12.6	<13.0
6 – 23 months	<9.5	<9.8	<10.3	<10.6	<11.0	<11.3
2 – 5 years	<9.6	<9.9	<10.4	<10.7	<11.0	<11.4

Nutrition Education & Care Plans

Documentation Expectations

Purpose of Documentation

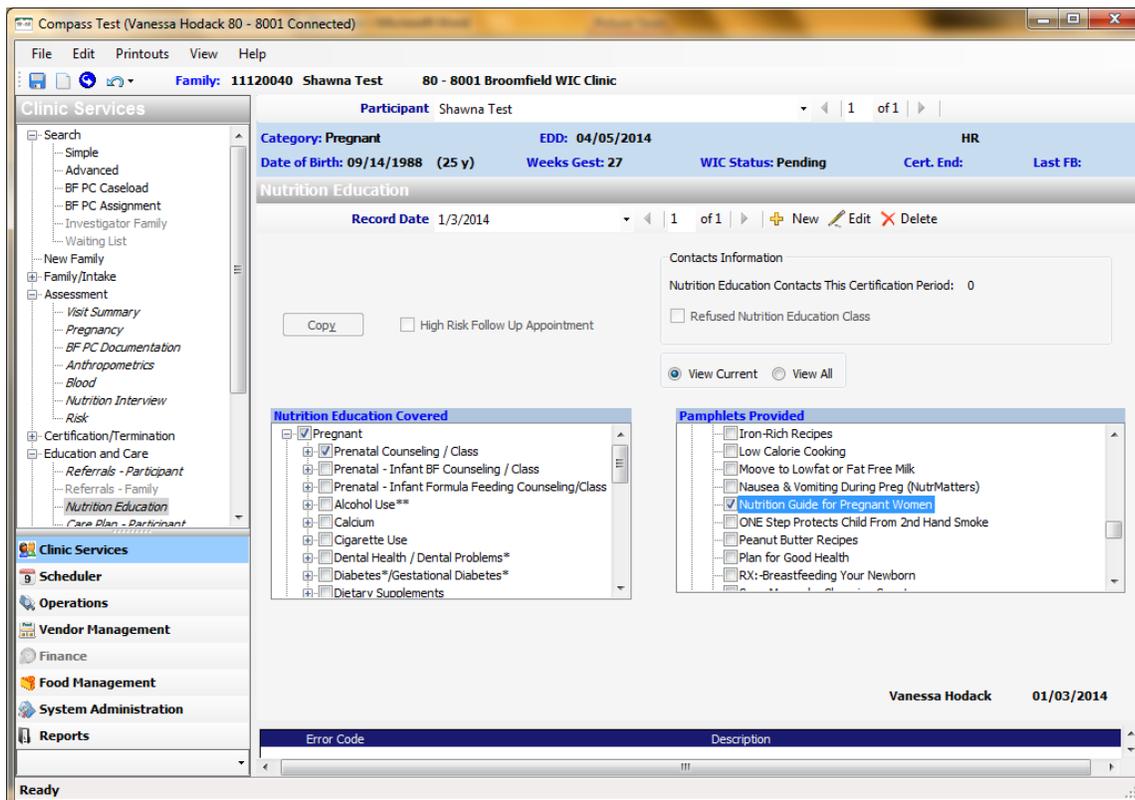
The main purpose of documentation is a means of recording what information was provided to the participant during a WIC visit. Documentation is also the primary means by which a WIC staff person communicates to another staff person about the nutrition education provided to individual participants. Quality documentation ensures continuity of care and enables staff to “pick-up” where the last visit ended by following up on participant goals, reinforcing nutrition education messages and reviewing plans from the last visit.

Elements of Quality Nutrition Services Documentation

- **Consistent:** follows documentation protocols
- **Clear:** understood easily and precisely by any reader
- **Organized:** follows a logical order and minimizes duplication
- **Complete:** creates a picture of the participant, the services provided over time and outlines a plan for future services
- **Concise:** contains minimal unnecessary information

Nutrition Education Panel

Completing the Nutrition Education Panel at every visit for all participant categories documents a required nutrition education contact. The Nutrition Education Covered drop down list must be completed at each visit. The Pamphlets Provided drop down list is not required but nutrition education pamphlets supporting the counseling provided may be given during each nutrition education counseling session. The Nutrition Education Panel is where the high risk counselor indicates the completion of a high risk follow up appointment.

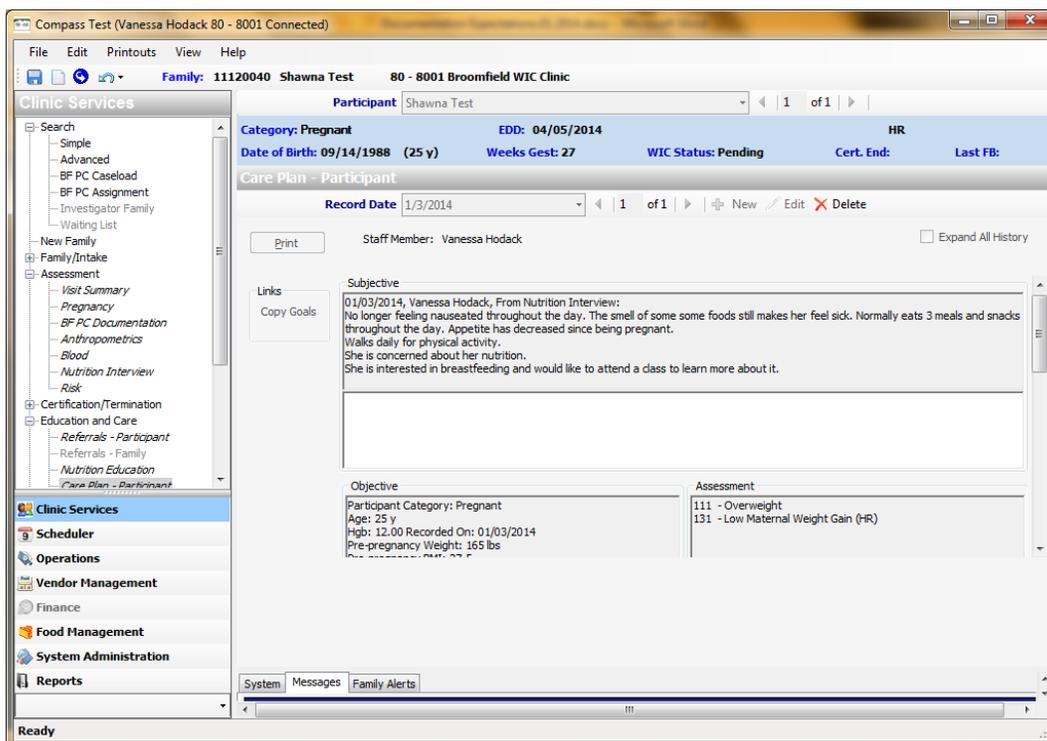


Participant Care Plan

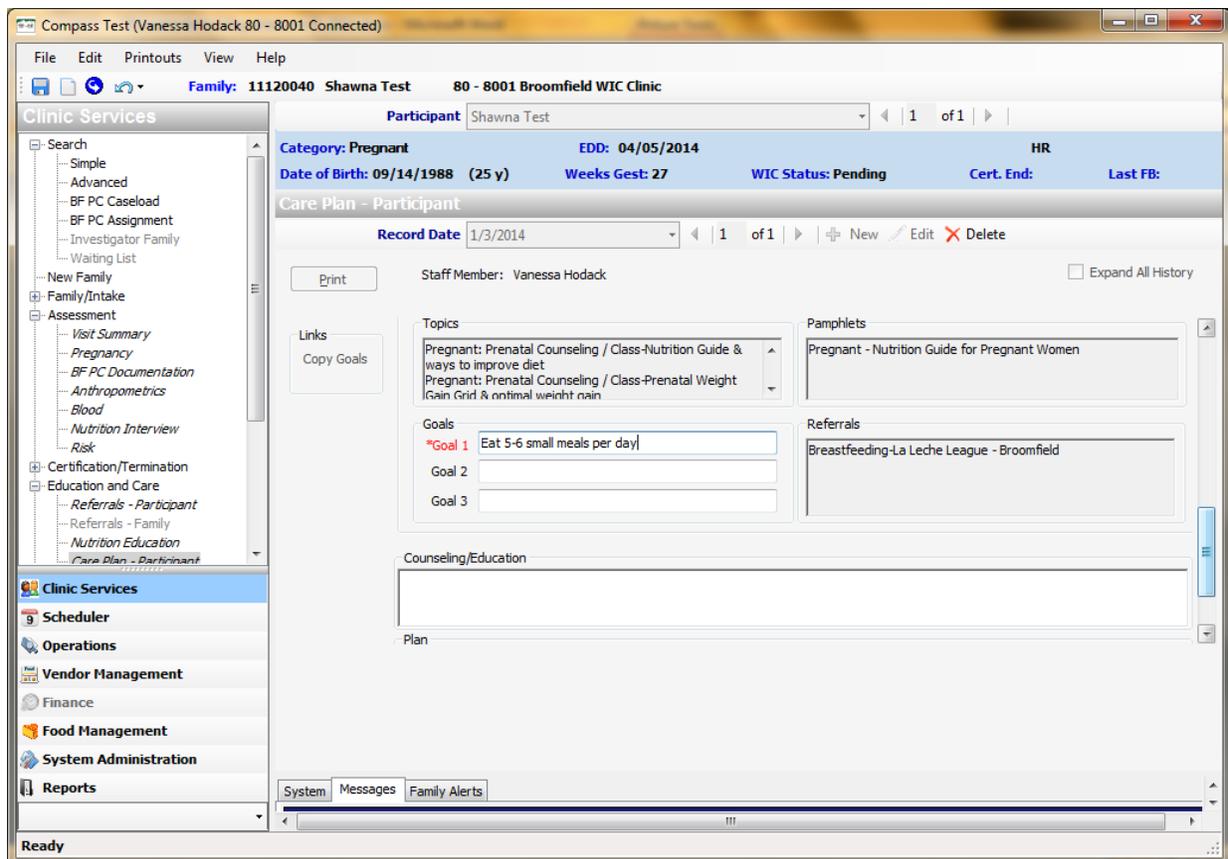
Participant care plans document the information provided at each WIC visit as well as a plan for follow-up visits. Each participant's record must contain documentation of the education received. It is required to create a separate participant care plan for each nutrition education contact. Nutrition education information includes subjective, objective, assessment, counseling, pamphlets, referrals, goals and plan. Care plans are not required when a participant completes their nutrition education through WIChealth.org. The open text boxes in the Compass care plan allow additional information to be added that was not collected in previous panels.

Nutrition Education information includes each of the following:

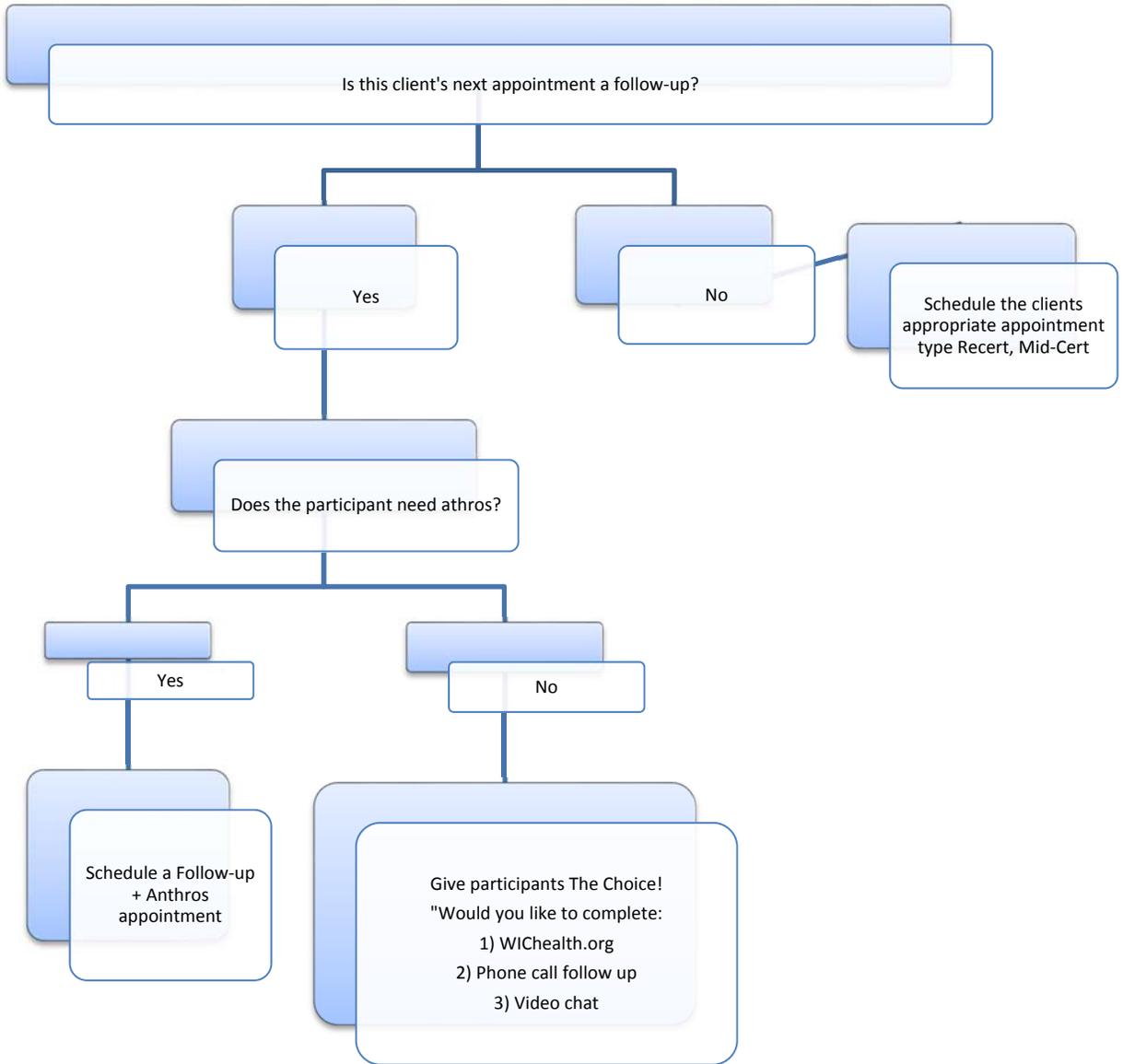
- **Subjective:** Information entered into the *Nutrition Interview* text boxes will pull into the subjective area of the care plan. This includes verbalized client comments, follow up on previous goals (how the goal was met, still working on the goal, needs more ideas on how to accomplish the goal, etc.) and follow up on referrals. Additional subjective information that was not collected during the Nutrition Interview can be added to the open text boxes by the WIC staff person.
- **Objective:** Information such as age, category, weight, height, growth percentile and hemoglobin data entered in previous Compass panels will pull into the objective area of the care plan. Additional objective information such as special dietary needs, special formulas and tailored food packages can be added to the open text boxes by the WIC staff person.
- **Assessment:** *Nutrition Risk Factors* added in previous Compass panels will pull into the Assessment area of the care plan. In the white text box under Assessment, WIC staff members need to add their assessment. Justification for assignment of subjective risk factors such as nutrition practice risk factors and Minimum Expected Weight Gain (MEWG) calculation. This is also the place for staff members to document their assessment statement such as "diet high in sugar sweetened beverages" or "participant as has gained x amount of weight in x day/weeks." Additional pamphlets or referrals can also be added here. For agencies who are using the Nutrition Care Process, PES (Problem, Etiology & Signs/Symptoms) statements they may be added here also.



- **Topics:** Counseling topics that have been documented in the *Nutrition Education* panel are pulled into this area.
- **Pamphlets:** Pamphlets provided that have been documented in the *Nutrition Education* panel are pulled into this area.
- **Goal:** What the participant states they will work on or do. One goal is required and should be participant centered, specific and time sensitive.
- **Referrals:** Referrals provided to participants are pulled those documented on the *Referral – Participant* panel.
- **Counseling/Education:** Additional counseling and nutrition education information can be entered into the text box to clarify or enhance the topics and counseling points entered into *Nutrition Education* panel.
- **Plan:** The plan is a place to record information to be covered at the next visit or additional measures to take. A plan is entered for future visits such as a referral to high risk counselor, the items that need to be completed for the next visit or additional referrals. High risk counselors should enter when to schedule the next visit high risk visit with the high risk counselor or WIC educator.



Nutrition Education Choice Flow Chart



Goal Setting & Follow-Up

Need help setting goals with your client?

How many times have you asked, "What goal would you like to set today?" only to receive blank stares?

You may find it helpful to use subtle questions to assist your clients in setting goals. Here are some ideas:

1. "You have mentioned that you are concerned about _____, what is it that you want to change about that?"
2. "We talked a lot about _____, how would you like for things to be different?"
3. "Most times it is easier to take things one step at a time. What do you think is the first step?"
4. "If things worked out exactly as you like, what would be different?"
5. "I know that it seems like an uphill battle to _____, but now that we've discussed some options that have worked for other participants, do you think any would work for you? If so, which one?"
6. Here is a great question if you would like to provide some information to the parent or caregiver:
"Would you like to talk about some ideas that have worked for other moms and see if any work for you?"

Help Participants be Successful – Create SMART Goals!

S

* **Specific** goals give a clear picture of what the outcome should be. You start by asking what change they want to see and why it is important. Their answer helps you identify the core of the goal. A general goal would be, "eat more fruits and vegetables." A more specific goal would be, "eat 3-5 fruit/veggies daily, one with each meal/snack." Specifying the number of servings and times per day makes it clear and simple.

M

* **Measurable** goals assess progress or even any improvements. If it answers how much or how many, it tells you when you will know the goal is accomplished. It can be measured by the number of times it is being done daily.

A

* **Attainable** goals should be set high enough to give the participant a feeling of accomplishment when reached but not so high that they will feel defeated if not. They need to feel encouraged, not discouraged, because of goal-setting.

R

* **Realistic** goals are those that the participant is not only willing, but able to achieve. This includes designing a plan that may remove any obstacles that would keep them from reaching the goal. For example, purchasing enough fruits/veggies to have one with each meal or discussing inexpensive options, may give the participant a way to see how the goal can be met.

T

* **Timely** goals have a timeframe in which to accomplish the goal, otherwise they have no sense of urgency, which may lead to a lack of commitment to get started.

What happens at the follow-up visit?

The Compass computer system displays all goals in the family header making it easy to use the goals as conversation starters.

1. It looks as though you were going to try using a cup with Amy. Tell me how Amy liked using the cup.
2. What happened when you tried decreasing David's bottles?

Participants may not have reached their goals, or there may be other concerns the participant needs to address at today's visit. In this case, the follow-up visit may more to do with another topic than the goal that was set at the previous visit. Use your critical thinking skills, work with your participant to address their needs and concerns. And, make a new goal!

Adapted from Texas WIC

Stage Based Counseling

Stage 1: Not thinking about changing (Pre-contemplation)

Characteristics of a participant in this stage:

- Not thinking about making a change.
- May not know that there is a problem (or that their behavior puts them at risk).
- May know about the problem but choose not to do anything about it.
- May seem uninterested or defensive about the problem.

The educator's role: Raise awareness and provide education, if needed.

- Find out how much the participant knows about the risks associated with her behavior.
- Listen to the participant and try to understand her perspective.
- Even if you do not agree, show that you understand the participant's view.
- Let the participant know that you are not trying to pressure her into changing. The decision to change is up to the participant. You only want to make sure that she is well informed about the risks (of not changing) and benefits (of changing).
- Let the participant know that you are willing to help her when/if she wants to change.

Goals: Focus on goals that help to raise awareness.

- Encourage the participant to think about the change that you discussed.
- Ask participant to read over a handout

Stage 2: Realize they should change, but are not ready yet (Contemplation)

Characteristics of a participant in this stage:

- Agrees that they should make a change but they aren't ready to do it yet.
- Many/most people are in this stage
- May be afraid of failure
- May have other priorities to deal with

The educator's role: Help the participant to weigh the pros and cons of change.

- Listen to the participant's fears about changing and provide suggestions for ways to overcome these.
- Help the participant become aware of the benefits of changing. Short-term benefits can be more motivating than long-term benefits (for example, saying that "it will help you feel better" may be more motivating than saying "it will make you healthier").
- Suggest small steps that the participant can take to start making a change.

Goals: Goals should help participant think through pros and cons of change.

- Have participant write out the benefits of changing.
- Encourage them to visualize what it would look like if they changed.
- Look into ways to overcome barriers they anticipate.

Stage 3: Getting ready to change (Preparation)

The participant:

- Is interested in changing.
- May have already made attempts to change.
- Is in the process of developing a plan.

The educator's role: Assist and encourage participant who wants to change.

- Talk about the barriers and help her come up with ideas for overcoming them.
- Discuss how she can learn from past efforts
- Encourage participant that she can succeed.
- Help participant to develop a realistic plan. Often people try to do too much when they start out and then they burn out. Suggest ways that she can make small changes and build on success.

Goals: Goals should help participant get ready for change.

- Have participant write down a plan.
- Encourage participant to take a specific step toward making a change.
- Have participant come up with ideas for rewards for making a change.
- Have participant think about ways to get support when things get hard.

Stage 4: Have begun to change (Action)

The participant:

- Is actively making a change.
- May be encountering some unanticipated problems.
- May be feeling frustrated or they may be proud of themselves.

The educator's role: Encourage and affirm participant for making change(s).

- Affirm participant for taking steps to change.
- Provide suggestions for ways to deal with barriers.
- Encourage participant to keep going even if she is discouraged.
- Help participant identify the benefits of the change she is making.

Goal setting: Goals should be to continue making the change.

- If original change is small, then encourage them to take the next step.

Stage 5: Maintaining the change (Maintenance)

The participant:

- May or may not have problems maintaining the change.
- Sometimes people lose motivation or let down their guard and go back to the old ways.

The educator: Provide encouragement.

- Help participant see that the change is good.
- If the participant is falling back into old ways, remind them that relapse is normal.
- Relapse is not failure. Encourage participant to learn from relapse and not to give up.

Goals: The goal is to maintain the changed behavior.

- Find social support for the change.
- Think of ideas to keep motivated.

Recognizing Different Stages of Change

Below are examples of things people in different stages of change might say and examples of a stage appropriate goal.

Stage 1: Not thinking about change (pre-contemplation)

1a. "She needs her bottle to help her get to sleep. I let all my other kids go to sleep with a bottle and they did not have any problems."

1b. "I have been smoking since I was 13. I like to smoke because it calms me down. I can't imagine how I could get through the day if I did not smoke."

1c. "He does not seem overweight to me. I think he is just right."

Counseling/Goal setting (1c): Tell mom, "We don't have to focus on weight. Instead, can we talk about eating habits? Do you have any concerns about his eating habits? Even if you don't have any concerns, I have a nice handout on healthy eating that I like to give out to parents with children. It does a great job of explaining the types of foods kids need and also answers some common questions that parents have about their child's eating. Would you like to have one of these? Would you be willing to look it over and maybe we can talk about it next time you come in? Reviewing the handout is the goal."

Stage 2: Thinking about change, but not ready yet (contemplation)

2a. "I know that she shouldn't go to bed with a bottle, but now she is in the habit. I don't really want to deal with trying to take it away from her right now."

2b. "Now that I am pregnant, I wish I could stop smoking because I know it is better for the baby. I just don't think I could do it right now because I am so stressed."

2c. "I wish he was a little more active. All he wants to do all day is to sit and watch TV"

Counseling/Goal setting (2c): The educator could discuss the fact that watching TV does not require much thought so it can be very habit producing for kids as well as adults. The educator can suggest that the mom may need to help her son discover other things to do in order to help break the TV habit. For example, if he likes to do artwork mom could get crayons and paper and the reward the child by hanging up his picture. Mom could also take her son on a walk each day or go to the park or library. Setting a goal: Ask mom if she is willing to think of ways to encourage other activities besides TV?

Stage 3: Planning to change (preparation)

3a. "I know that she needs to be off the bottle, especially at night. I think that I will try just giving her water in the bottle at night and see how she does."

3b. "I decided to call the QUITLINE and they gave me some ideas for things I can do to help me stop. I set a quit date for next week and I am going to give it a try. I know it won't be easy but I have a plan for how to deal with some of the most difficult things. Even if I slip up once in a while, I want to keep trying."

3c. "I am going to put limits on how much TV he watches. If he doesn't get to watch TV all day, then he will have to find other things to do. Maybe we can take a walk if the weather is nice."

Counseling/Goal setting (3c): Affirm mom that this sounds like a good plan. Find out what limits she is planning to set. Ask what problems she anticipates when she sets these limits and help her figure out ways to deal with these. For example, her son might be less rebellious if she tells him ahead of time that she will start imposing limits on a particular day. She should also be prepared that she is likely to face the most resistance at the beginning so she prepare for how to handle this. Her goal would be to implement the change she is planning to make.

Stage 4: Have begun to change (action)

4a. "For the first couple nights it did not go so well because she kept throwing the bottle out of her crib and crying. But I was firm and told her that if she wants milk, she can have it before going to bed, but once she is in bed then she can only have water. Now everything is okay."

4b. "I stopped smoking a month ago. At first it was really hard, but it gets a little easier each day. I have to admit that there are some times when I feel like I really need a cigarette, but usually I can just wait it out. If I think about my baby that helps me get through it."

4c. "I think it is better that he does not watch so much TV because his behavior seems better. But there are lots of times when he is bored and does not know what to do with himself. That drives me crazy. I try to find ways to help him keep busy but it is not easy. In a way, letting him watch TV is easier, but I know that is not the best for him."

Counseling/Goal setting (4c): Begin by praising the mom for the efforts that she is making and acknowledge her comment about how her son's behavior has improved. Affirm the fact that all kids get bored and this can be hard for parents to deal with. Still it is probably good for kids to deal with this so that they learn that they do not always have to be entertained. Ask the mom more about the difficult times. Depending on the information shared, you may be able to help her identify a pattern and/or help her problem solve by providing ideas. If you don't have any great ideas to share, you should simply encourage her that she is doing the right thing even though it is not the easiest. The goal would be to continue implementing this change.

Stage 5: Maintaining change/Relapse (maintenance)

5a. "She knows that she does not get milk after she goes to bed, but sometimes when she isn't feeling well, she still wants milk. I feel sorry for her, but I don't want to get the milk in the bottle at night habit started again, so I will hold her and let her drink her milk in my lap."

5b. "I quit when I was pregnant and now that I have the baby I have to admit that there are times when I really want to smoke. I guess that when I quit, I was thinking it was the right thing to do while I was pregnant, but now that I am not pregnant anymore; there is just so much stress with having a baby. I have to admit that I have smoked a couple times since the baby was born."

5c. "Now that I am pregnant again, I don't have the energy to keep busy with him so I am letting him watch more TV."

Counseling/Goal setting (5c): Affirm that it often takes a lot of energy to be a parent and that during the first months of pregnancy it is common to feel drained. Ask the mom if she is comfortable with how things are going. Ask if she has noticed any changes in her son's behavior? You can also ask whether she feels like she wants to try to make a change right now or maybe this is only a temporary situation until she her energy returns. If she does want to change, than you can help her figure out what she can do realistically. If she is not interested in changing or does not feel like she has the energy to change, respect her decision. You may want to affirm her by telling her that you know that when she is ready she can make this change since she has been successful before.



Phrases that *HELP* and *HINDER*



As the caregiver, you play the biggest role in your child's eating behavior. What you say has an impact on developing healthy eating habits. Negative phrases can easily be changed into positive, helpful ones!

Phrases that *HINDER*

INSTEAD OF ...

Eat that for me.

If you do not eat one more bite, I will be mad.

Phrases like these teach your child to eat for your approval and love. This can lead your child to have unhealthy behaviors, attitudes, and beliefs about food and about themselves.

INSTEAD OF ...

You're such a big girl; you finished all your peas.

Jenny, look at your sister. She ate all of her bananas.

You have to take one more bite before you leave the table.

Phrases like these teach your child to ignore fullness. It is better for kids to stop eating when full or satisfied than when all of the food has been eaten.

INSTEAD OF ...

See, that didn't taste so bad, did it?

This implies to your child that he or she was wrong to refuse the food. This can lead to unhealthy attitudes about food or self.

INSTEAD OF ...

No dessert until you eat your vegetables.

Stop crying and I will give you a cookie.

Offering some foods, like dessert, in reward for finishing others, like vegetables, makes some foods seem better than others. Getting a food treat when upset teaches your child to eat to feel better. This can lead to overeating.

Phrases that *HELP*

TRY ...

This is kiwi fruit; it's sweet like a strawberry.

These radishes are very crunchy!

Phrases like these help to point out the sensory qualities of food. They encourage your child to try new foods.

TRY ...

Is your stomach telling you that you're full?

Is your stomach still making its hungry growling noise?

Has your tummy had enough?

Phrases like these help your child to recognize when he or she is full. This can prevent overeating.

TRY ...

Do you like that?

Which one is your favorite?

Everybody likes different foods, don't they?

Phrases like these make your child feel like he or she is making the choices. It also shifts the focus toward the taste of food rather than who was right.

TRY ...

We can try these vegetables again another time. Next time would you like to try them raw instead of cooked?

I am sorry you are sad. Come here and let me give you a big hug.

Reward your child with attention and kind words. Comfort him or her with hugs and talks. Show love by spending time and having fun together.



**Acronyms and abbreviations for WIC
(Special Supplemental Nutrition Program for Women,
Infants, and Children)**

Medical and Health Related Abbreviations:

AEB	As Evidenced By
BF	Breastfeeding
bid	Twice a day
BMI	Body mass index
BP	Blood Pressure
Ca	Calcium
CHN	Community Health Nurse
CHO	Carbohydrate
C/O	Complains of
D/C	Discontinued, stopped
DM	Diabetes Mellitus
DOB	Date of birth
Dt	Due To
dx	Diagnosis
EBM	Expressed Breast Milk
EDC/EDD	Expected Date of Confinement/Expected Due Date
ETOH	Ethanol (Alcohol)
FAE	Fetal Alcohol Effects
FAS	Fetal Alcohol Syndrome
Fe	Iron
FF	Formula feeding/ Formula fed
FFOC, FFOB	Foster Father of Child/Baby
FGP	Food Guide Pyramid
FMOC/FMOB	Foster Mother of Child/Baby
FOC, FOB	Father of child, father of Baby
FTT	Failure to Thrive
F/U	Follow-up
F/V	Fruits and vegetables
GDM	Gestational Diabetes mellitus
GERD	Gastroesophageal Reflux Disease
GI	Gastrointestinal
GMOC/GMOB	Grandmother of Child/Baby
HBW	High Birth Weight
Hct	Hematocrit
Hgb	Hemoglobin
HM	Human Milk
HMO	Health maintenance organization
hr	hour
H/S	Bedtime
HTN	Hypertension
hx	History
IBW	Ideal body weight
IZ	Immunizations
L	Left
LB	Left Breast
LBW	Low Birth Weight
LGA	Large for Gestational Age
MEWG	Minimum Expected Weight Gain
MOC/MOB	Mother of child, mother of Baby
NPO	Not By Mouth
N/V	Nausea and vomiting
OTC	Over-the-Counter
oz	ounce
PA	Physical Activity
PCP	Primary care provider

PHN	Public health nurse
PMD	Private medical doctor, physician (MD or DO)
PN	Prenatal
p.o.	By Mouth
PP	Postpartum
ppd	Packs per day
prn	As needed
PRO	Protein
qd	Every day
qid	Every other day
R	Right
RB	Right Breast
RD	Registered dietitian (nutritionist)
RN	Registered nurse
r/t	Related To
RTC	Return to clinic
Rx	Prescription
SGA	Small for gestational age
SIDS	Sudden infant death syndrome
SSB	Sugar Sweetened Beverage
STL	Stool (bowel movement)
SX	Symptoms
Tbsp	tablespoon
tid	Three times a day
tsp	teaspoon
TV	Television
WNL	Within normal limits
w/o	Without
WT	Weight
<	Less than
>	Greater than
≥	Greater than or equal to
≤	Less than or equal to

Compass/WIC Related Abbreviations:

Cert	Certification
CED	Certification End Date
FI	Food Instrument (WIC Checks)
FID	Family Identification Number
ID	Identification
NI	Nutrition Interview
NRF	Nutrition Risk Factor
PAF	Physician Authorization Form
PID	Person Identification Number
POA	Proof of Address
POI	Proof of Income
POID	Proof of ID
ppt	Participant
Recert, RCT	Recertification
VOC	Verification of Certification

How Do I...

QUICK REFERENCE GUIDE

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Certification Appointment

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Family/Intake

 = The Certification Guide gives a list of all the items that need to be completed before a person can be certified. A certification appointment must be scheduled in the Compass Scheduler.

1. Access the **New Family** panel to complete the intake information. This may have already been completed when the participant/endorser called for the appointment. To add another family member to an already existing family or open the family that was already added to Compass, go to the **Family** panel.
2. Access the **Identity** panel to document the participant's proof of identity and primary health care provider, etc.
3. Access the **Contact/Address** panel to document the phone number, address and proof of residency. *TIP: Enter the person's primary phone number into the field labeled "Home."
4. Access the **Income** panel to document the family's household size, proof of income and income amount.
5. Access the **Voter Registration** panel to document the participant's voter registration information.

Assessment

6. Access the **Pregnancy** panel to document a woman's prenatal/postpartum information such as Expected Due Date (EDD), pre-pregnancy weight, actual delivery date, etc .
7. Access the **Anthropometrics** panel to record information on weight and height/length.
8. Access the **Blood** panel to document participant's hemoglobin level.
9. Access the **Nutrition Interview** panel to record information obtained during the counseling portion of the certification appointment.
10. Access the **Risk** panel to determine the participant's NRFs.

Certification/Termination

11. Access the **Certification** panel to complete the certification and have the participant sign the signature pad acknowledging their rights and responsibilities as well as the certification end date.

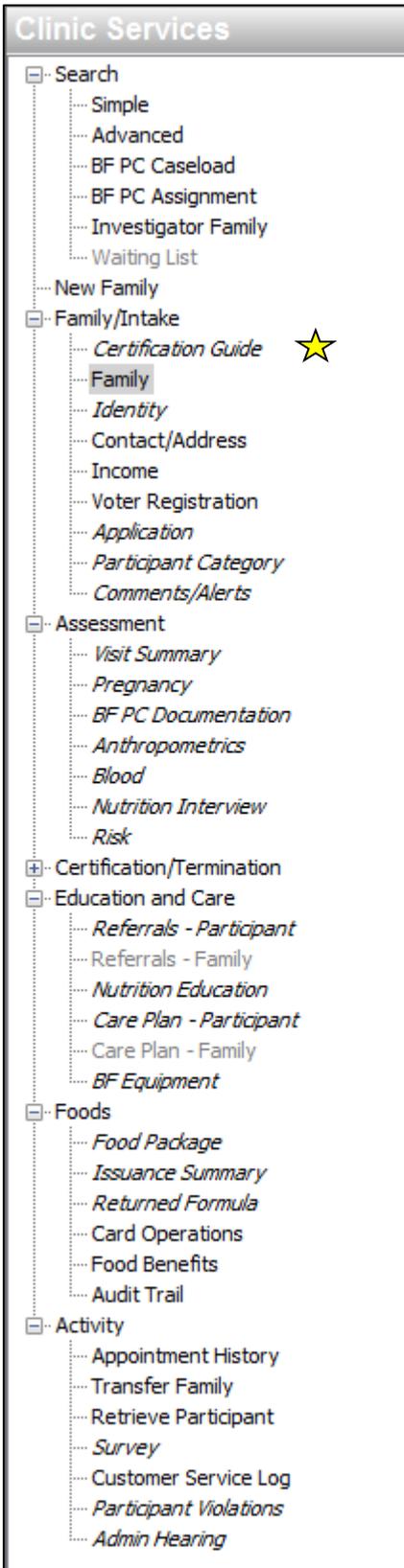
Education and Care

12. Access the **Nutrition Education** panel to record the education and pamphlets provided.
13. Access the **Care Plan – Participant** to record the education note or care plan.

Foods

14. Access the **Card Operations** panel and assign the family a card.
15. Access the **Food Package** panel to choose the participant's individual food package.
16. Access the **Food Benefits** panel to issue the family's food benefits to the account.

Recertification Appointment



Family/Intake

★ = The Certification Guide gives a list of all the items that need to be completed before a person can be recertified. A recertification appointment must be scheduled in the Compass Scheduler.

Note 1: For women who are changing categories (e.g., Pregnant to Breastfeeding), please also refer to the Quick Reference Guide – Change a Participant’s Category.

Note 2: If you are recertifying a participant with a WIC Status of Active-VOC, you must terminate their certification with an effective date of today prior to recertifying them.

1. Access the **Identity** panel to document the participant’s proof of identity and primary health care provider, etc.
2. Access the **Contact/Address** panel to document/verify the phone number, address and proof of residency. *TIP 1: Enter the person’s primary phone number into the field labeled “Home.” * TIP 2: If a participant’s address is the same, you do not need to add a new Contact/Address record.
3. Access the **Income** panel to document the family’s household size, proof of income, and income amount.
4. Access the **Voter Registration** panel to document the participant’s voter registration information.
5. If the participant has a WIC Status of Terminated, access the **Application** panel to create a new application which will change the participant’s status to Pending.

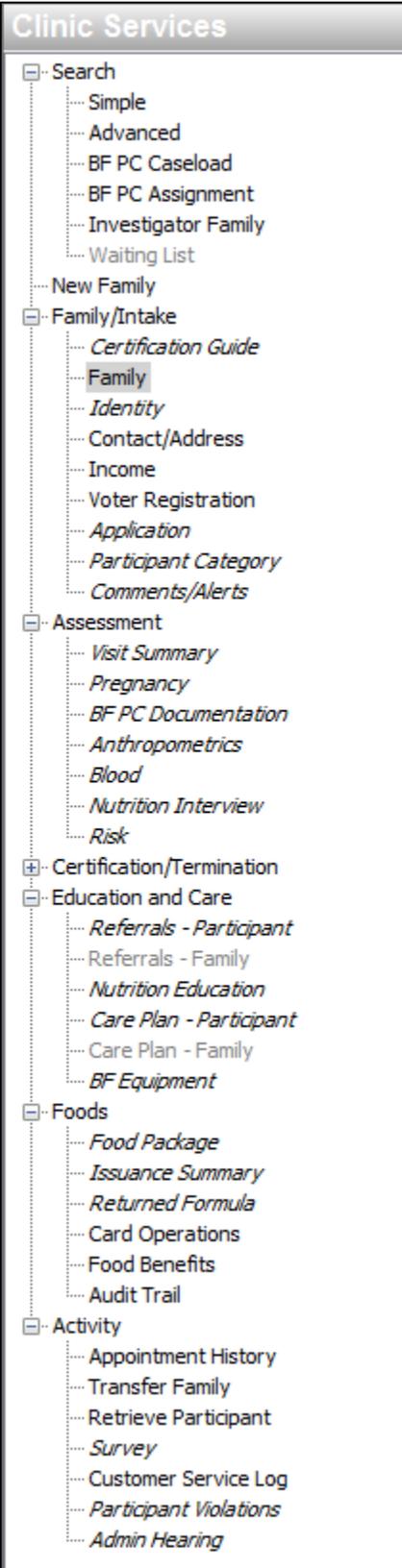
Assessment

6. Access the **Pregnancy** panel to document a woman’s prenatal/postpartum information such as Expected Due Date (EDD), pre-pregnancy weight, actual delivery date, etc.
7. Access the **Anthropometrics** panel to record information on weight and height/length.
8. Access the **Blood** panel to document participant’s hemoglobin level.
9. Access the **Nutrition Interview** panel to record information obtained during the counseling portion of the recertification appointment
10. Access the **Risk** panel to determine the participant’s NRFs

Certification/Termination

11. Access the **Certification** panel to complete the certification and have the participant sign the signature pad acknowledging their rights and responsibilities as well as the certification end date.

Recertification Appointment (cont.)



Education and Care

12. Access the **Nutrition Education** panel to record the education and pamphlets provided.

13. Access the **Care Plan – Participant** to record the education note or care plan

Foods

14. Access the **Card Operations** panel and assign a card to the family.

15. Access the **Food Package** panel to choose the participant's individual food package.

16. Access the **Food Benefits** panel to issue the family's food benefits to the account.

Add Baby Appointment

Clinic Services

- [-] Search
 - ... Simple
 - ... Advanced
 - ... BF PC Caseload
 - ... BF PC Assignment
 - ... Investigator Family
 - ... Waiting List
- ... New Family
- [-] Family/Intake
 - ... Certification Guide
 - ... Family
 - ... Identity
 - ... Contact/Address
 - ... Income
 - ... Voter Registration
 - ... Application
 - ... Participant Category
 - ... Comments/Alerts
- [-] Assessment
 - ... Visit Summary
 - ... Pregnancy
 - ... BF PC Documentation
 - ... Anthropometrics
 - ... Blood
 - ... Nutrition Interview
 - ... Risk
- [-] Certification/Termination
- [-] Education and Care
 - ... Referrals - Participant
 - ... Referrals - Family
 - ... Nutrition Education
 - ... Care Plan - Participant
 - ... Care Plan - Family
 - ... BF Equipment
- [-] Foods
 - ... Food Package
 - ... Issuance Summary
 - ... Returned Formula
 - ... Card Operations
 - ... Food Benefits
 - ... Audit Trail
- [-] Activity
 - ... Appointment History
 - ... Transfer Family
 - ... Retrieve Participant
 - ... Survey
 - ... Customer Service Log
 - ... Participant Violations
 - ... Admin Hearing

Step 1: Change Mom's category

1. Go to the **Certification** panel.
2. Click "New" in Termination box.
3. From Termination Reason drop down, choose Terminate Pregnant – recert as non-BF/BF.
4. In the effective date field, choose **today's** date and save.
5. Go to the **Application** panel and click "New" and save.
6. Go to the **Participant Category** panel and click "New", choose mom's new category - Breastfeeding or Non-Breastfeeding and save.

Step 2: Add Baby's name to the Family panel

1. Access the **Family** panel.
2. Click on the New Member Proxy link to add the baby to the family.
 3. Complete the pop-ups to add the baby to the family.

Step 3: Recertify Mom and Certify Baby

1. Complete the following panels:
 - **Identity** panel
 - **Contact/Address** panel
 - **Income** panel
 - **Voter Registration** panel

NOTE: You may also refer to the Quick Reference Guide – Certification (beginning with step #2) or Quick Reference Guide – Recertification (beginning with step #1)

Step 3 Continued: Recertify Mom and Certify Baby

2. Click "Edit" to update the **Pregnancy** panel for mom and complete the right side.
 - Add the newborn baby into the box called Add infants born to this pregnancy.
 - Make sure the delivery date and baby's birth date are the same.
3. Complete the **Anthropometrics** panel for mom and baby.
4. Complete the **Blood** panel for mom.
5. Complete the following panels:
 - **Nutrition Interview**
 - **Risk**
 - **Certification**
6. Complete the **Nutrition Education** panel for mom and baby.
7. Complete **Referrals – Participant** panel.
8. Complete **Care Plan – Participant** panel for mom and baby.

Add Baby Appointment (cont.)

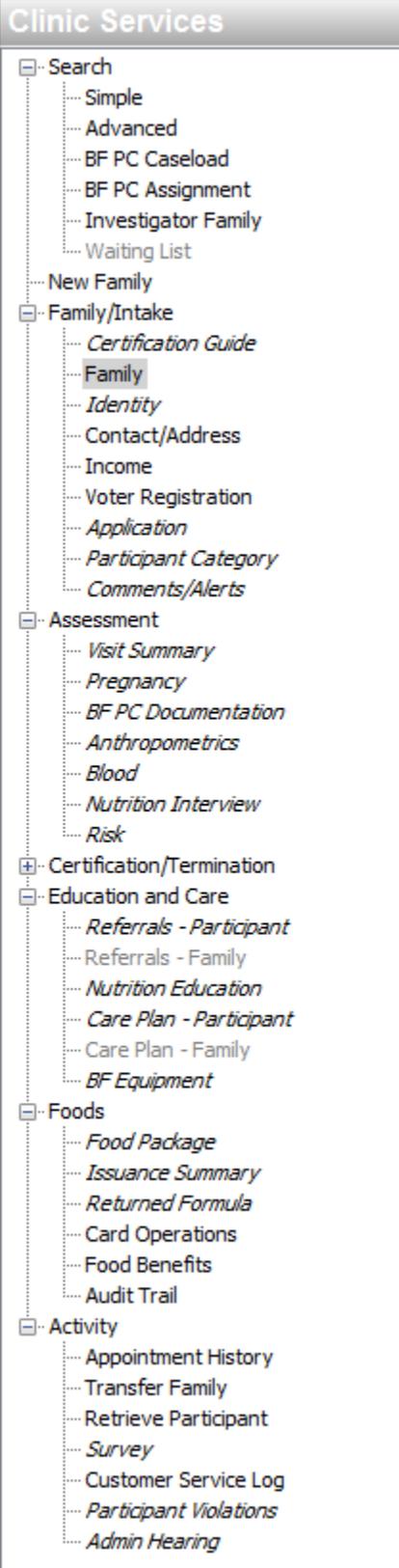
Clinic Services

- [-] Search
 - Simple
 - Advanced
 - BF PC Caseload
 - BF PC Assignment
 - Investigator Family
 - Waiting List
- [-] New Family
- [-] Family/Intake
 - Certification Guide*
 - Family**
 - Identity*
 - Contact/Address
 - Income
 - Voter Registration
 - Application*
 - Participant Category*
 - Comments/Alerts*
- [-] Assessment
 - Visit Summary*
 - Pregnancy*
 - BF PC Documentation*
 - Anthropometrics*
 - Blood*
 - Nutrition Interview*
 - Risk*
- [+] Certification/Termination
- [-] Education and Care
 - Referrals - Participant*
 - Referrals - Family
 - Nutrition Education*
 - Care Plan - Participant*
 - Care Plan - Family
 - BF Equipment*
- [-] Foods
 - Food Package*
 - Issuance Summary*
 - Returned Formula*
 - Card Operations
 - Food Benefits
 - Audit Trail
- [-] Activity
 - Appointment History
 - Transfer Family
 - Retrieve Participant
 - Survey*
 - Customer Service Log
 - Participant Violations*
 - Admin Hearing*

Step 4: Choose Food package

1. Assign a card to the family on the **Card Operations** panel.
2. Choose a food package for the **baby first** on the **Food Package** panel.
3. Choose a food package for mom on the **Food Package** panel.
4. Issue benefits from the **Food Benefits** panel.

Mid-Certification Appointment or Follow Up + Anthropometrics Appointment



Family/Intake

1. Access the **Contact/Address** panel to verify contact information. *TIP: Enter the person's primary phone number into the field labeled "Home."

Assessment

2. Access the **Pregnancy** panel to document a woman's pregnancy/postpartum information such as Expected Due Date (EDD), pre-pregnancy weight, actual delivery date, etc.

3. Access the **Anthropometrics** panel to record information on weight and height/length.

4. For mid-certification appointments, access the **Nutrition Interview** to record information obtained during the counseling portion of the appointment. For Follow up + Anthropometrics appointments, update the **Nutrition Interview** with any changes to the breastfeeding information for infants and children.

5. Access the **Risk** panel to determine the participant's NRFs.

Education and Care

6. Access the **Nutrition Education** panel to record the education and pamphlets provided. NOTE: For a High Risk Follow up appointment, the WIC RD/RN must also check the box called "High Risk Follow up Appointment."

7. Access the **Care Plan – Participant** to record the education note or care plan.

Foods

8. Access the **Card Operations** panel and issue a card to the family if necessary.

9. Access the **Food Package** panel to choose the participant's individual food package.

10. Access the **Food Benefits** panel to issue benefits to the family.

Follow Up Appointment

Clinic Services

- [-] Search
 - ... Simple
 - ... Advanced
 - ... BF PC Caseload
 - ... BF PC Assignment
 - ... Investigator Family
 - ... Waiting List
- ... New Family
- [-] Family/Intake
 - ... Certification Guide
 - ... Family
 - ... Identity
 - ... Contact/Address
 - ... Income
 - ... Voter Registration
 - ... Application
 - ... Participant Category
 - ... Comments/Alerts
- [-] Assessment
 - ... Visit Summary
 - ... Pregnancy
 - ... BF PC Documentation
 - ... Anthropometrics
 - ... Blood
 - ... Nutrition Interview
 - ... Risk
- [-] Certification/Termination
- [-] Education and Care
 - ... Referrals - Participant
 - ... Referrals - Family
 - ... Nutrition Education
 - ... Care Plan - Participant
 - ... Care Plan - Family
 - ... BF Equipment
- [-] Foods
 - ... Food Package
 - ... Issuance Summary
 - ... Returned Formula
 - ... Card Operations
 - ... Food Benefits
 - ... Audit Trail
- [-] Activity
 - ... Appointment History
 - ... Transfer Family
 - ... Retrieve Participant
 - ... Survey
 - ... Customer Service Log
 - ... Participant Violations
 - ... Admin Hearing

Family/Intake

1. Access the **Contact/Address** panel to verify contact information. *TIP: Enter the person's primary phone number into the field labeled "Home."

Assessment

2. Access the **Pregnancy** panel to document a woman's prenatal and postpartum information if needed (e.g., EDD change).
3. Access the **Nutrition Interview** to update any breastfeeding information changes for infants and children.
4. Access the **Risk** panel to add any new NRFs identified during visit.

Education and Care

5. Access the **Nutrition Education** panel to record the education and pamphlets provided. NOTE: For a High Risk Follow up appointment, the WIC RD/RN must also check the box called "High Risk Follow Up Appointment."
6. Access the **Care Plan – Participant** to record the education note or care plan.

Foods

7. Access the **Card Operations** panel and issue a card to the family if necessary.
8. Access the **Food Package** panel to choose the participant individual food package.
9. Access the **Food Benefits** panel to issue benefits to the family.

Out-of-State Transfer/VOC Appointment (Participant has NOT been on WIC in Colorado)

Clinic Services

- [-] Search
 - Simple
 - Advanced
 - BF PC Caseload
 - BF PC Assignment
 - Investigator Family
 - Waiting List
- ... New Family
- [-] Family/Intake
 - Certification Guide
 - Family
 - Identity
 - Contact/Address
 - Income
 - Voter Registration
 - Application
 - Participant Category
 - Comments/Alerts
- [-] Assessment
 - Visit Summary
 - Pregnancy
 - BF PC Documentation
 - Anthropometrics
 - Blood
 - Nutrition Interview
 - Risk
- [-] Certification/Termination
- [-] Education and Care
 - Referrals - Participant
 - Referrals - Family
 - Nutrition Education
 - Care Plan - Participant
 - Care Plan - Family
 - BF Equipment
- [-] Foods
 - Food Package
 - Issuance Summary
 - Returned Formula
 - Card Operations
 - Food Benefits
 - Audit Trail
- [-] Activity
 - Appointment History
 - Transfer Family
 - Retrieve Participant
 - Survey
 - Customer Service Log
 - Participant Violations
 - Admin Hearing

Search

1. Access the **Advanced** panel to search for a family to check whether they have been on WIC in Colorado.
2. Access the **New Family** panel to complete the intake information. *TIP: This may have already been completed when the participant/endorser called to schedule the appointment in the Compass Scheduler.

Family/Intake

3. Access the **Identity** panel to document the participant's proof of identity and primary health care provider, etc.
4. Access the **Contact/Address** panel to document the phone number and address (this may have already been completed when the participant/endorser schedule their appointment) and proof of address. *TIP: Enter the person's primary phone number into the field labeled "Home."
5. Access the **Voter Registration** panel to document the participant's voter registration information.

Assessment

6. Access the **Pregnancy** panel to document a woman's pregnancy/postpartum information such as Expected Due Date (EDD), pre-pregnancy weight, actual delivery date, etc.
7. Access the **Risk** panel to determine the participant's NRFs from the VOC.
8. (For Infants) Access the **Nutrition Interview** panel to record breastfeeding information

Certification/Termination

9. Access the **Certification** panel to complete the appointment and have the participant sign the signature pad acknowledging their Colorado WIC rights and responsibilities.

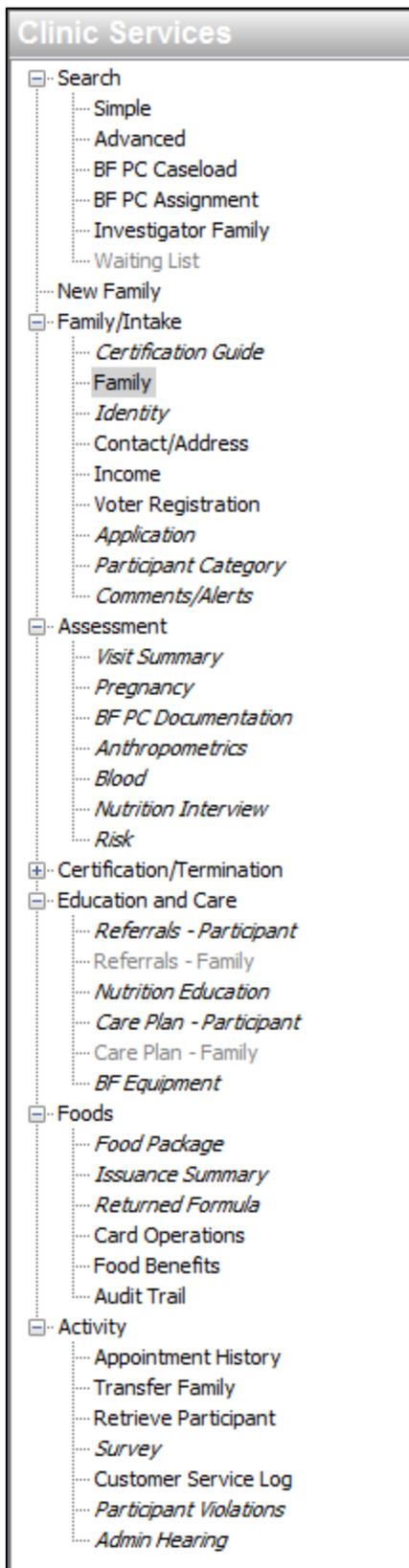
Education and Care

10. Access the **Nutrition Education** panel to record the education and pamphlets provided.
11. Access the **Care Plan – Participant** to record the education note or care plan

Foods

12. Access the **Card Operations** panel to assign the family a card.
13. Access the **Food Package** panel to choose the participant individual food package
14. Access the **Food Benefits** panel to issue the family food benefits.

Out-of-State Transfer/VOC Appointment (Participant has been on WIC in Colorado)



Search

1. Access the **Advanced** panel to search for a family. If they are listed in Compass and not in your clinic, you will need to transfer the family to your clinic. Please reference the *Quick Reference Guide – In-State Transfer* for instruction. Once the transfer is complete, if the participant has a WIC Status of Active, proceed to step # 2 once they have been transferred to your clinic. If the participant has a WIC Status of Terminated once transferred to your clinic, proceed to step # 3.

Family/Intake

2. If the participant’s current WIC Status is Active, access the **Certification** panel, and terminate their certification. Proceed back to step #3.

3. If the participant’s current WIC Status is Terminated, access the **Application** panel to fill in the Out-Of-State VOC Information. This will change their WIC Status to Pending.

4. Access the **Identity** panel to document the participant’s proof of identity and primary health care provider, etc.

5. Access the **Contact/Address** panel to document the phone number, address and proof of residency. *TIP: Enter the person’s primary phone number into the field labeled “Home.”

6. Access the **Voter Registration** panel to document the participant’s voter registration information.

Assessment

7. Access the **Pregnancy** panel to document a woman’s pregnancy/postpartum information such as Expected Due Date (EDD), pre-pregnancy weight, actual delivery date, etc.

8. Access the **Risk** panel to determine the participant’s NRFs from the VOC

9. (For Infants) Access the **Nutrition Interview** panel to record breastfeeding information.

Certification/Termination

10. Access the **Certification** panel to complete the appointment and have the participant sign the signature pad acknowledging their Colorado WIC rights and responsibilities.

Education and Care

11. Access the **Nutrition Education** panel to record the education and pamphlets provided.

12. Access the **Care Plan – Participant** to record the education note or care plan.

Foods

13. Access the **Card Operations** panel to assign the family a card if necessary.

14. Access the **Food Package** panel to choose the participant individual food package

15. Access the **Food Benefits** panel to issue the family food benefits.

In-State Transfer

Clinic Services

- [-] Search
 - Simple
 - Advanced
 - BF PC Caseload
 - BF PC Assignment
 - Investigator Family
 - Waiting List
- New Family
- [-] Family/Intake
 - Certification Guide*
 - Family
 - Identity*
 - Contact/Address
 - Income
 - Voter Registration
 - Application*
 - Participant Category*
 - Comments/Alerts*
- [-] Assessment
 - Visit Summary*
 - Pregnancy*
 - BF PC Documentation*
 - Anthropometrics*
 - Blood*
 - Nutrition Interview*
 - Risk*
- + Certification/Termination
- [-] Education and Care
 - Referrals - Participant*
 - Referrals - Family
 - Nutrition Education*
 - Care Plan - Participant*
 - Care Plan - Family
 - BF Equipment*
- [-] Foods
 - Food Package*
 - Issuance Summary*
 - Returned Formula*
 - Card Operations
 - Food Benefits
 - Audit Trail
- [-] Activity
 - Appointment History
 - Transfer Family
 - Retrieve Participant
 - Survey*
 - Customer Service Log
 - Participant Violations*
 - Admin Hearing*

Search

1. Access the **Advanced** panel to search for a family. Click on the Family ID or Participant ID to display the family's information on the Family panel.

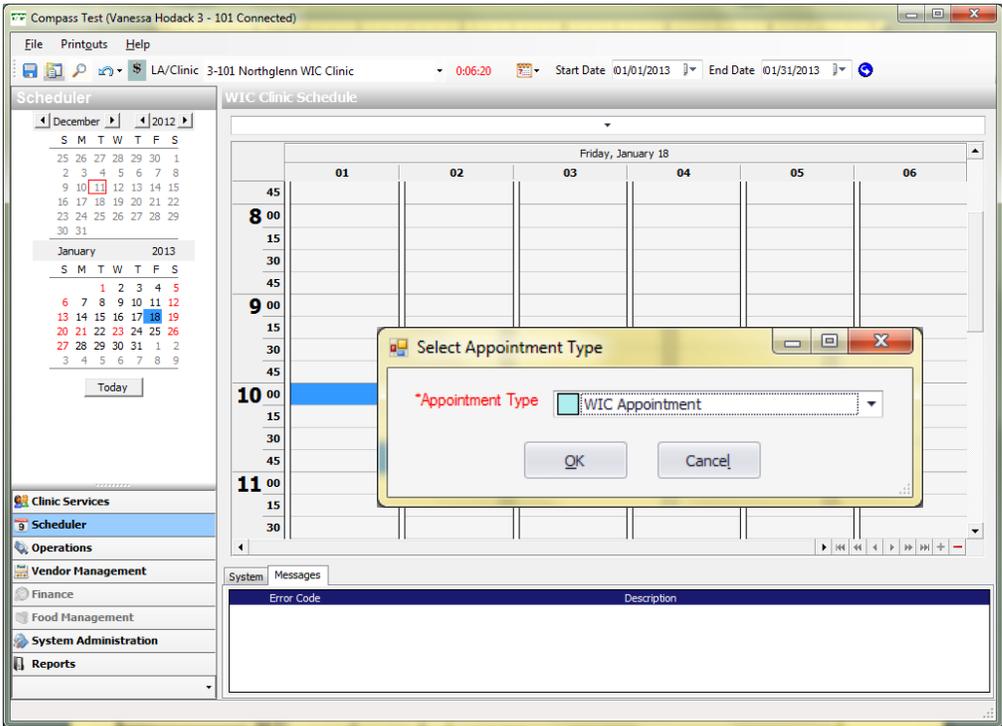
- If you do not have rights to access a family, a dialogue box appears and asks, "You do not have permission to this family, would you like to perform a transfer?" Click YES.

Activity

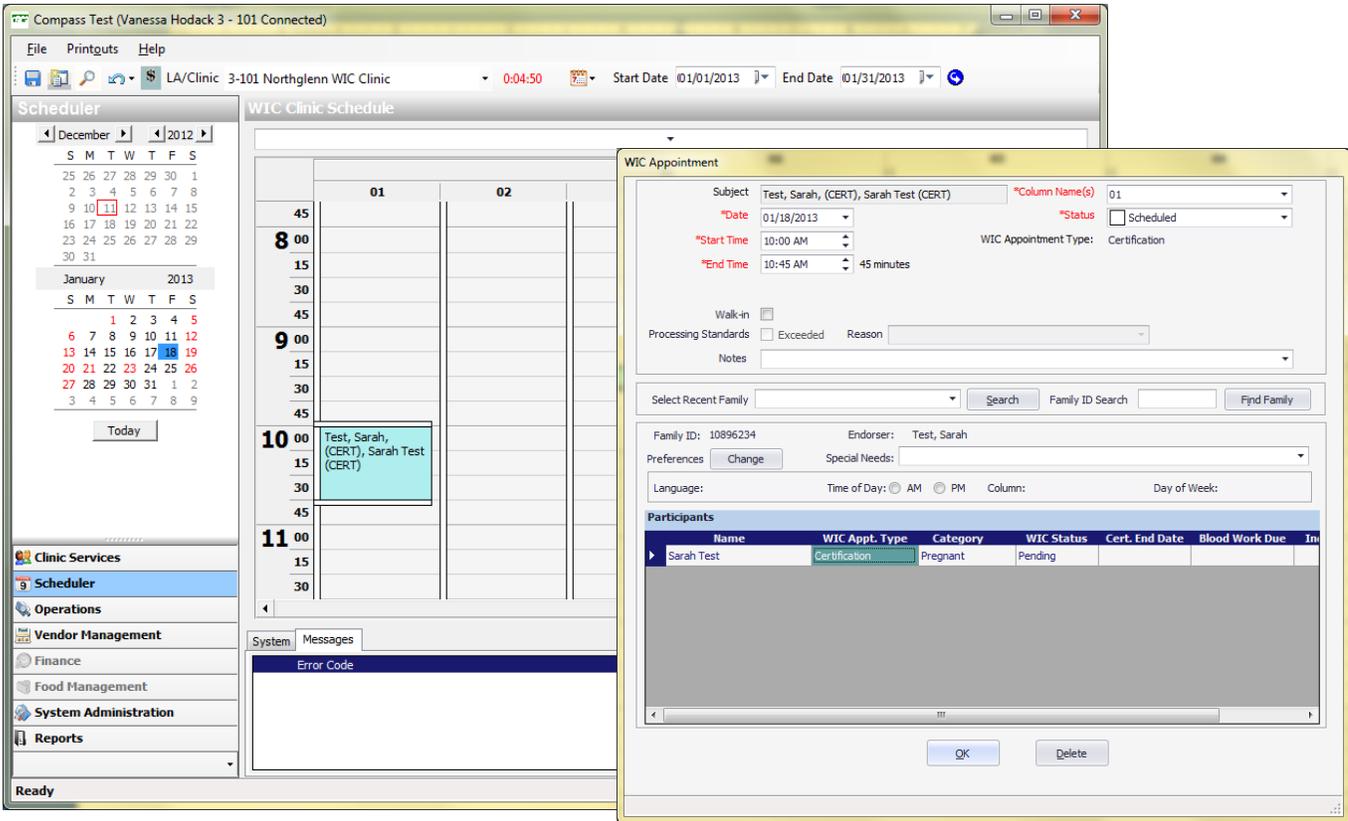
2. On the **Transfer Family** panel, the user can transfer the family to the new clinic.

*Finally proceed to **Scheduler** to schedule the family/participant for the appropriate appointment.

Scheduling an Appointment

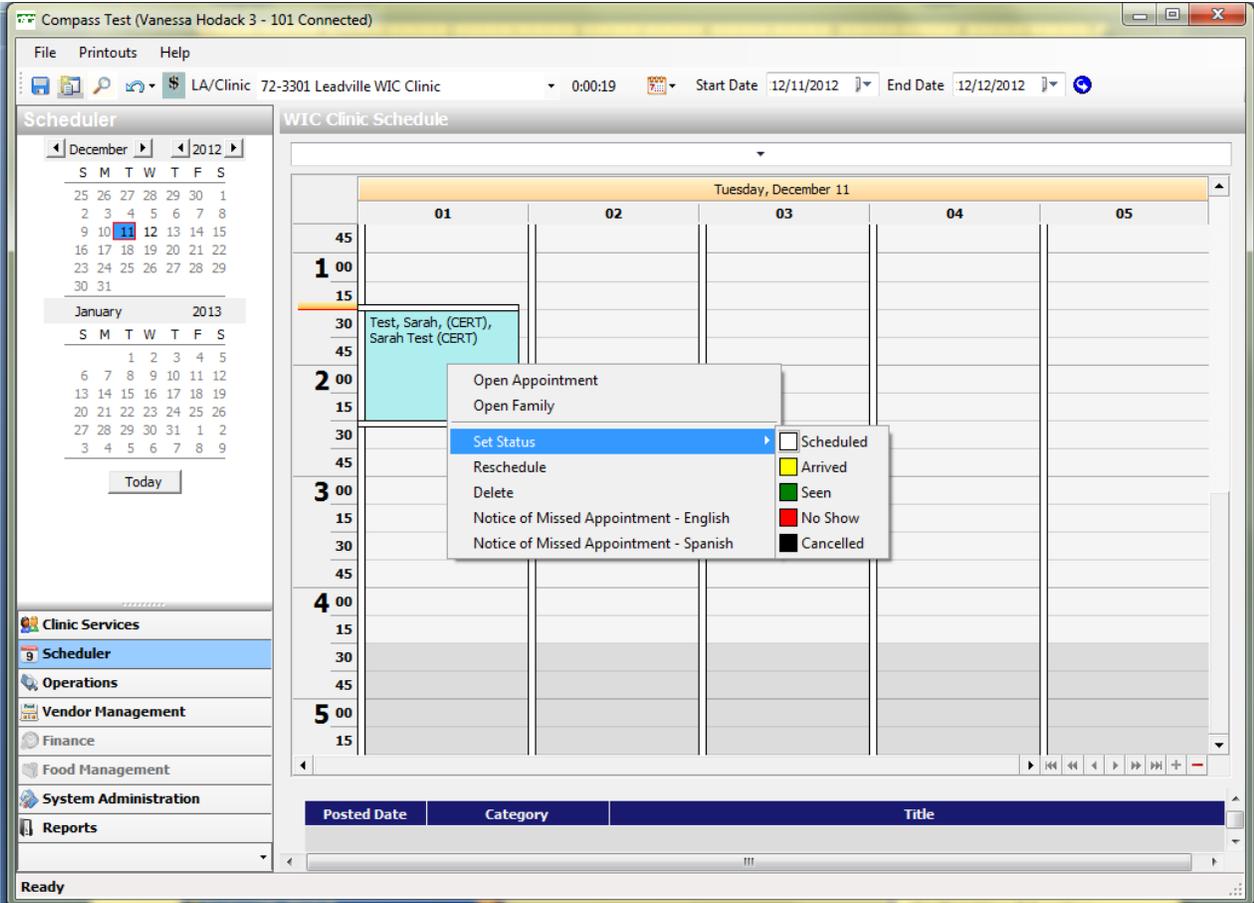


1. Access **Scheduler**
2. Access calendar on the left-hand side of the Compass screen to choose the date.
3. Once the date is chosen, find an open time slot.
4. Right click the open appointment time and choose New Appointment.
5. From **Select the Appointment Type** choose the Appointment Type.
6. From the **WIC Appointment** screen, select the family and **WIC Appointment Type**.
7. Select "Ok"
8. Appointment is now in the WIC Clinic Schedule.



Update Appointment Status

1. Access the **Scheduler**
2. Click on the **Date Range Quick Select** icon (), to choose a range of dates. The appointment you want to update must be within this date range.
3. Use the calendar on the left-hand side of the screen to find the date.
4. Right click on the appointment and choose **Set Status**.
5. Update the appointment by choosing Scheduled, Arrived, Seen, No Show or Cancelled



Note: The appointment status will automatically update to “Seen” when the Nutrition Education panel is completed or benefits are issued.

Dual Participant Search

The screenshot displays the 'Dual Participant Search' application. At the top, search criteria are entered: First Name: Sarah, Middle Name: (blank), Last Name: Test, *Sex: Female, and *Date of Birth: 02/23/1990. There are checkboxes for 'Wild Card' and 'Include' for both last name and date of birth. A 'Search' button is located to the right. Below the search criteria is a table of search results for 'State Wide Dual Participation'.

Family ID	Person ID	Name	Category
10896234	10968063	Test, Sarah	Pregnant

Below the table are 'Back' and 'Next' buttons. Three pop-up windows are overlaid on the main interface:

- Statewide Sketch:** Displays participant information for LA/Clinic: 3-101 Northglenn WIC Clinic, Family ID: 10896234, Endorser: Sarah Test, Person ID: 10968063, Zip Code: 80121, Home Phone Number: (555) 555-5555. It also lists 'Participant Information' such as Participant: Test, Sarah; Person ID: 10968063; Category: Pregnant; Date of Birth: 02/15/1990; Sex: Female; Application Type: Regular; WIC Status: Active; WIC Status Date: 12/11/2012; Certification End Date: 06/30/2013; FB Issuance Code: 3 Months; FB First Date to Use: 02/01/2013; FB Last Date to Use: 02/28/2013.
- Member/Proxy:** Shows 'Person ID: 10968067' and 'Old Participant ID:'. It includes input fields for *First Name (Sarah), Middle Name, *Last Name (Test), and Suffix. There are radio buttons for 'Member Type' with options: Endorser (selected), Additional Endorser, and Proxy. There is also a 'Special Needs' text area.
- Delete/Make Participant/Add To Aliases:** A vertical stack of buttons on the left side of the Member/Proxy window.

When the **Dual Participant Search** lists a possible dual, the user must click on the Family ID or Person ID to view the **Statewide Sketch**. The **Statewide Sketch** shows important participant information that will help the user determine if the participant is enrolled on WIC in another agency/clinic.

If the staff person determines that the person in the **Statewide Sketch** is the same participant, the staff person must delete this participant from being a dual by completing the following:

1. Click "Close" on the **Statewide Sketch**
2. Click "Back" on the **Dual Participation Search**
3. Click "Delete" on the **Member/Proxy** pop up screen

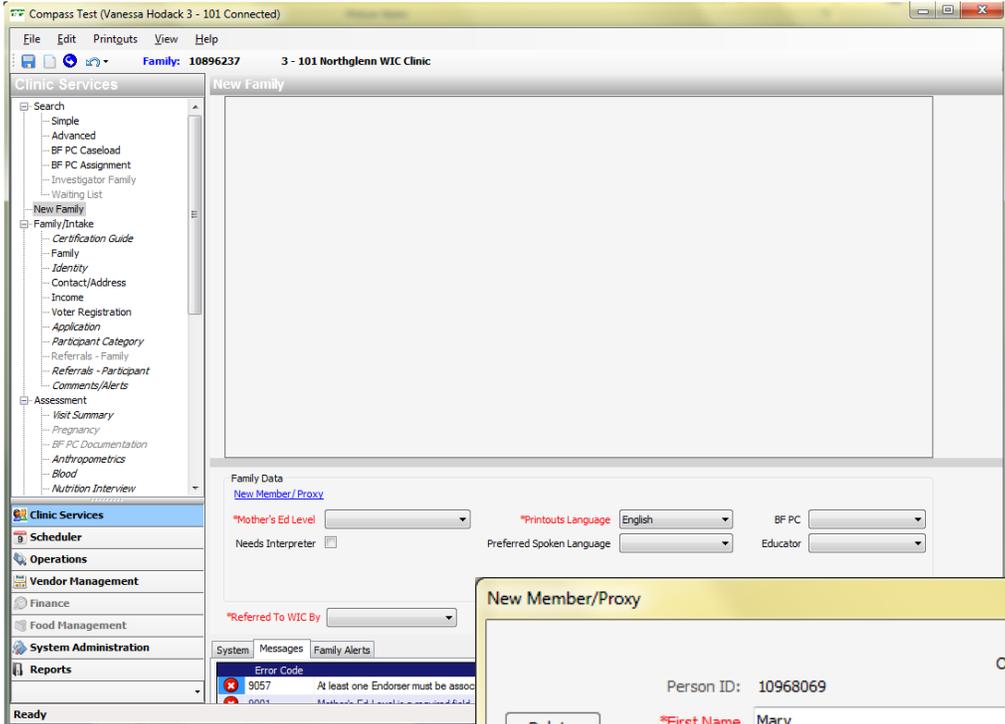
Once this is complete, the participant must be transferred into the appropriate clinic by accessing the **Transfer Family** panel. Please reference the *Quick Reference Guide – In-State Transfer* for instruction.

Add a WIC Applicant into Compass

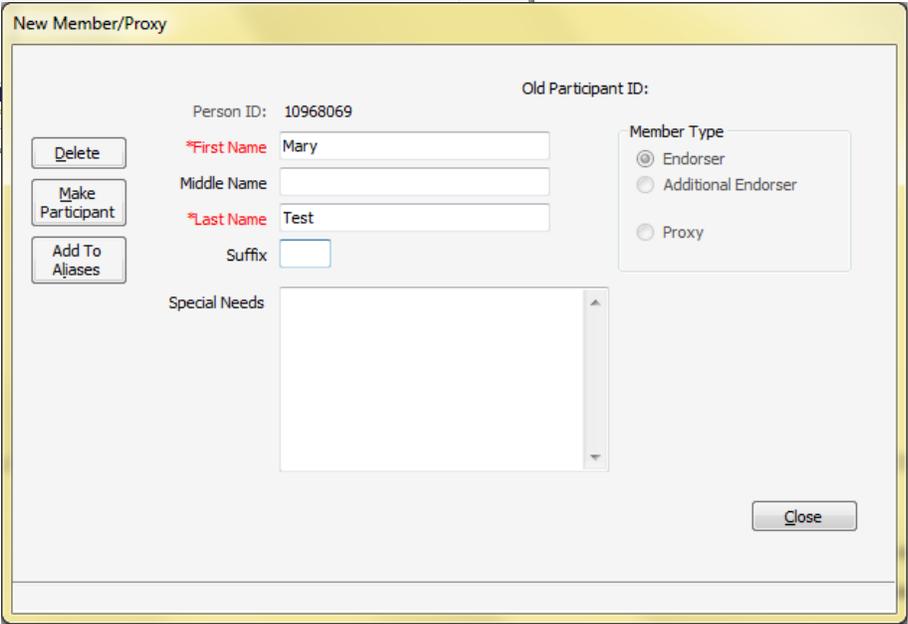


1. Access the **Advanced** panel to search for the participant to ensure that they are not already on WIC in Colorado. If the participant is not in the Compass system, access the **New Family** panel.

*TIP: Remember if the participant came from a Colorado clinic that is still using the ASPENS system, they will not show up in the Compass Advanced search. Make sure to ask good questions to determine whether the participant has been on WIC in Colorado. Please refer to the Packet D Transfer Policy.



2. Within the **New Family** panel, click on the New Member/Proxy link to pull up the **New Member/Proxy** pop up



3. In the **Member/Proxy** pop up, complete the required fields indicated in red.

If the person is an Endorser, but is NOT a participant, click "Close." However, if the person is a participant, click "Make Participant."

Add a WIC applicant into Compass (cont.)

Dual Participant Search

First Name: Mary Wild Card First Name equals Mary
 Middle Name: Wild Card And
 Last Name: Test Wild Card Last Name equals Test
 *Sex: Female Include
 *Date of Birth: 09/05/1990 Include

Search Results (State Wide Dual Participation)

Family ID	Person ID	Name	Category

9032 The search criteria entered returned 0 results.

4. Complete the **Dual Participant Search** required fields (Sex and Date of Birth), then click "Search."

If the search returns no possible duals, click "Next." However, if another name appears, follow the *Quick Reference Guide - Dual Participant Search*.

Participant Category

Name: Mary Test

*Participant Category: Pregnant
 Breastfeeding
 Not Breastfeeding
 Pregnant

Miscarriage

5. Complete the **Participant Category** pop up by choosing the appropriate category and clicking "Next."

If the participant is a postpartum women and the result of her pregnancy was a miscarriage, click the box labeled "Miscarriage."

Add a WIC applicant into Compass (cont.)

Application

Name: Mary Test

Application Date: 12/11/2012

Out-of-State VOC

Out-of-State VOC

Certification Start Date:

Certification End Date:

Last Benefits Start Date:

Last Benefits End Date:

6. Complete the **Application** pop up by clicking “Next” if the participant is not an Out-of-State VOC.

Enrollment

Name: Mary Test

*Sex:

*Date of Birth:

Expected DOB:

*Hispanic/Latino:

Mother:

*Race

White

Black

Asian

American Indian or Alaskan Native

Native Hawaiian or Other Pacific Islander

Foster Care

Entered Foster Care Date:

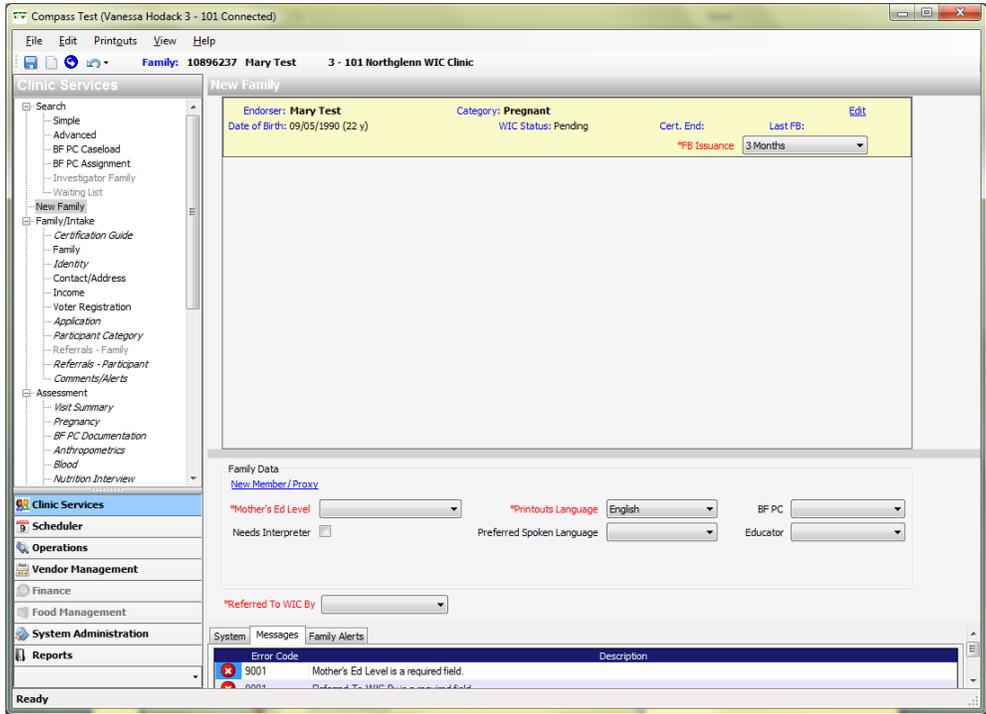
Changed Foster Families Date:

7. Complete the required fields in the **Enrollment** pop up.

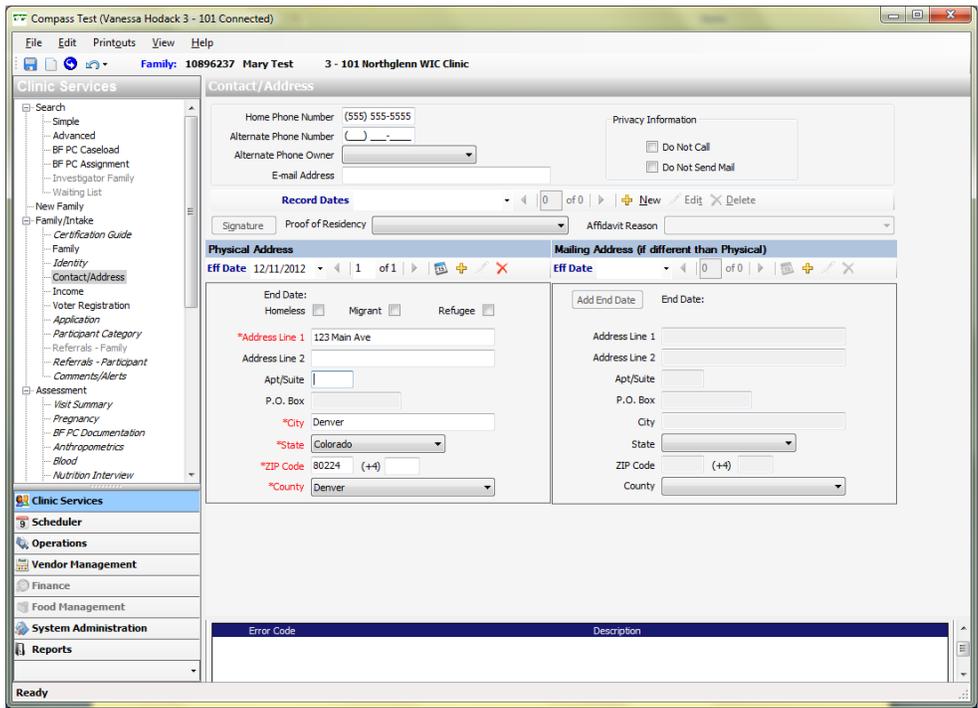
If the participant is a foster child, click the “Make Foster Child” pop up to complete the required fields.

Once the screen is complete, click “Finish.” The participant will be added to the New Family screen as shown on the following page.

Add a WIC applicant into Compass (cont.)



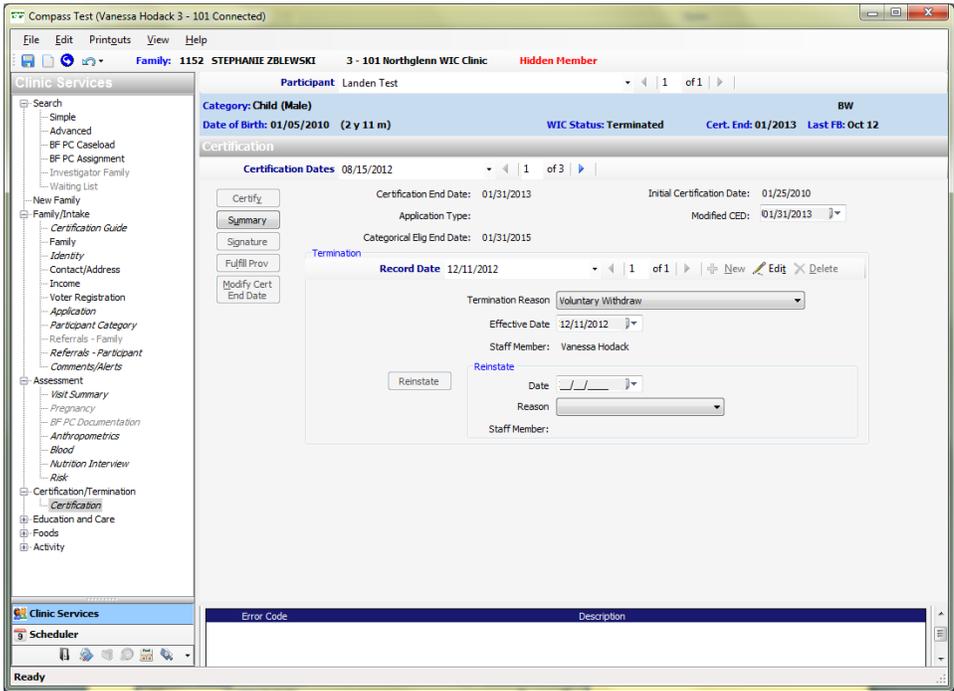
8. The family has been added to the **New Family** panel.



9. Go to the **Contact/Address** panel to enter the applicant's phone number and address. Note: Do not complete the Proof of Residency until the participant presents an acceptable proof of residency at the clinic.

10. Proceed to the **Scheduler** to schedule the applicant for a WIC Certification appointment.

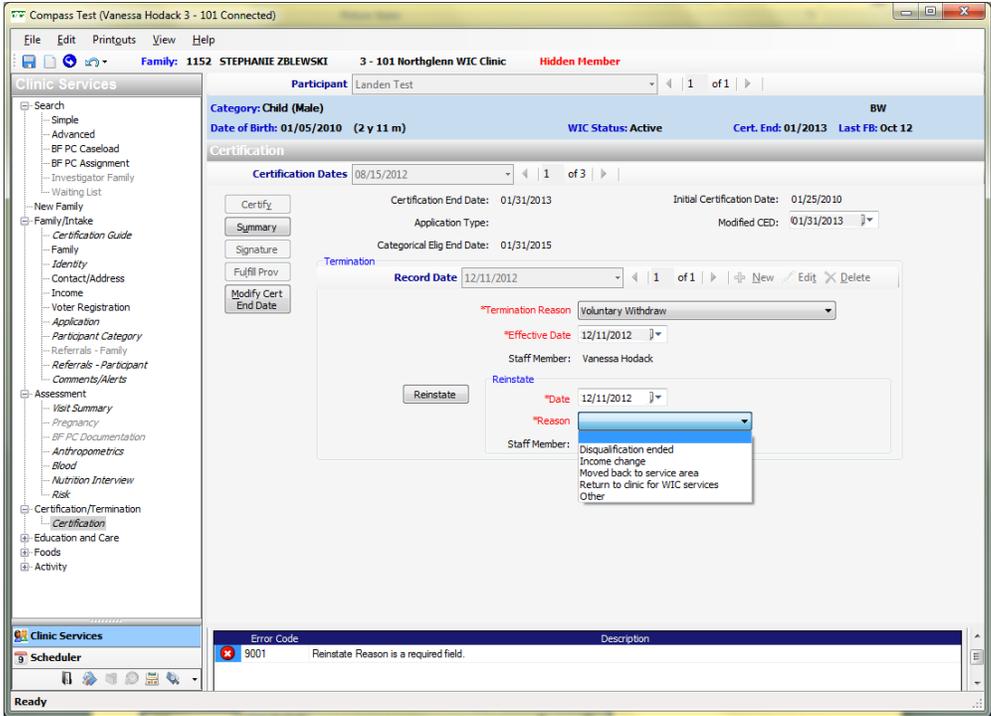
Reinstate a Participant



1. When a participant has been terminated and they are within their certification period (i.e. their CED is in the future), the participant may be reinstated.

2. Find the participant by performing a search.

3. Access the **Certification** panel and click "Edit" button in the Termination box.



4. Click "Reinstate" to make the participant's WIC Status Active.

5. The user must choose a reason to reinstate from the drop down list.

Issue/Return a Breast Pump

1. Find the participant by accessing the **Advanced** search panel.
2. Access the **BF Equipment** panel under the **Education and Care** branch to issue a breast pump.
3. Click “New” to create a new record date.
4. Complete the required fields and obtain a signature from the participant. The Contact/Return Date is when the participant expects to no longer need the pump.
5. Scan the participant’s ID into Compass.
6. To return the breast pump, click ‘Edit’ and complete the *Serialized Inventory Item Disposition* field. Completing this field will allow the pump to be issued to another participant.

The screenshot shows the 'BF Equipment' section of the Compass Test software. The participant is Nancy Test, 35 years old, with a birth date of 10/09/1985. The equipment is a Multi-User Breast Pump, Lactina Electric Pump, with serial number 674832117. The contact/return date is 01/16/2013. The reason for issuance is Engagement. The interface also includes a table for 'Non-Serialized Items' and a section for 'Documentation' with fields for Proof of Identity, Contact 1, Contact 2, and Contact 3. At the bottom, there is a 'Serialized Inventory Item Disposition' section with fields for Reason, Date, and Comment.

Removing/Returning Breast Pumps to/from Compass circulation:

This procedure will be followed when removing any pump from circulation for either a temporary or permanent reason: damaged, stolen, etc. When the pump is repaired and returned, then the user will choose the Add Row button and select the Transaction as Returned or Re-added to return the pump to circulation. **(Note: Security access to perform this function is typically given to Directors and Supervisors only)**

1. Go to the Operations Branch function area
2. Click on the Serialized Inventory panel under the Operations Branch
3. Find the pump that was incorrectly entered and select the History link
4. Under History, select “Add Row”, in the Transaction column select the status as Retired which removes the pump from circulation. Tab through to Comments. Under comments, type “entered into incorrect clinic”.

Change a Participant's Category

For Participants with a WIC Status of Active

Pregnant to Pregnant:

1. Under **Certification/Termination** in Clinic Services, go to the **Certification** panel
2. Click "New" in Termination box.
3. Pick from Termination Reason drop down, "Terminate Pregnant – recert as Pregnant"
4. In the Effective Date field, choose today's date.
5. Under **Family/Intake**, go to the **Application** panel and click "New" application to create a new application.
6. Then click "New" to add a new pregnancy record for the current pregnancy
7. *Refer to the Quick Reference Guide - Recertification*

Pregnant to Breastfeeding/Non-Breastfeeding

1. Under **Certification/Termination** in Clinic Services, go to the **Certification** panel
2. Click "New" in the Termination box
3. Pick from the Termination Reason drop down, "Terminate Pregnant – recert as non-BF/BF"
4. In the Effective Date field, choose today's date
5. Under **Family/Intake**, go to the **Application** panel and click "New" application to create a new application.
6. Under **Family/Intake**, go to **Participant Category** and choose the appropriate category from the drop down.
7. *Refer to the Quick Reference Guide - Recertification*

Non-Breastfeeding to Breastfeeding

1. Under **Certification/Termination** in Clinic Services, go to the **Certification** panel
2. Click "New" in the Termination box.
3. Pick from Termination Reason drop down, "Terminate Postpartum/Non-BF – recert as BF"
4. In the Effective Date field, choose today's date
5. Under **Family/Intake**, go to the **Application** panel and click "New" application to create a new application
6. Under **Family/Intake**, go to **Participant Category** and choose the appropriate category from the drop down.
7. *Refer to the Quick Reference Guide - Recertification*

Breastfeeding/Non-Breastfeeding to Pregnant:

1. Under **Certification/Termination** in Clinic Services, go to the **Certification** panel
2. Click "New" in the Termination box
3. Pick from Termination Reason drop down, "Terminate Postpartum/BF – recert as Pregnant"
4. In the Effective Date field, choose today's date
5. Under **Family/Intake**, go to the **Application** panel and click "New" application to create a new application
6. Under **Family/Intake**, go to **Participant Category** and choose the appropriate category from the drop down.
7. *Refer to the Quick Reference Guide - Recertification*

Change a Participant's Category (cont.)

Breastfeeding to Non-Breastfeeding

1. When changing the woman's participant category from Breastfeeding to Not Breastfeeding consider the following conditions:
 - If the mother is < 6 months postpartum and staff change the participant category from Breastfeeding to Not Breastfeeding and click save, Compass will change the mother's CED and CEED to the end of the month in which the infant turns 6 months old. For example, if the infant's DOB is 2/18 then the mom's CED and CEED will advance to 8/31.
 - If the mother is \geq 6 months postpartum and staff changes the participant category from Breastfeeding to Not Breastfeeding, staff must go to the **Certification** panel and terminate the participant with the reason of "Not BF 6 months postpartum." The Effective Date of the termination will be set out 15 days from today's date. This allows staff to give the appropriate 15 days worth of benefits.

Infant to Child:

1. Under **Family/Intake**, go to **Identity** panel and go all the way through the recertification appointment. You do not need to change the category! Once the infant turns a year, Compass will automatically change the infant's category to child. *Refer to the Quick Reference Guide – Recertification.*

For Participants with a WIC Status of Terminated

For a participant with a WIC Status of "Terminated" complete the following steps to change their category.

1. Under **Family/Intake**, go to the **Application** panel and click "New" to change their WIC Status from Terminated to Pending.
2. Under **Family/Intake**, go to the **Participant Category** panel and choose the appropriate category.
3. *Refer to the Quick Reference Guide – Recertification*

How to Reissue eWIC Benefits

1. Access the **Food Package** panel, and select “New” to create a new food package.
2. Select a new food package from the Model Food Package drop down and perform a “Save.”

The screenshot shows the 'Food Package' management screen for participant Priscilla Robinson. At the top, it displays participant information: Priscilla Robinson, EDD: 07/15/2016, Date of Birth: 04/11/1987 (28 y), Weeks Gest: 16, WIC Status: Active, Cert. End: 08/2016, Last FB: [blank].

The 'Food Package' section shows an effective date of 01/27/2016 and a 'New' button. Below this, there are options for 'End Date', 'Do Not Auto-Update', and 'Verified' status. A 'Model Food Package' dropdown is set to 'Preg/Part BF - Standard'. The 'View' options are 'Full', '2/3', and '1/3', with 'Full' selected. The '*FB Issuance' is set to '3 Months' and '1st Day' is '1'.

The 'Food Package' table lists the following items:

Category	Subcategory	Qty	UOM	Month	Doc ID
02 Cheese and Tofu	000 Cheese - All Authorized	1	Pound	All	
03 Eggs	000 Eggs - All Authorized	1	Dozen	All	
05 Breakfast Cereal	000 Breakfast Cereal - All authorized	36	Ounce	All	
06 Legumes	000 Peanut Butter/Beans - All Authorized	2	Jar/Bag/...	All	
16 Bread/Whole Grain	000 Whole Wheat Bread or Whole Grains - A...	16	Ounce	All	
19 Fruit & Vegetables Ca...	001 Fresh Fruit & Vegetables	11.0	\$\$\$\$	All	

Buttons for 'Add Food' and 'Remove Food' are visible on the left. A 'Comments' field is at the bottom.

3. Access **Food Benefits** panel and verify the appropriate issuance (1 month, 2 month, 3 months). Once verified, click “Issue Benefits” button. Compass will automatically calculate the remaining food benefits for the participant.

The screenshot shows the 'Food Benefits' management screen for participant Priscilla Robinson. The 'Issue Benefits' button is circled in red. The 'Top Level View' is set to 'Participant'. The 'Expand to See' dropdown is set to 'Participant'. The 'Economic Unit' is 'Priscilla Robinson - 1175961'. The 'Active PAN' is '61018893-00006815' and the 'Deactivated PAN' is '61018893-00006823'.

The 'Food Benefits' list shows the following items:

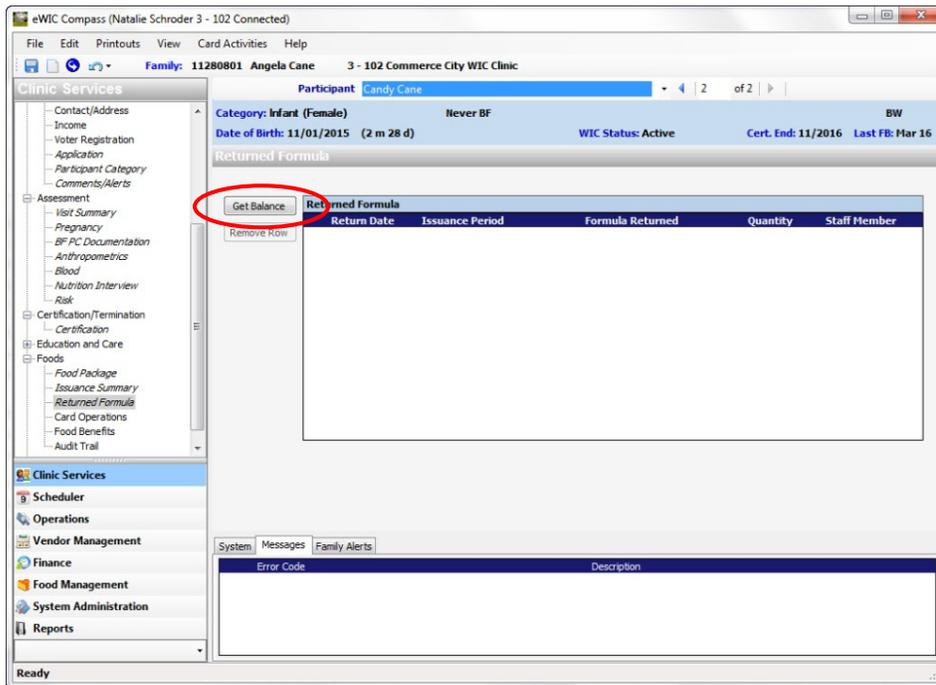
- 03/01/16 - 03/31/16
 - Priscilla Robinson (Reissue)
 - Preg/Part BF - Standard (Full, Authorized)
 - Preg/Part BF - Standard (Full, Reissued) 01/29/2016 12:11:51 PM
 - Preg/Part BF - Standard (Full, Issued) 01/29/2016 12:09:07 PM
- 02/01/16 - 02/29/16
 - Priscilla Robinson (Reissue)
 - Preg/Part BF - Standard (Full, Authorized)
 - Preg/Part BF - Standard (Full, Reissued) 01/29/2016 12:11:51 PM
 - Preg/Part BF - Standard (Full, Issued) 01/29/2016 12:09:07 PM
- 01/01/16 - 01/31/16
 - Priscilla Robinson (Reissue)
 - Preg/Part BF - Standard (1/3, Authorized)
 - Preg/Part BF - Standard (1/3, Reissued) 01/29/2016 12:11:51 PM
 - Preg/Part BF - Standard (1/3, Issued) 01/29/2016 12:09:07 PM

The bottom of the screen shows a 'System Messages' panel with columns for 'Error Code' and 'Description'.

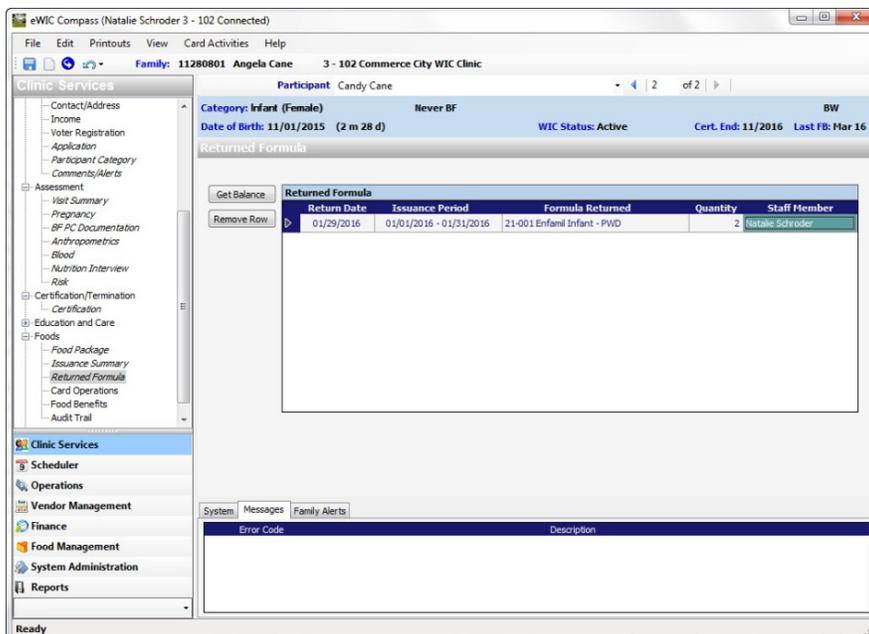
4. Obtain the endorser’s signature to acknowledge receipt of food benefits.
5. The “Family Food Benefits” list will be sent to the printer.

How to Return Formula in eWIC

1. Access the **Foods** branch, and select **Return Formula** panel.
2. Select the “Get Balance” button, the returned formula grid displays a row of the current formula issued to the participant.

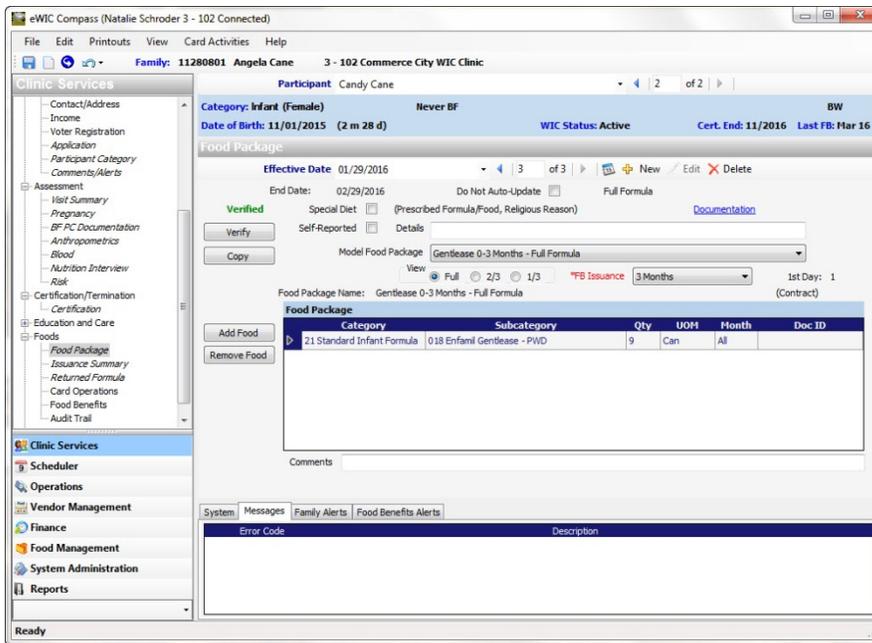


3. Enter the quantity of formula returned into the formula grid and perform a “Save.” Compass will not allow you to enter in more than what the participant purchased with the eWIC card.

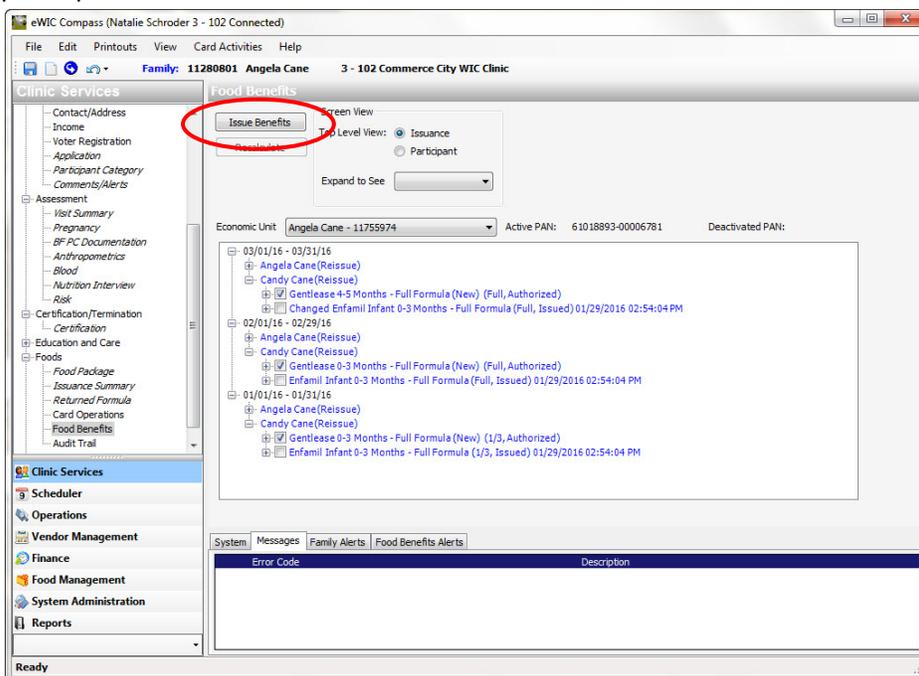


4. Access the **Food Package** panel, and click “New” to create a new food package.

- Select a new food package from the Model Food Package drop down and perform a “Save.”



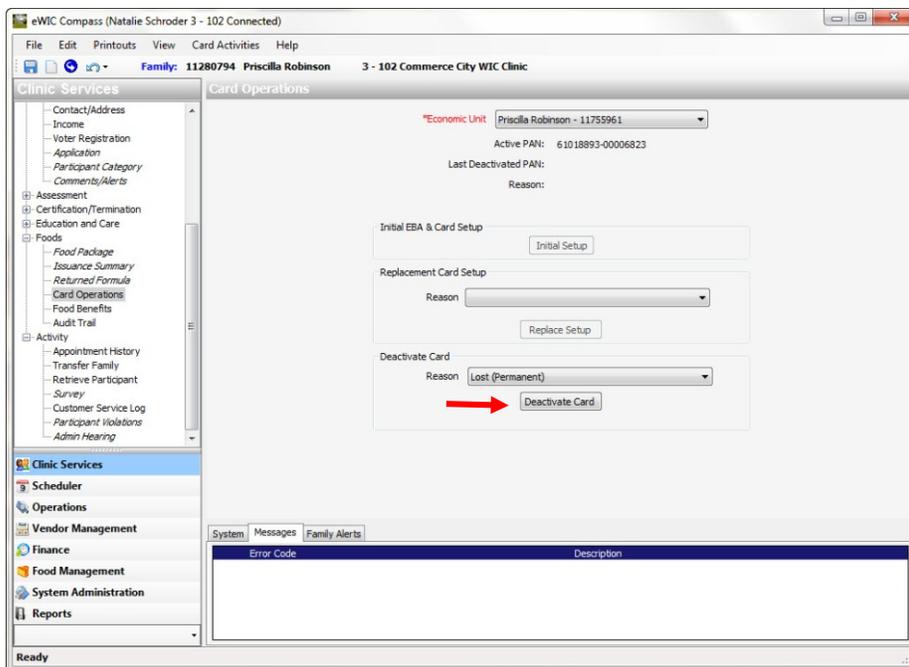
- Access the **Food Benefits** panel, the available food benefits will display will check marks next to them. Verify the appropriate issuance (1 month, 2 month, 3 months). Once verified, click the “Issue Benefits” button. Compass will automatically calculate how much formula is available for issuance to the participant.



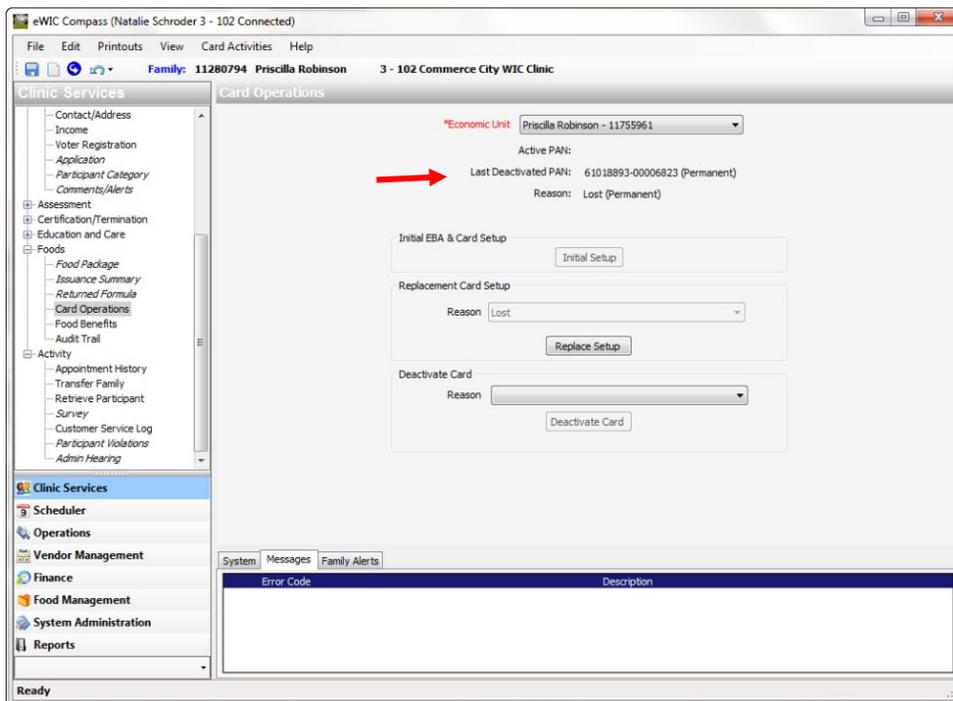
- Obtain the endorser’s signature to acknowledge receipt of food benefits. The “Family Food Benefits” list will be sent to the printer

How to Deactivate and Replace an eWIC Card

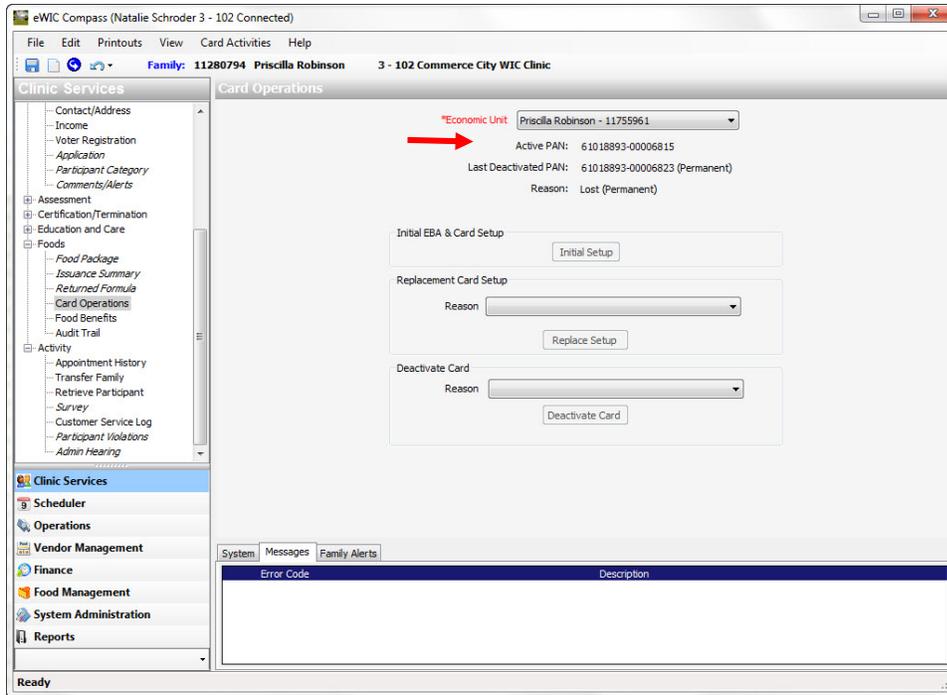
1. Access the **Card Operations** panel, go to the Deactivate Card section and select a reason from the drop down. Click "Deactivate Card". This will permanently deactivate the PAN.



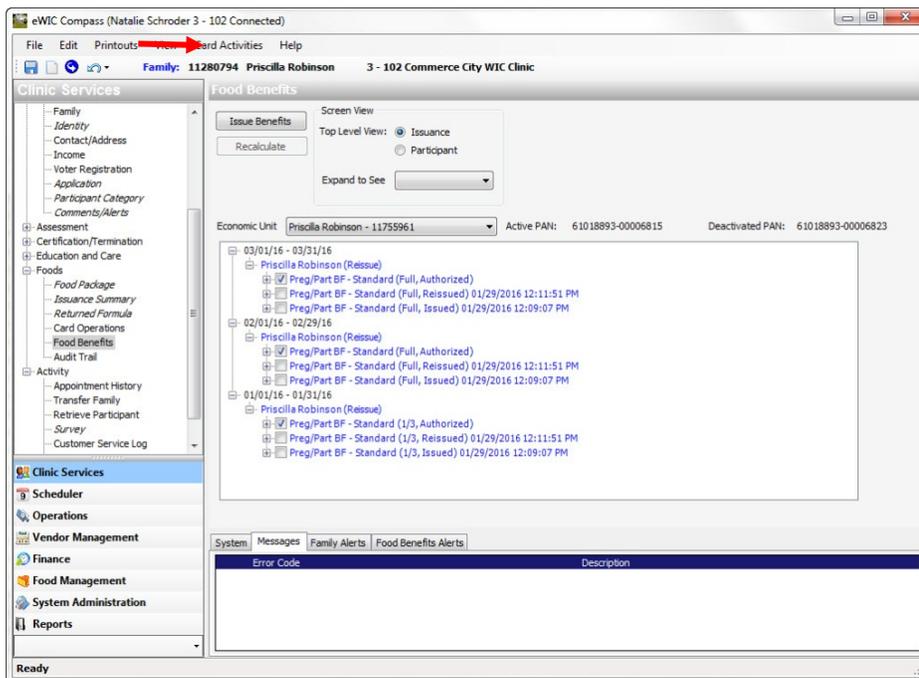
2. The deactivated PAN will display at the top of the **Card Operations** panel.



- Click the “Replace Setup” button, and the select PAN pop-up will display. Swipe the new eWIC card or manually enter the PAN and click “Search”. The pop-up will close if the PAN is available. The replacement PAN should now be displayed as the active PAN at the top of the **Card Operations** panel.



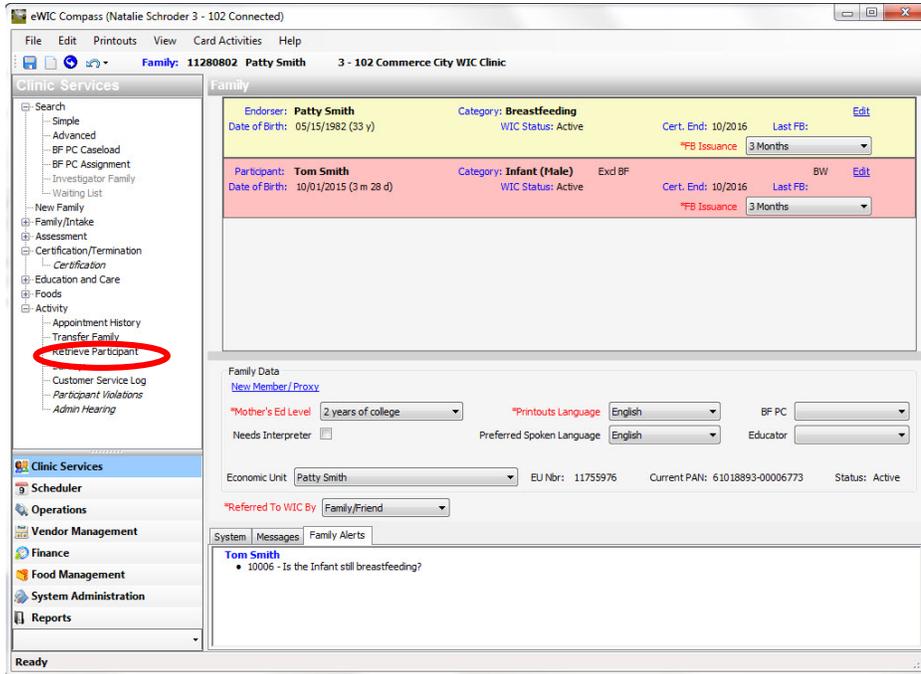
- The family’s existing food benefits will move to the active PAN.



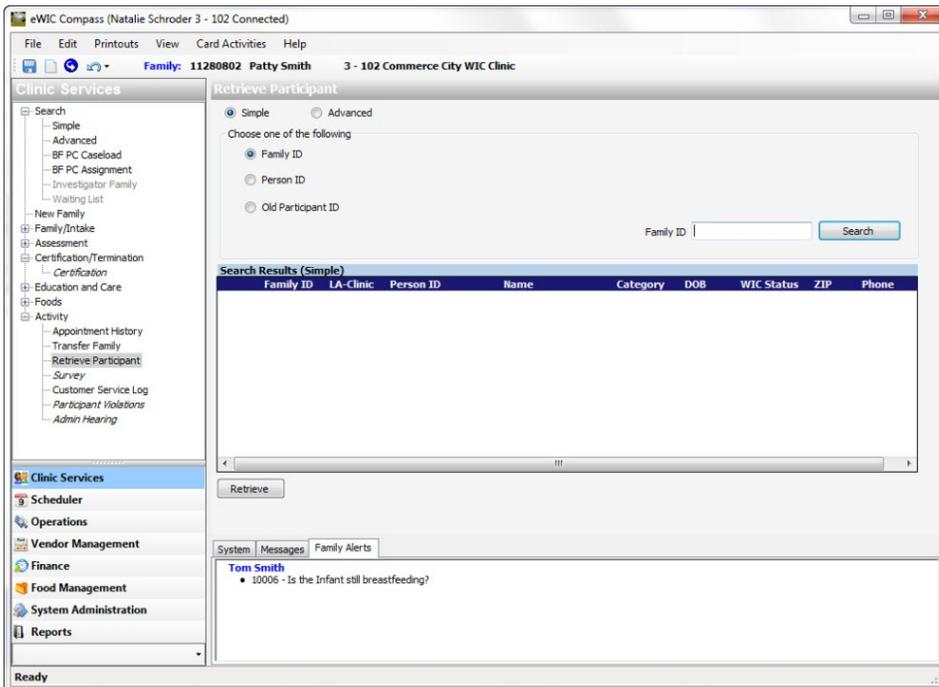
- If you still need to issue additional food benefits, access the **Food Benefits** panel. The food benefits available for issuance will display with check marks next to them. Verify the appropriate issuance (1 month, 2 month, 3 months). Once verified, click “Issue Benefits” button.
- Obtain the endorser’s signature to acknowledge receipt of food benefits.
- The “Family Food Benefits” list will be sent to the printer.

Retrieving a Foster Child in eWIC

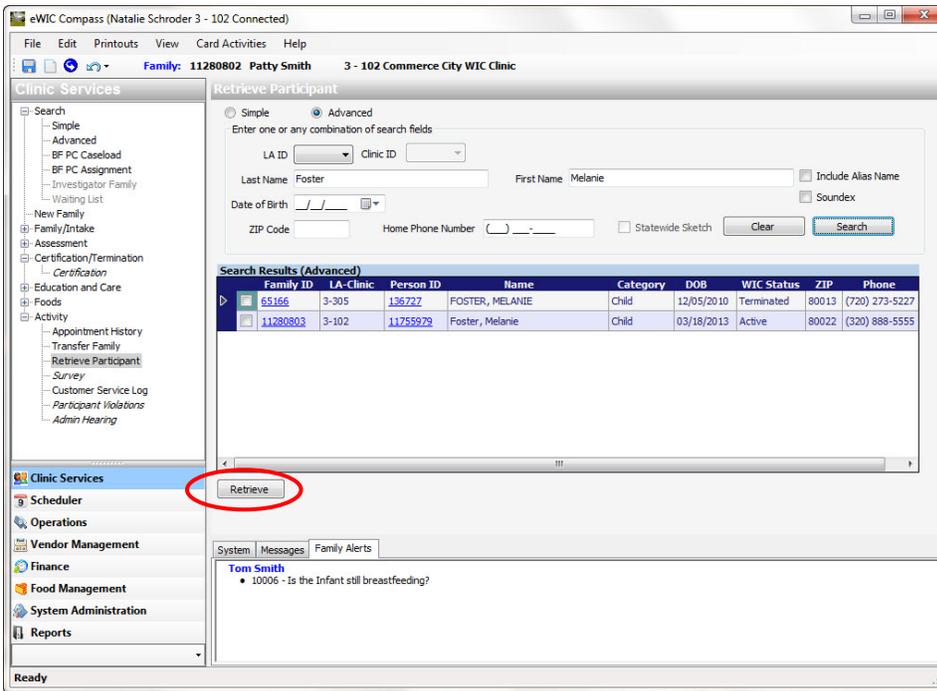
1. Open the family you are going to retrieve the participant into. Access the **Activity** branch, and select the **Retrieve Participant** panel.



2. Conduct a Simple Search within the **Retrieve Participant** panel for the participant you are going to retrieve.



3. The family will display in the search results, click in the check box next to the participant you want to retrieve into the current family you have open in Compass and click the "Retrieve" button.

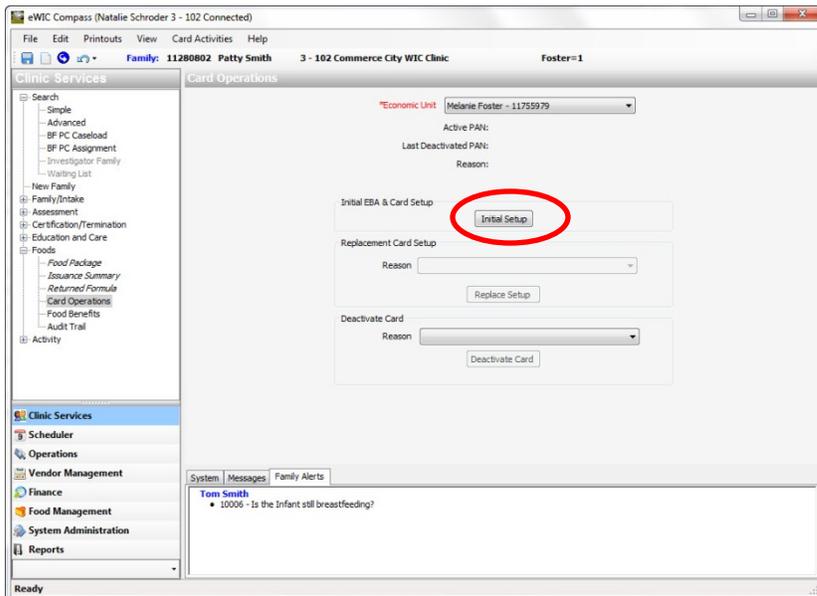


4. The family panel will display with the participant that you have retrieved into the family. If the participant is going to be a foster child you will need to make the participant a foster child in Compass.

a. In the **Family** panel, select the edit link next to the participant you will need to make a foster child in Compass.

b. The member/proxy pop-up will appear, and the select the enrollment link inside the pop-up.

c. The enrollment pop-up will appear, and select the “Make Foster Child” button and enter the date the participant entered into foster care and click “Close” to close the pop-up.

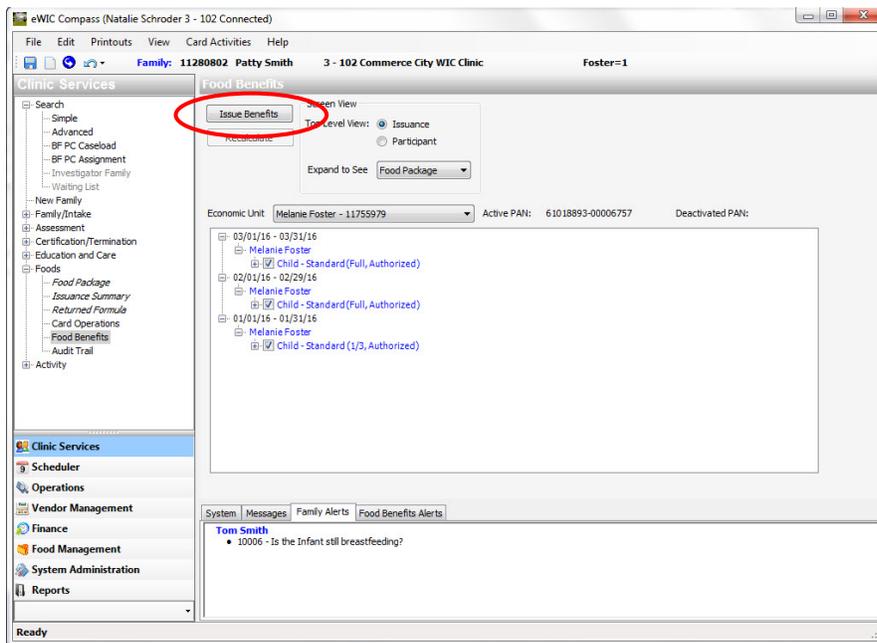


5. Assign a separate PAN for the foster child because foster children are their own household/economic unit (EU).

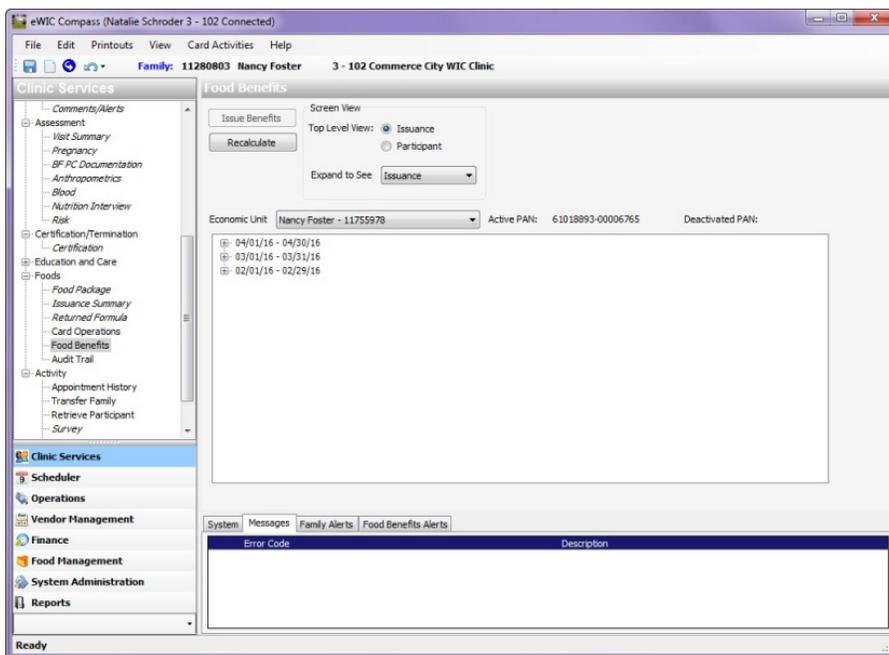
6. Access the **Foods** branch, and select **Card Operations** panel. Inside Card Operations, click the “Initial Setup” button and the select PAN pop-up will appear. Swipe or enter in the PAN and click “Search”.

7. Compass will check to make sure the PAN is available for use. The new card will show up next to Active PAN at the top of the screen. The foster child will be a separate Economic Unit in the Economic Unit drop down.

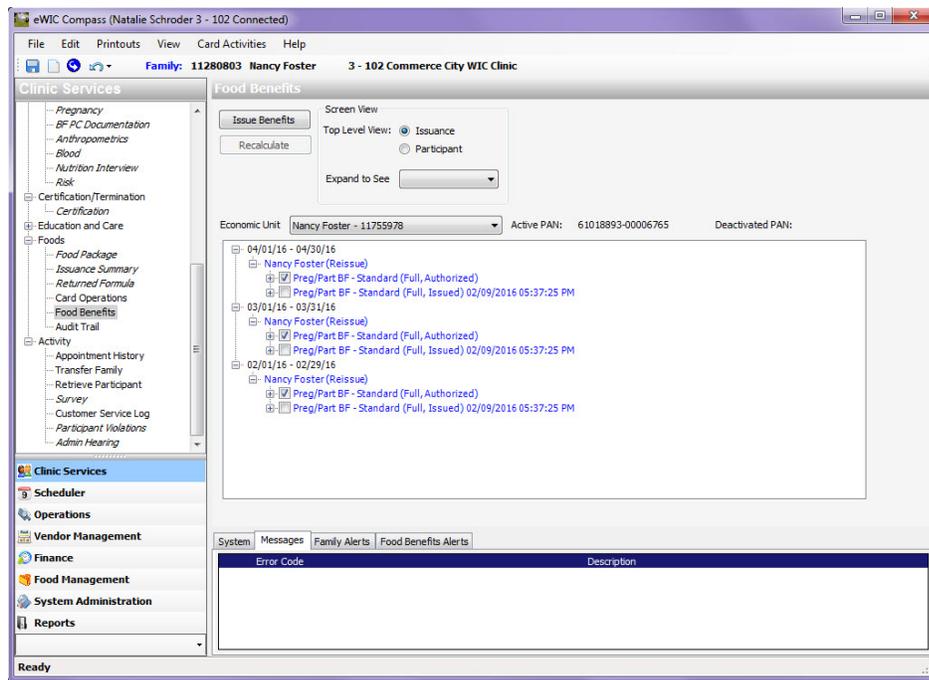
8. Access the **Food Benefits** panel, and the food benefits available for issuance will display with check marks next to them and select the “Issue Benefits” button.



9. Obtain the endorser's signature to acknowledge receipt of food benefits.
10. The "Family Food Benefits" list will be sent to the printer.



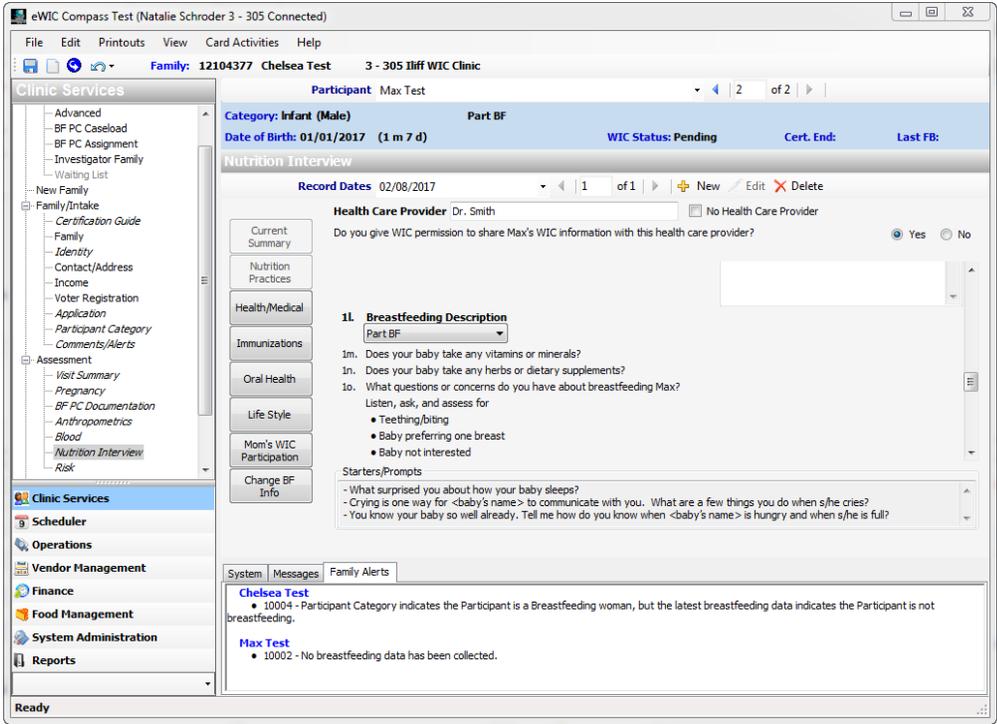
11. Access the **Simple** panel, enter the old family ID of the foster participant and click "Search". Click on the Family ID to open the family. **If the old family is outside your local agency you will need to contact that local agency and WIC clinic to have that clinic perform the following steps (other clinic steps in blue below):**
 - a. Access **Food Benefits** panel, and select the "Recalculate" button. The food benefits will recalculate to remove the foster child from the old family ID.



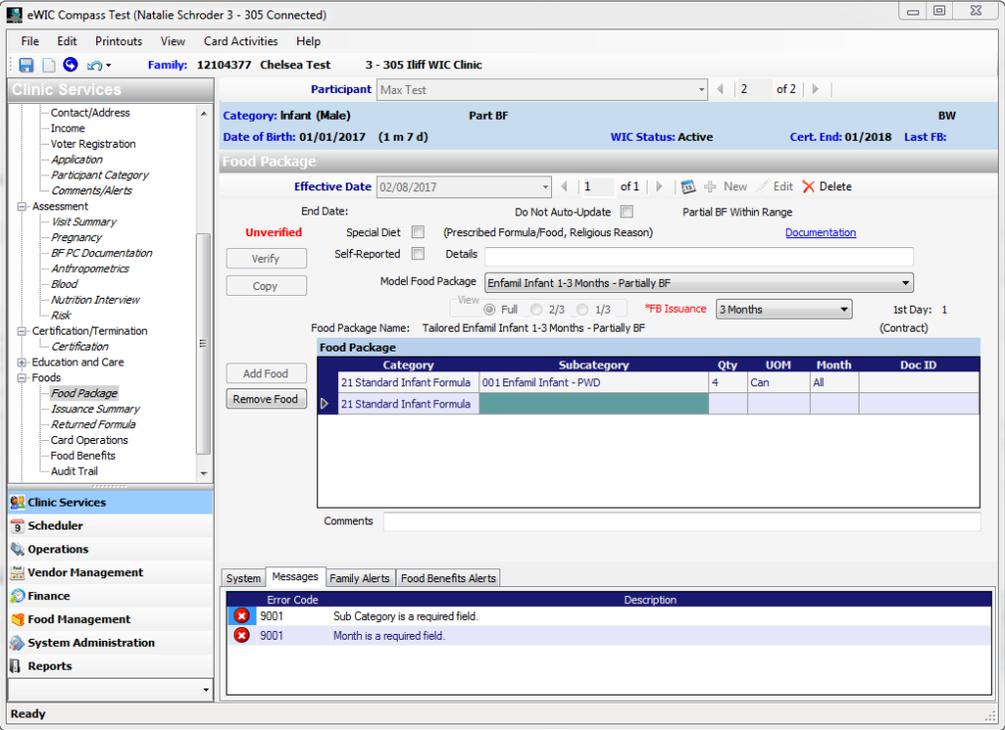
b. The available food benefits will display with check marks next to them. Click the “Issue Benefits” button. Now the family will only have benefits in the account for the current family members (the child removed no longer has benefits on their card).

c. The Signature Pad pop-up will appear. Select “Remote Issuance” since the endorser will not be present to sign for food benefits. Click “Close” to close the pop-up. The issued food benefits are now displayed in the **Food Benefits** panel.

Steps to Provide Out-of-Range formula for infants greater than 1 month of age



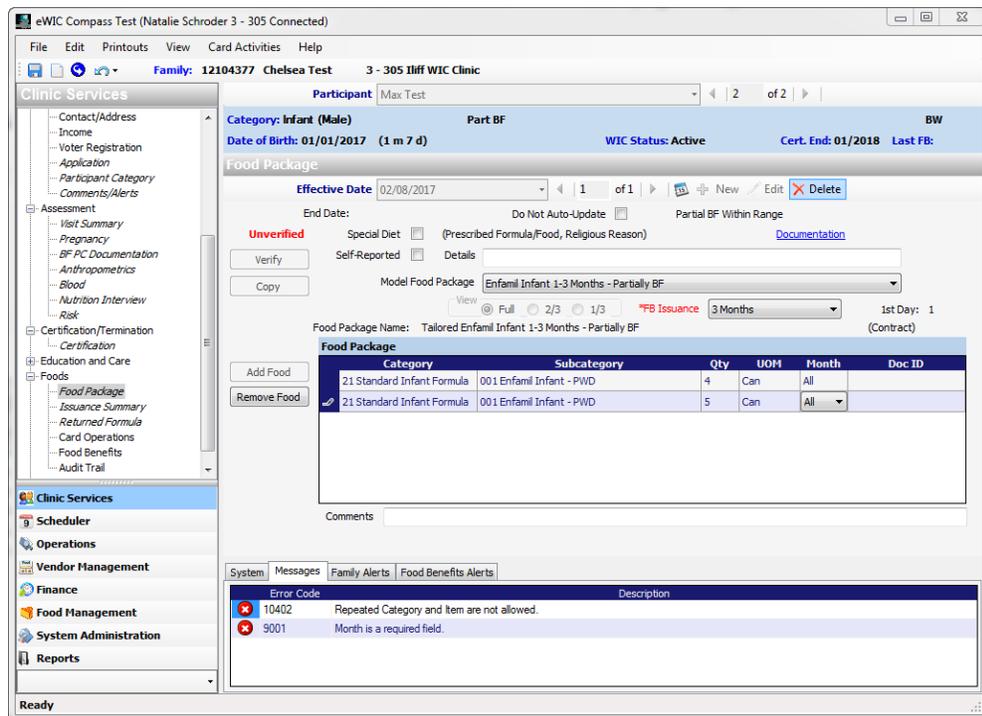
1. Access the **Nutrition Interview** panel
2. Click on “New” for a new Nutrition Interview
3. Click on the Nutrition Practices button and choose “Part BF” from the Breastfeeding Description drop down.



4. Access the **Food Package** panel
5. Select the infant’s record and click “New” to create a new food package
6. From the Model Food Package drop down, select a model food package
7. Click the “Add Food”
8. In the Category column select the category called 21 Infant Formula

Steps to Provide Out-of-Range Formula for Infants Greater Than 1 Month of Age (cont.)

9. Next, in the Item Description column select the name of the formula needed
10. Enter the number of cans in Quantity (Qty) column
11. In the Month column, select "All."
12. Highlight the row with the previous amount of formula and click the "Remove Food" button. If an error message appears related to the 2/3 and 1/3 packages, click on the 2/3 and 1/3 view.

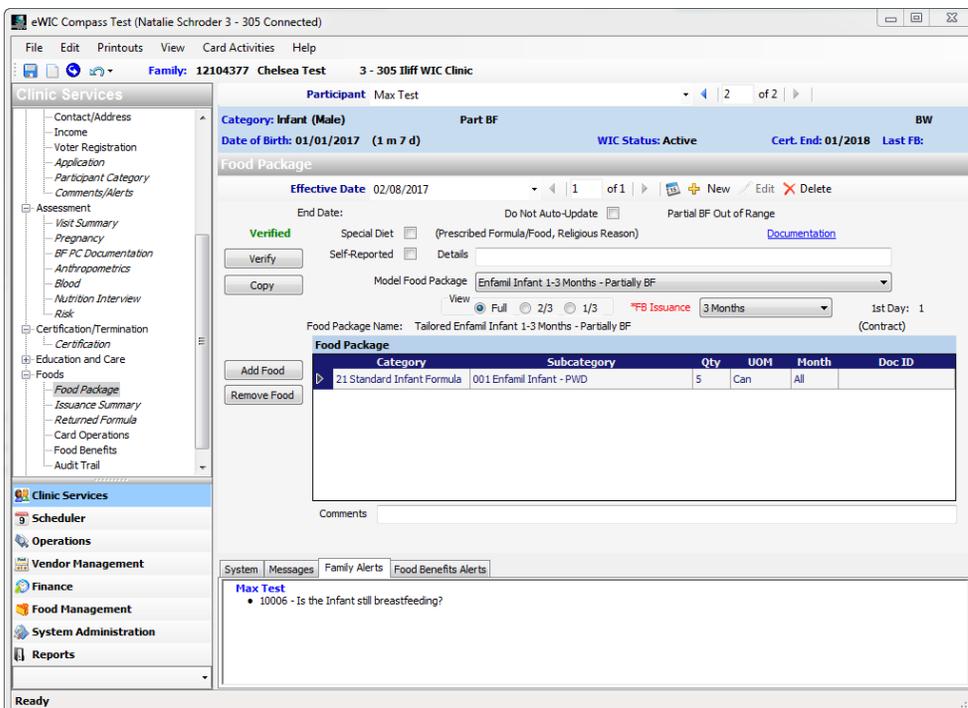


The screenshot shows the 'Food Package' section of the eWIC Compass Test interface. The 'Food Package' table contains the following data:

Category	Subcategory	Qty	UOM	Month	Doc ID
21 Standard Infant Formula	001 Enfamil Infant - PWD	4	Can	All	
21 Standard Infant Formula	001 Enfamil Infant - PWD	5	Can	All	

Below the table, an error message is displayed:

Error Code	Description
10402	Repeated Category and Item are not allowed.
9001	Month is a required field.



The screenshot shows the 'Food Package' section after clicking the 'Verify' button. The status has changed from 'Unverified' to 'Verified'. The 'Food Package' table now contains the following data:

Category	Subcategory	Qty	UOM	Month	Doc ID
21 Standard Infant Formula	001 Enfamil Infant - PWD	5	Can	All	

Below the table, a message is displayed:

Message	Description
10006	Is the Infant still breastfeeding?

13. Press the "Verify" button.

NOTE: There will now be a message of the Food Package panel stating that the baby is "Partial BF Out of Range"

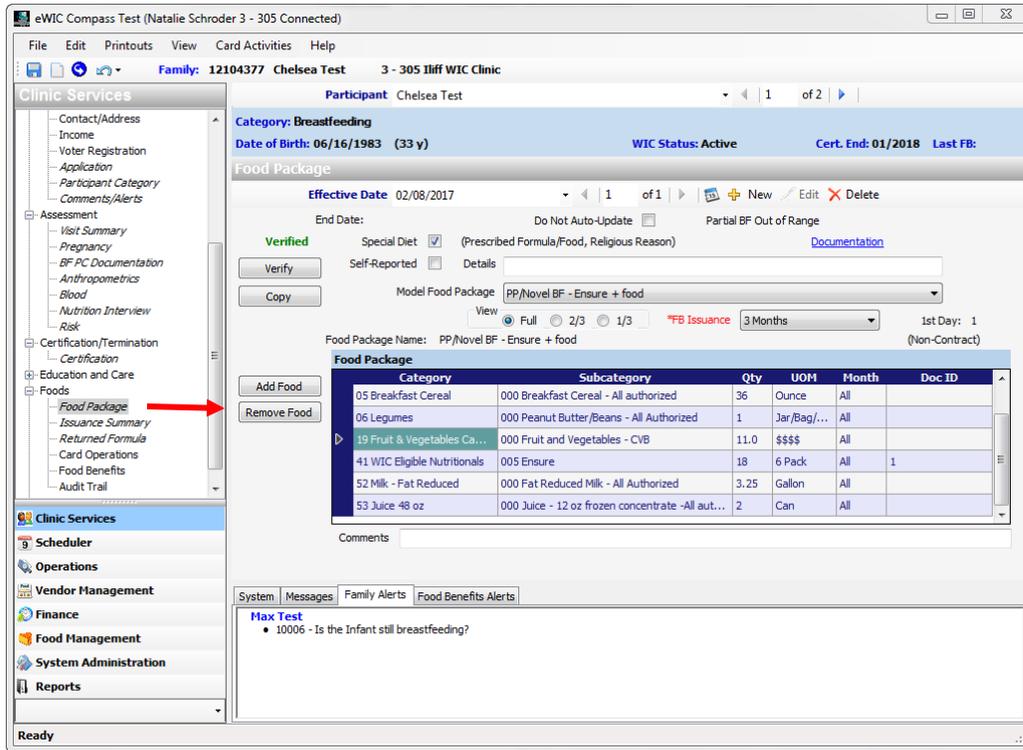
Allow Baby Foods for Special Diet Children & Women

1. Access the **Foods** branch. Click on the Food Package panel along the Navigation Tree in Compass. Inside the Food Package panel click "New."
2. Next select, the *Special Diet* check box. From the Model Food Package drop down, select a model food package.
3. Click on the *Documentation* link and complete the necessary medical documentation fields. Select a special diet model food package from the drop down that is as close as possible to the tailored food package you want.
4. Once you have selected the model click inside the Doc ID box next to the medical formula you are issuing and click on the Doc ID number that appears (The Doc ID number that was entered in the medical documentation).

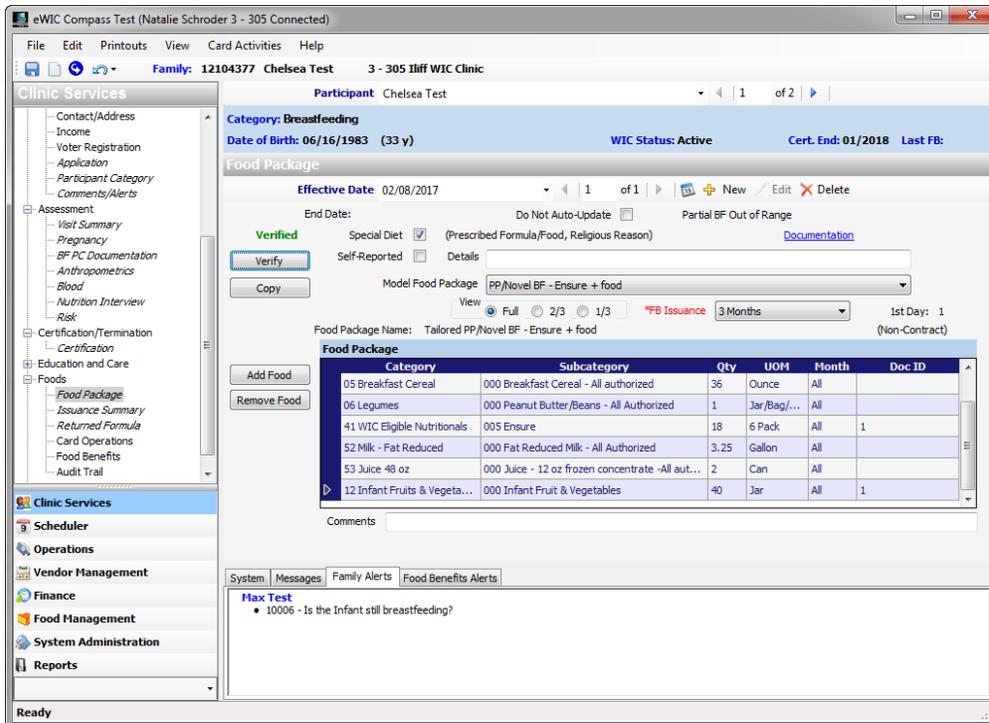
The screenshot shows the eWIC Compass Test interface for a participant named Chelsea Test. The 'Foods' section is active, and the 'Special Diet' checkbox is checked. The 'Documentation' link is highlighted with a red arrow. Below the form, a table lists food packages with their categories, subcategories, quantities, units, months, and Doc IDs. The Doc ID '1' is circled in red.

Category	Subcategory	Qty	UOM	Month	Doc ID
05 Breakfast Cereal	000 Breakfast Cereal - All authorized	36	Ounce	All	
06 Legumes	000 Peanut Butter/Beans - All Authorized	1	Jar/Bag/...	All	
19 Fruit & Vegetables Ca...	000 Fruit and Vegetables - CVB	11.0	\$\$\$\$	All	
41 WIC Eligible Nutritionals	005 Ensure	18	6 Pack	All	1
52 Milk - Fat Reduced	000 Fat Reduced Milk - All Authorized	3.25	Gallon	All	
53 Juice 48 oz	000 Juice - 12 oz frozen concentrate -All aut...	2	Can	All	

- Click on the button called "Remove Food," highlight the fruit and vegetable check (CVV) and click on the "Remove Food" button.



- Once you have removed the fruit and vegetable benefit (CVB), click the "Add Food" button. In the "Category" section of the Food Package grid, select "Infant Fruits and Vegetables" and in the "Subcategory" section select "Infant Fruits & Vegetables."



- Enter 32 jars if it is a child or 40 jars if it is a woman. Click inside Doc ID and select the Doc ID that appears. (Note: Children can receive 32 jars of baby foods. Compass automatically assigns the prorated amounts which are 21 jars for the 2/3 package and 11 jars for 1/3. Women can receive 40 jars of baby foods in lieu of the fruit and vegetable check (CVB); 27 for the 2/3 prorated package and 13 for the 1/3 package.)

- Click "Verify" and Save

Recording Proof of Income

Proof of Income is recorded on the **Income** panel.

1. Access the **Income** panel
2. Click “New”
3. Click the “Add Row” button
4. From the Source column, choose the appropriate source of income from the drop down list
5. From the Proof column, choose the appropriate proof of income from the drop down list
6. Input the amount
7. From the Period column, choose the appropriate period from the drop down.

Example 1: Chelsea Test works at Home Depot. She gives you her check stubs that show she makes \$2,400 per month.

Source = Employment

Proof = Check Stubs

Amount = 2,400

Period = Monthly

The screenshot shows the 'Income' panel in the Compass Test software. The 'Income Determination' table is as follows:

Sources	Proof	Amount	Period	Note
Employment	Check Stubs	\$2,400.00	Monthly	

Other visible fields in the interface include: Economic Unit: Chelsea Test; Record Dates: 12/12/2012; Household Size: 4; Summary Period: Annual (selected); Total Income: \$28,800.00. The sidebar on the left lists 'Clinic Services' with categories like Search, New Family, and Family/Intake.

Example 2: Chelsea Test does not have any income. However, she is currently on Medicaid and SNAP.

Source: Verbal Report

Proof: Medicaid/SNAP/TANF

Amount: Obtain a verbal report

Period: Obtain a verbal report

****Must fill out Adjunctive**

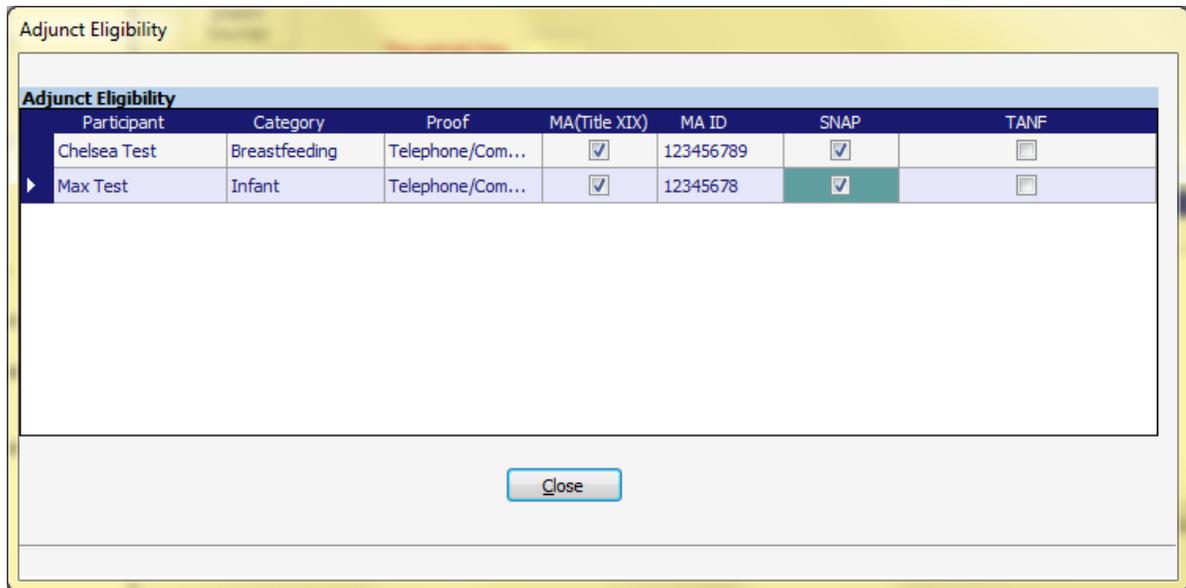
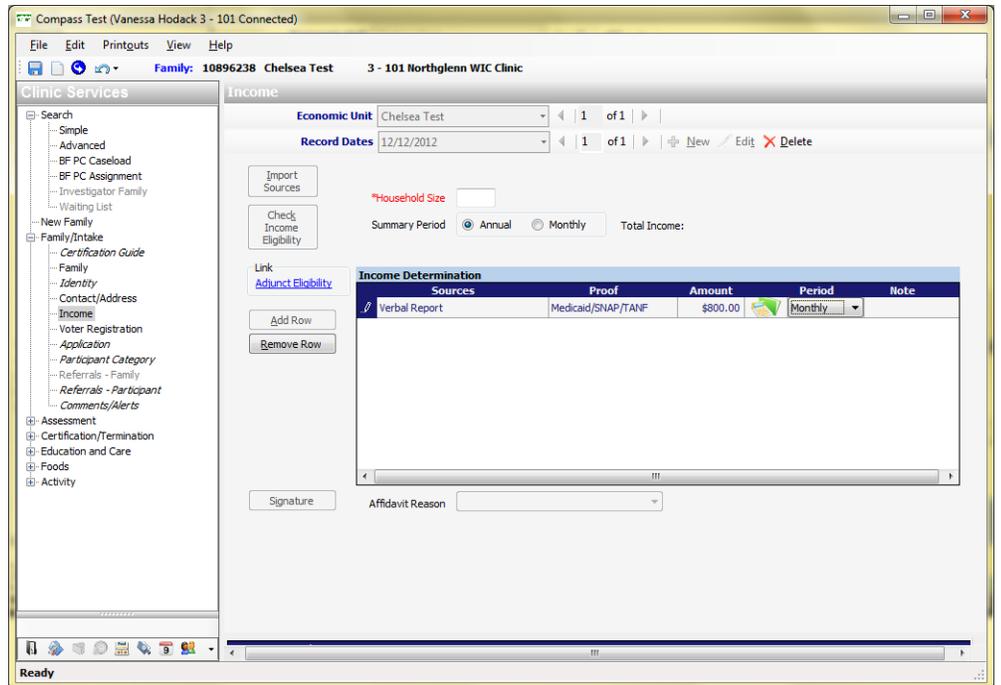
Eligibility link

****If Medicaid is used as proof**

of income or if a check mark is placed under Medicaid (MA

Title XIX) in the Adjunctive Eligibility pop up then the

Medicaid number is required.



Recording Proof of Income (cont.)

Example 3: Chelsea receives TANF but has no other source of income.

Source: TANF – see adjunctive

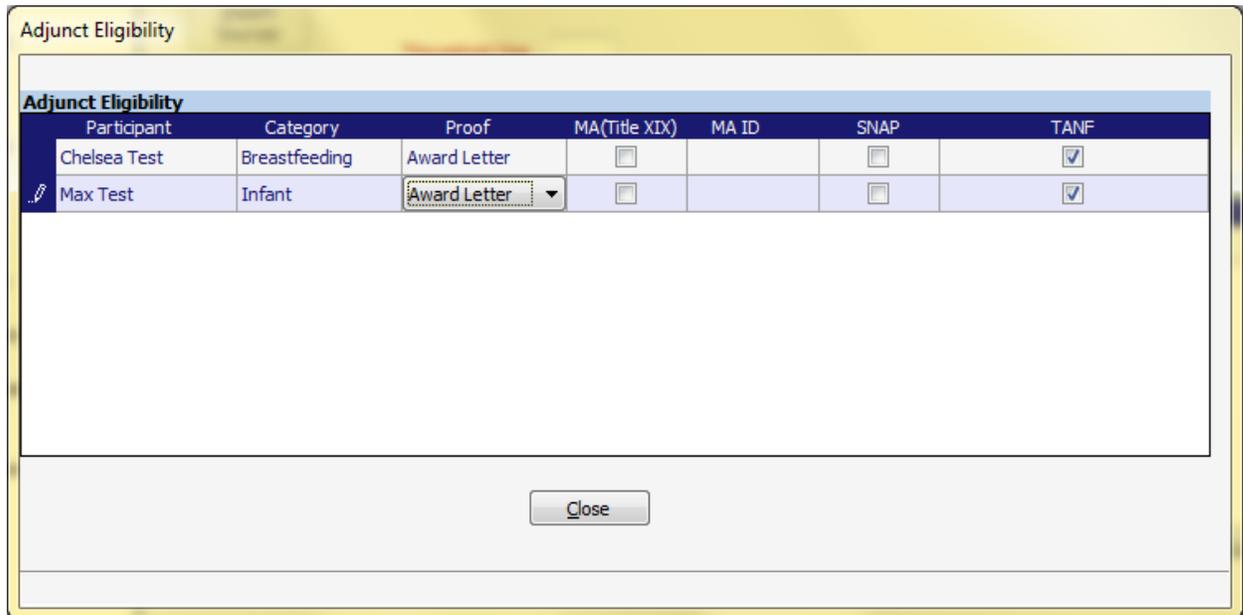
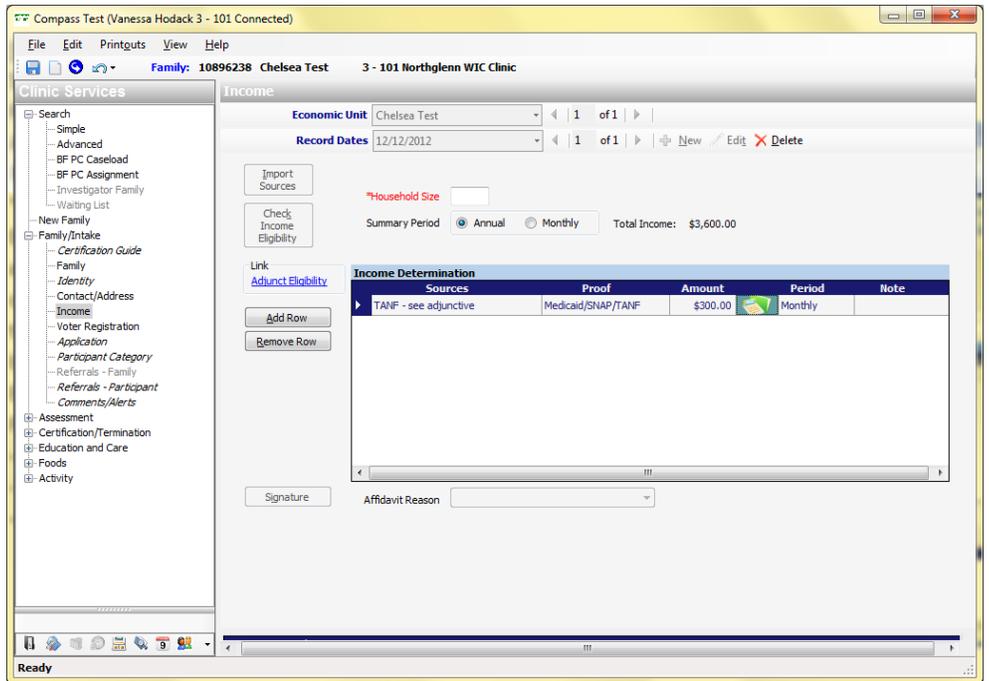
Proof: Medicaid/SNAP/TANF

Amount: Amount on letter

Period: Information from letter

**Must fill out Adjunctive Eligibility link. The proof of adjunctive eligibility must be documented here which lists the following options that must be choose from the Adjunctive Eligibility pop-up column called Proof:

- Award Letter
- Telephone/Computer
- Other



Recording Proof of Income (cont.)

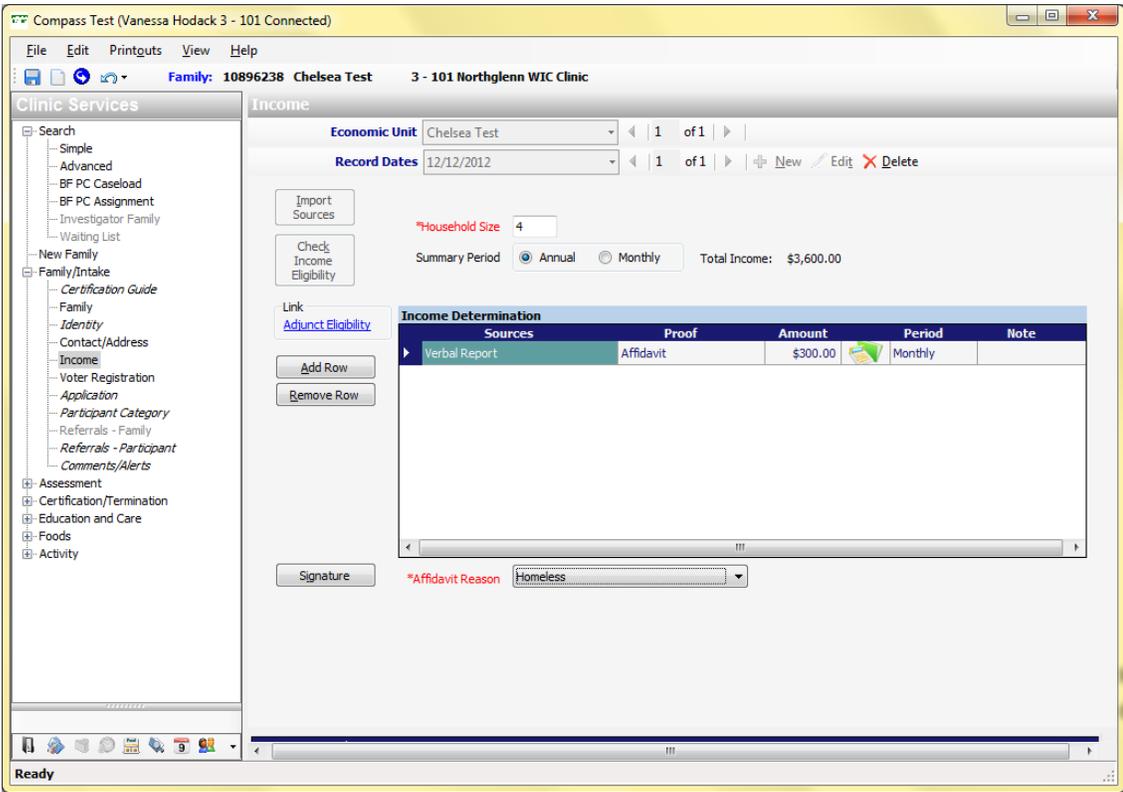
Example 4: Chelsea Test is homeless. She does not have any income at this time.

Source: Verbal Report

Proof: Affidavit

Amount: Obtain a verbal report

Period: Obtain a verbal report



Recording Proof of Income (cont.)

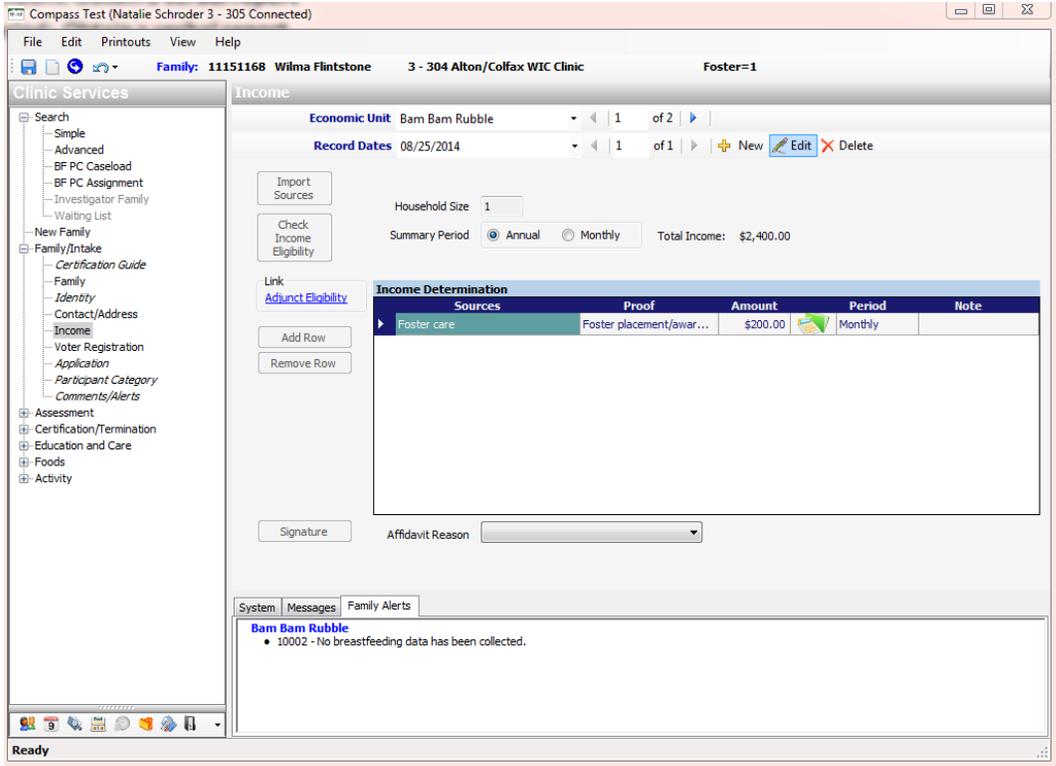
Example 5: Wilma Flintstone has just received a foster child, Bam Bam Rubble. Wilma has a foster award letter for Bam Bam \$200 month and does not have his medicaid card currently but will be getting it from the case worker in a couple weeks.

Endorser: Bam Bam Rubble because he is a foster child and he is a house hold of 1.

Source: Foster Care

Proof: Foster Award Letter

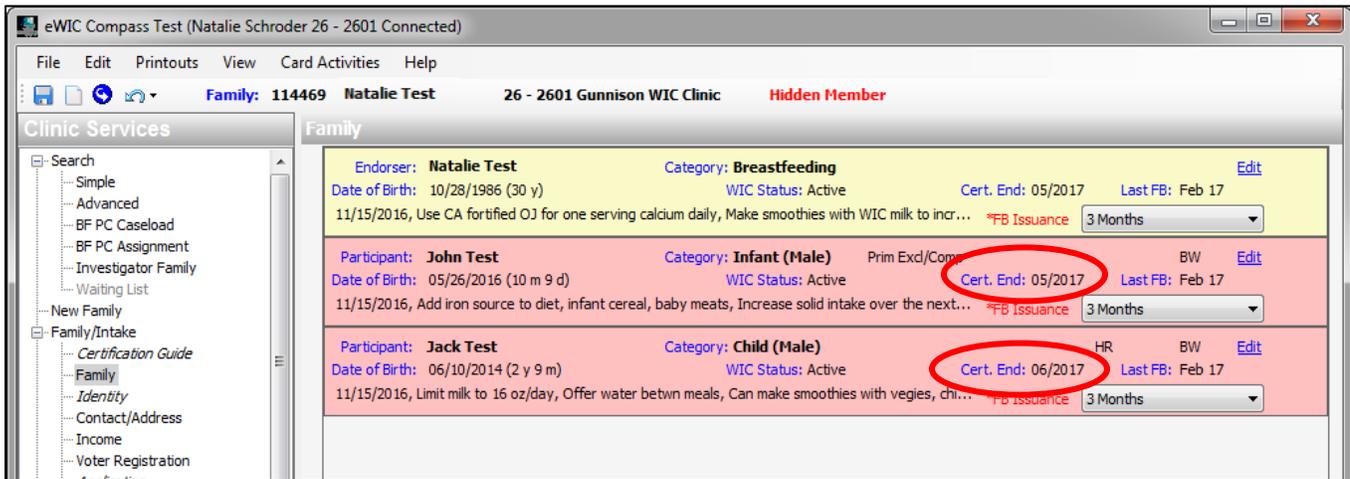
Period: Information from Letter



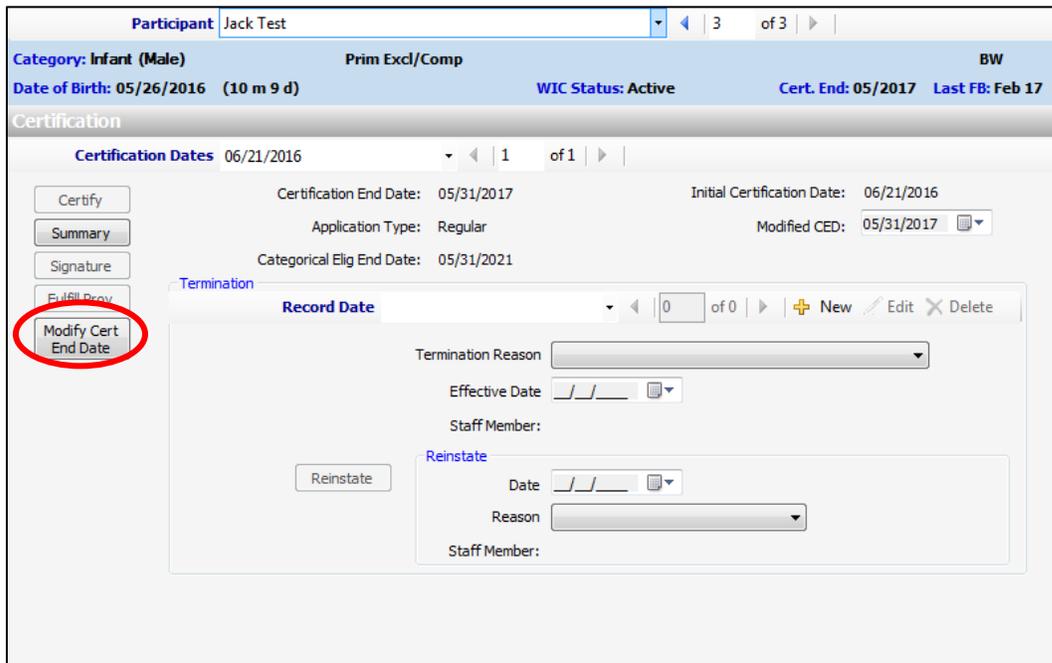
Aligning Certification End Dates (CED)

Option #1: When the participant's CEDs are only one month apart.

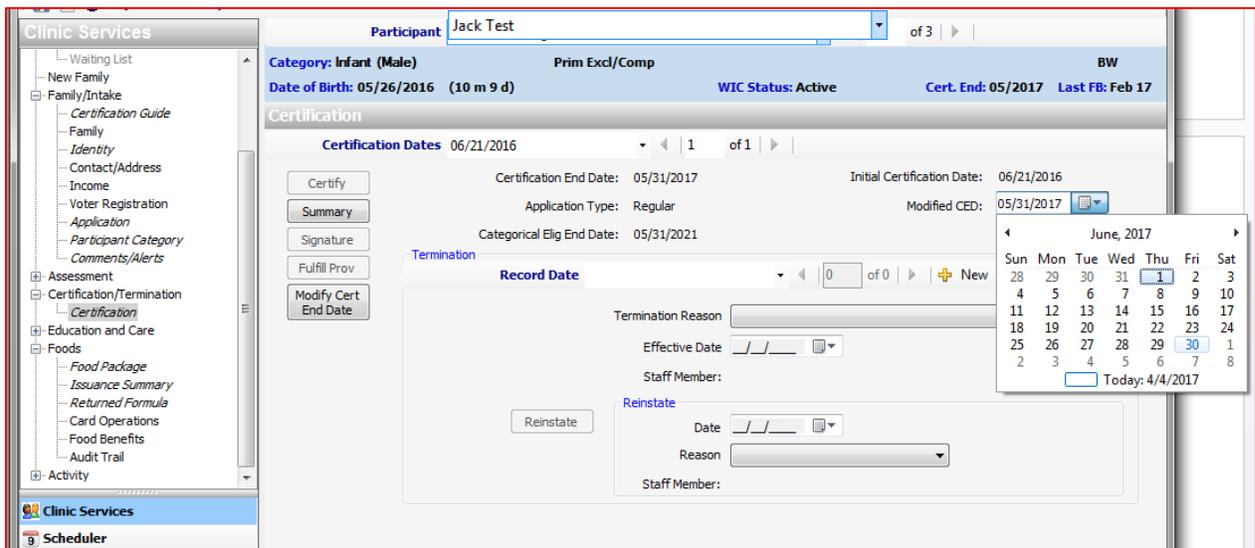
1. Access the **Family** panel and look at the family's certification end dates (CED).



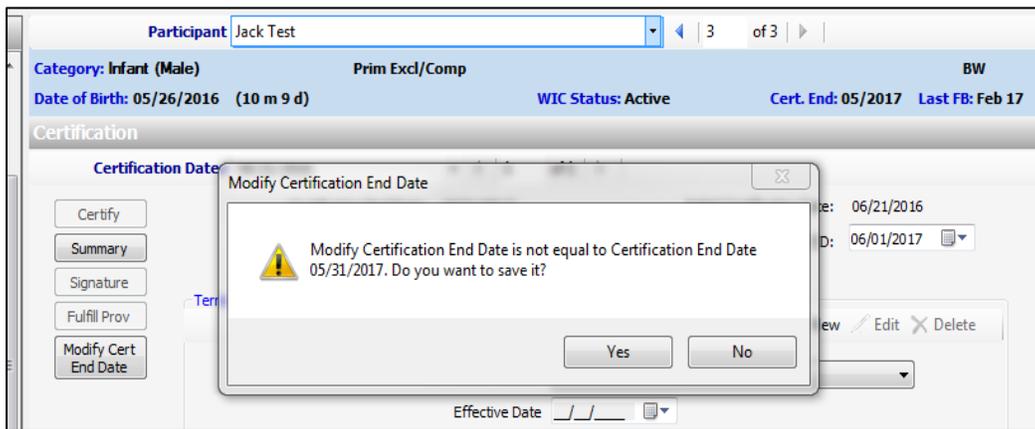
2. Access the **Certification** panel to modify the certification end dates. Compass will allow you to modify a certification end date one month past or one month prior to the certification end date.
3. Select the Modify Cert End Date button.



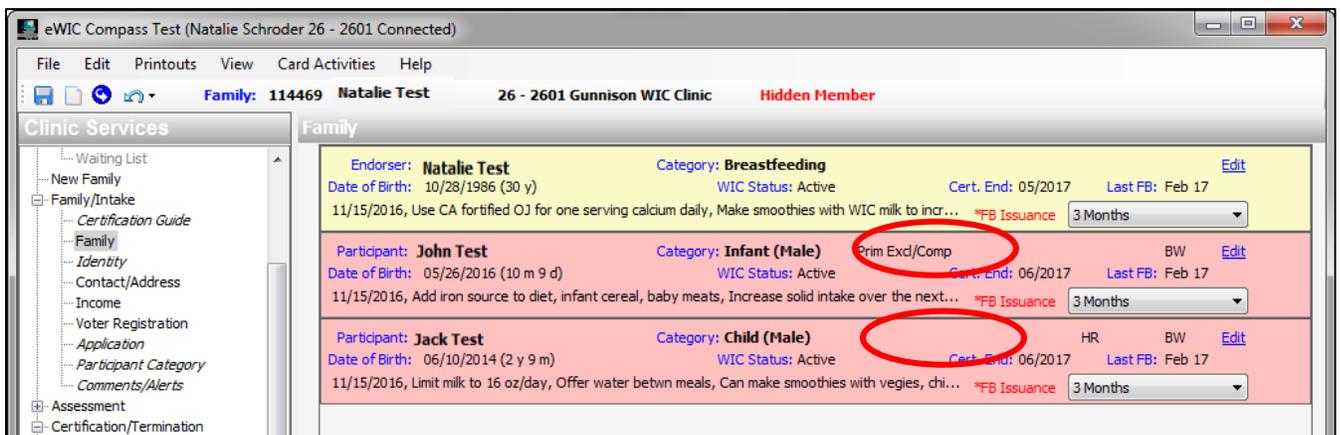
4. The Modified CED date will be highlighted, and select one month past the certification end date.



5. A pop-up will appear stating “Modify Certification End Date is not equal to the Certification End Date 5/31/17. Do you want to save it?” Select Yes.



6. The modified certification end date (CED) will now be 6/30/17 and perform a save.
7. To verify the CED that was modified. Access **Family** panel to check the final CEDs.



Option #2: When participant's CEDs are greater than one month apart.

1. Access the **Family** panel and look at the participant's CEDs.

Family			
Endorser: Sara Smith Date of Birth: 05/27/1987 (29 y) 9/15/2015, see infants/childs	Category: Breastfeeding WIC Status: Terminated	Cert. End: 03/2016 *FB Issuance	Last FB: No Food Benefits
Participant: Maggie Smith Date of Birth: 03/02/2015 (2 y 1 m) 12/15/2016, continue to follow dr. recommendations.	Category: Child (Female) WIC Status: Active	Cert. End: 03/2017 *FB Issuance	HR BW Last FB: Mar 17 3 Months
Participant: Ally Smith Date of Birth: 06/21/2013 (3 y 9 m) 4/4/2017, Decrease juice to 4oz	Category: Child (Male) WIC Status: Active	Cert. End: 06/2017 *FB Issuance	HR BW Last FB: Dec 16 3 Months
Additional Endorser: John Smith		Edit	

2. In this example, we are recertifying Maggie today (CED 3/2017). Sara would like to align her daughter's certifications. Terminate Ally's certification today with a reason of "Requested CED Alignment" and recertify both participants.

Participant Ally Smith			
Category: Child (Male) Date of Birth: 06/21/2013 (3 y 9 m)	No Longer BF WIC Status: Terminated	HR Cert. End: 06/2017	BW Last FB: Dec 16
Certification			
Certification Dates 1 of 5			
Certify	Certification End Date: 06/30/2017	Initial Certification Date: 07/11/2013	
Summary	Application Type: Regular	Modified CED: 06/30/2017	
Signature	Categorical Elig End Date: 06/30/2018		
Fulfill Prov	Termination		
Modify Cert End Date	Record Date 04/04/2017	1 of 1 New Edit Delete	
	*Termination Reason	Requested CED Alignment	
	*Effective Date	04/04/2017	

Local Policies/ Procedures/ Referrals

Contents:

- (Determined by each local agency/clinic)