

SECTION: CERTIFICATION AND ELIGIBILITY

SUBJECT: Eligibility Criteria

ITEM: Nutrition Risk Criteria Allowed for WIC Program Certification

**POLICY**

Based on data obtained from the screening and assessment procedures (health history questionnaire; anthropometric measurements; hematologic measurement and nutrition assessment) the following risk factors will be used to certify clients for the Navajo Nation WIC Nutrition Program.

All risks identified should be documented.

“Self-reported” condition means that the condition was diagnosed by a physician or other recognized medical authority, and should prompt the CPA to validate the presence of the condition by asking more probing questions related to the self-reported professional diagnosis.

Notes: ≤ is “less than or equal to,” ≥ is “greater than or equal to”

Prenatal Women = PG1, PG2; Breastfeeding Women = EN, PN, PN+

Non-breastfeeding Women = P; Infants = IEN, IFF, IPN, IPN+; Children = C1-C4

**H** = High Risk Client for Referral to WIC Nutritionist

**M** = Medium Risk Client for referral to a health professional.

Number	Risk Criterion	Definition and Cutoff	Participant Categories & Priorities	
<b>100 series ANTHROPOMETRIC: Low Weight for Height</b>				
101 <b>H</b>	<b>Women w/ BMI &lt;18.5</b>  (See Tables 101 & 102)	<ul style="list-style-type: none"> <li>Pregnant Women: Prepregnancy Body Mass Index (BMI) &lt; 18.5</li> <li>Non-Breastfeeding Women: Prepregnancy or current Body Mass Index (BMI) &lt; 18.5</li> <li>Breastfeeding Women Who Are &lt;6 Months Postpartum: Prepregnancy or current Body Mass Index (BMI) &lt; 18.5</li> <li>Breastfeeding Women Who Are ≥ to 6 months postpartum: Current Body Mass Index (BMI) &lt;18.5</li> </ul>	PG1/PG2 EN/PN/PN+ P	1 1 6
103.1 <b>H</b>	<b>Infants/Children w/ wt for length ≤2<sup>nd</sup> %ile Or Children w/BMI ≤5<sup>th</sup> %ile</b>	<u>Underweight</u> - <ul style="list-style-type: none"> <li>Birth to ≤ 2 years: ≤ to 2nd percentile weight for length; based on 2006 WHO growth charts.</li> <li>2-5 years: ≤ 5<sup>th</sup> percentile BMI-for-age; based on 2000 CDC growth charts.</li> </ul>	IEN/IFF IPN/IPN+ C1-C4	1 1 3
103.2 <b>MH</b>	<b>Infants/Children w/ wt for length &gt;2<sup>nd</sup> thru ≤5<sup>th</sup> %ile Or Children w/BMI &gt;6<sup>th</sup> thru &lt;10<sup>th</sup> %ile</b>	<u>At Risk of Underweight</u> <ul style="list-style-type: none"> <li>Birth to ≤ 2 years: &gt;2nd through 5<sup>th</sup> percentile weight-for-length; based on 2006 WHO growth charts.</li> <li>2-5 years: 6<sup>th</sup> through 10<sup>th</sup> percentile BMI-for-age; based on 2000 CDC growth charts.</li> </ul>	IEN/IFF IPN/IPN+ C1-C4	1 1 3
<b>110 series ANTHROPOMETRIC: High Weight for Height</b>				
111 <b>M</b>	<b>Women w/ BMI ≥25</b>  (See Tables 101 & 102)	<ul style="list-style-type: none"> <li>Pregnant Women: Prepregnancy Body Mass Index (BMI) ≥25</li> <li>Non-Breastfeeding Women: Prepregnancy or current Body Mass Index (BMI) ≥25</li> <li>Breastfeeding Women Who Are &lt;6 Months Postpartum: Prepregnancy or current Body Mass Index (BMI) ≥25</li> <li>Breastfeeding Women Who Are ≥ to 6 months postpartum: Current Body Mass Index (BMI) ≥25</li> </ul>	PG1/PG2 EN/PN/PN+ P	1 1 6
113 <b>M</b>	<b>Children 2-5 Years of Age w/BMI ≥95<sup>th</sup> %ile</b>	≥ 2 years to 5 years of age and ≥ 95 <sup>th</sup> percentile Body Mass Index (BMI). <i>NOTE: WHO grids up to 24mos only so we need help with how to proceed here for these children.)</i>	C2-C4	3

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Number	Risk Criterion	Definition and Cutoff	Participant Categories & Priorities	
<b>110 series ANTHROPOMETRIC: High Weight for Height</b>				
114	<b>Children 2-5 Years of Age w/BMI <math>\geq 85^{\text{th}}</math> and <math>&lt; 95^{\text{th}}</math> %ile or Infants/Children of parent(s) w/BMI <math>\geq 30</math></b>	<ul style="list-style-type: none"> <li>▪ Overweight – 2 – 5 years and <math>\geq 85^{\text{th}}</math> and <math>&lt; 95^{\text{th}}</math> percentile Body Mass Index (BMI)-for-age or weight-for-stature as plotted on the 200 Centers for Disease Control and Prevention (CDC) 2-20 years gender specific growth charts *</li> <li>▪ At Risk of Overweight – &lt;12 months (infant of obese mother) and Biological mother with a BMI <math>\geq 30</math> at the time of conception or at any point in the first trimester of pregnancy **  &gt;12 months (child of obese mother) and Biological mother with a BMI <math>\geq 30</math> at the time of certification.** (If the mother is pregnant or has had a baby within the past 6 months, use her preconceptional weight to assess for obesity since her current weight will be influenced by pregnancy-related weight gain.)  Birth to 5 years (infant or child of obese father) and Biological father with a BMI <math>\geq 30</math> at the time of certification.**  * The cut off is based on standing height measurements. Therefore, recumbent length measurements may not be used to determine this risk. See Clarification for more information.  ** 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.</li> </ul>	IEN/IFF IPN/IPN+ C1-C4	1 1 3
115	<b>Infants &amp; Children w/weight for length <math>\geq 98^{\text{th}}</math> %ile</b>	<ul style="list-style-type: none"> <li>▪ <math>\geq 98^{\text{th}}</math> percentile weight-for-length as plotted on the 2006 World Health Organization (WHO), infants and children &lt;24 months of age growth charts.</li> </ul>	IEN/IFF/ IPN/IPN+ C1	1 3

<b>130 series ANTHROPOMETRIC: Inappropriate Growth/Weight Gain Pattern</b>				
131 H	<b>Low Maternal Weight Gain</b>	<ol style="list-style-type: none"> <li>1. Pregnant, 2<sup>nd</sup> and 3<sup>rd</sup> trimesters, singleton pregnancies: <ul style="list-style-type: none"> <li>▪ Underweight women who gain less than (&lt;) 1 pound per month</li> <li>▪ Normal/Overweight women who gain less than (&lt;) .8, .5 pound per month, respectively.</li> <li>▪ Obese women who gain less than (&lt;) .4 pound per month</li> </ul> </li> <li>2. Pregnant, any trimester: Weight gain plotted at any point below the bottom line of the appropriate weight gain range based on <b>prepregnancy</b> weight status based on BMI (See Table 101).</li> </ol>	PG1/PG2	1
132 H	<b>Maternal Weight Loss During Pregnancy</b>	<ul style="list-style-type: none"> <li>▪ Any weight loss below pregravid weight during 1st trimester.</li> <li>▪ Weight loss of &gt; 2 pounds (&gt; 1kg) in the 2nd or 3rd trimester (14-40 weeks gestation)</li> </ul>	PG1/PG2	1

Number	Risk Criterion	Definition and Cutoff	Participant Categories & Priorities																
<b>130 series ANTHROPOMETRIC: Inappropriate Growth/Weight Gain Pattern</b>																			
133	<b>High Maternal Weight Gain</b>	<p><u>Pregnant Women:</u></p> <p>1. A high rate of weight gain, such that in the 2<sup>nd</sup> and 3<sup>rd</sup> trimesters, for singleton pregnancies (1):</p> <ul style="list-style-type: none"> <li>• Underweight women gain more than 1.3 pounds per week</li> <li>• Normal weight women gain more than 1 pound per week</li> <li>• Overweight women gain more than .7 pounds per week</li> <li>• Obese women gain more than .6 pounds per week.</li> </ul> <p>Or</p> <p>2. High weight gain at any point in pregnancy, such that using an Institute of Medicine (IMO)-based weight gain grid, a pregnant woman's weight plots at any point above the top line of the appropriate weight gain range for her respective pregnancy with category. (see Table 101).</p> <p><u>Breastfeeding or Non-Breastfeeding Women</u> (most recent pregnancy only): total gestational weight gain exceeding the upper limit of the IOM's recommended range(2) based on Body Mass Index (BMI) for singleton pregnancies, as follows (1):</p> <table border="1"> <thead> <tr> <th>Prepregnancy Weight Groups</th> <th>Definition (BMI) Value</th> <th>Cut-off</th> </tr> </thead> <tbody> <tr> <td>Underweight</td> <td>&lt;18.5</td> <td>&gt;40 lbs</td> </tr> <tr> <td>Normal Weight</td> <td>18.5 to 24.9</td> <td>&gt;35 lbs</td> </tr> <tr> <td>Overweight</td> <td>25.0 to 29.9</td> <td>&gt;25 lbs</td> </tr> <tr> <td>Obese</td> <td>≥ 30.0</td> <td>&gt;20 lbs</td> </tr> </tbody> </table> <p>(see Table 101)</p>	Prepregnancy Weight Groups	Definition (BMI) Value	Cut-off	Underweight	<18.5	>40 lbs	Normal Weight	18.5 to 24.9	>35 lbs	Overweight	25.0 to 29.9	>25 lbs	Obese	≥ 30.0	>20 lbs	PG1/PG2 EN/PN/PN+ P	1 1 6
Prepregnancy Weight Groups	Definition (BMI) Value	Cut-off																	
Underweight	<18.5	>40 lbs																	
Normal Weight	18.5 to 24.9	>35 lbs																	
Overweight	25.0 to 29.9	>25 lbs																	
Obese	≥ 30.0	>20 lbs																	
134 H	<b>Failure To Thrive (FTT)</b>	<b>Presence of failure to thrive (FTT) documented by a physician, or someone working under physician's orders.</b>	IEN/IFF IPN/IPN+ C1-C4	1 1 3															

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<b>140 series ANTHROPOMETRIC: Low birth weight/premature birth</b>				
141 H*	<b>Low Birth Weight (LBW) &amp; Very Low Birth Weight (VLBW)</b>	<ul style="list-style-type: none"> <li>▪ <u>Low Birth Weight (LBW)</u> Birth Weight ≤ 5 pounds 8 ounces (≤ 2500g), for infants and children &lt; 24 months old.</li> <li>▪ <u>Very Low Birth Weight (VLBW)</u> Birth weight ≤ 3 pounds 5 ounces (≤ 1500g), for infants and children &lt; 24 months old.</li> </ul>	IEN/IFF IPN/IPN+ C1	1 1 3
142 H*	<b>Prematurity</b>	Birth at less than or equal to 37 weeks gestation, infants and children less than 24 months old.	IEN/IFF IPN/IPN+ C1	1 1 3
<b>H*</b> - for 141, 142: High Risk referral only at initial certification of the <b>infant</b> .				

<b>150 series ANTHROPOMETRIC: Other anthropometric risk</b>				
151 M	<b>Small for Gestational Age (SGA)</b>	<b>For infants and children &lt; 2 years of age; based on a physician referral or someone working under physician's orders.</b>	IEN/IFF IPN/IPN+ C1	1 1 3
152	<b>Low Head Circumference (infants)</b>	<b>For infants less than 5<sup>th</sup> percentile head circumference based on National Center for Health Statistics/Centers for Disease Control and Prevention age/sex specific growth charts (2000); based on a physician referral or someone working under physician's orders.</b>	IEN/IFF/ IPN/IPN+	1
153	<b>Large for Gestational Age</b>	<p>1. Birth weight ≥ 9 pounds (≥ 4000 g).</p> <p>2. Presence of large for gestational age diagnosed by a physician or someone working under a physician's order.</p>	IEN/IFF IPN/IPN+	1 1

Number	Risk Criterion	Definition and Cutoff	Participant Categories & Priorities	
<b>200 series BIOCHEMICAL: Hematocrit or hemoglobin below State criteria</b>				
201.1 H**	Low Hematocrit/ Low Hemoglobin	<del>Hemoglobin or hematocrit concentration that is below the CDC cut-off values included on Table 201. (see attached); Hemoglobin or hematocrit concentration below the 95 percent confidence interval (i.e., below the .025 percentile) for healthy, well-nourished individuals of the same age, sex, and stage of pregnancy.</del>	PG1/PG2 EN/PN/PN+ P	1 1 6
201.2	Hemoglobin	<del>Cut-off values are provided in the attached Tables 201-A and 201-B, based on the levels established by the Centers for Disease Control and Prevention (CDC).</del>	IEN/IFF IPN/IPN+ C1-C4	1 1 3

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<b>210 series BIOCHEMICAL: Other biochemical test results which indicate nutritional abnormality</b>				
211 MH	Elevated Blood Lead Level	Blood lead level of <u>&gt; 105</u> ug/deciliter within the <u>1</u> past 12 months, based on referral data by a physician or someone working under a physician's orders. <i>*The cut-off value is the current reference value published in guidance from the Centers for Disease Control and Prevention.</i>	PG1/PG2 EN/PN/PN+ P IEN/IFF IPN/IPN+ C1-C4	1 1 6 1 1 3

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<b>300 series CLINICAL/HEALTH/MEDICAL: Pregnancy-induced conditions</b>				
301	Hyperemesis Gravidarum	Severe nausea and vomiting to the extent that the pregnant woman becomes dehydrated and acidotic. <b>Presence of condition diagnosed by a physician as self-reported or as documented by a physician, or someone working under physician's orders.</b>	PG1/PG2	1
302 M	Gestational Diabetes (GDM)	Any degree of glucose/carbohydrate intolerance with onset or first recognition during pregnancy. <b>Presence of condition diagnosed by a physician as self-reported or documented by a physician, or someone working under physician's orders.</b>	PG1/PG2	1
303	History of Gestational Diabetes	History of diagnosed gestational diabetes. May or may not have been insulin dependent. <b>Presence of condition diagnosed by a physician as self-reported or documented by a physician, or someone working under physician's orders.</b>	PG1/PG2 EN/PN/PN+ P	1 1 6
304 M	History of Preeclampsia	History of diagnosed preeclampsia. <b>Presence of condition diagnosed by a physician as self-reported by applicant/participant/caregiver; or as reported or documented by a physician, or someone working under a physician's orders.</b>	PG1/PG2 EN/PN/PN+ P	1 1 6

<b>310 series CLINICAL/HEALTH/MEDICAL: Delivery of low-birth weight/premature infant</b>				
311	History of Preterm Delivery	Birth of an infant at $\leq$ 37 weeks gestation. Pregnant Women: (P) Any history of preterm delivery. (B, N) most recent pregnancy only.	PG1/PG2 EN/PN/PN+ P	1 1 6
312	History of Low Birth Weight	Birth of an infant weighing $<$ 5 pounds 8 ounces ( $<$ 2500 g). (P) Any history of LBW pregnancy. (B, N) most recent pregnancy only.	PG1/PG2 EN/PN/PN+ P	1 1 6

Number	Risk Criterion	Definition and Cutoff	Participant Categories & Priorities	
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320 series CLINICAL/HEALTH/MEDICAL: History of poor pregnancy outcome				
321	<b>History of Spontaneous Abortion (SAB), Fetal or Neonatal Loss</b>	A spontaneous abortion (SAB) is the spontaneous termination of a gestation at < 20 weeks gestation or < 500 grams. Fetal death is the spontaneous termination of a gestation at ≥ 20 weeks. Neonatal death is the death of an infant within 0-28 days of life. 1. Pregnant women: any history of fetal death OR neonatal death OR 2 or more spontaneous abortions. 2. Breastfeeding women: 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. 3. Non-Breastfeeding: most recent pregnancy. <b>Presence of condition diagnosed by a physician as self reported by applicant/participant/caregiver; or as reported or documented by a physician, or someone working under physician's orders.</b>	PG1/PG2 EN/PN/PN+ P	1 1 6

330 series CLINICAL/HEALTH/MEDICAL: General obstetrical risks				
331 M	<b>Pregnancy at a Young Age</b>	Conception ≤ 17 years of age. (P) – current pregnancy, (B, N) – most recent pregnancy.	PG1/PG2 EN/PN/PN+ P	1 1 6
332	<b>Short Interpregnancy Interval (Closely Spaced Pregnancy)</b>	<del>Conception before 16 months postpartum.</del> <u>Short Interpregnancy Interval (IPI), formerly known as Closely Spaced Pregnancies, is defined as an interpregnancy interval of less than 18 months from the date of a live birth to the conception of the subsequent pregnancy for the following:</u> (P) current pregnancy, (B, N) most recent pregnancy only.	PG1/PG2 EN/PN/PN+ P	1 1 6

330 series CLINICAL/HEALTH/MEDICAL: General obstetrical risks				
333	<b>High Parity and Young Age</b>	Women < 20 years old at time of conception who have had 3 or more <b>previous</b> pregnancies of at least 20 weeks duration, regardless of birth outcome. (P) – current pregnancy, (B, N) – most recent pregnancy.	PG1/PG2 EN/PN/PN+ P	1 1 6
334	<b>Lack of or Inadequate Prenatal Care</b>	Prenatal care beginning <b>after</b> the 1 <sup>st</sup> trimester (13 <sup>th</sup> week).	PG1/PG2 = 1	1
335 M	<b>Multifetal Gestation</b>	> One (1) fetus in a current pregnancy (PG) or the most recent pregnancy (B, N)	PG1/PG2 EN/PN/PN+ P	1 1 6
336 M	<b>Fetal Growth Restriction (FGR)</b>	Fetal Growth Restriction (FGR) (replaces the term Intrauterine Growth Retardation, IUGR), and is usually defined as a fetal weight below (<) the 10 <sup>th</sup> percentile for gestational age. <b>Presence of condition diagnosed by a physician as self reported by applicant/participant/caregiver; or as reported or documented by a physician, or someone working under physician's orders.</b>	PG1/PG2	1

Number	Risk Criterion	Definition and Cutoff	Participant Categories & Priorities	
<b>330 series CLINICAL/HEALTH/MEDICAL: General obstetrical risks</b>				
338	<b>Pregnant Woman Breastfeeding</b>	Breastfeeding woman now pregnant.	PG1/PG2	1
339	<b>History of Birth with Nutrition Related Congenital or Birth Defect</b>	<p>Birth of an infant with a congenital or birth defect, linked to inappropriate nutritional intake, e.g. inadequate zinc, folic acid, excess vitamin A. (P) Any pregnancy, (B, N) most recent pregnancy only.</p> <p><b>Presence of condition diagnosed by a physician as self reported by applicant/participant/caregiver; or as reported or documented by a physician, or someone working under physician's orders.</b></p>	PG1/PG2 EN/PN/PN+ P	1 1 6

Number	Risk Criterion	Definition and Cutoff	Participant Categories & Priorities
<b>340/350/360 series CLINICAL/HEALTH/MEDICAL: Nutrition-related risk conditions</b>			
342 M	<b>Gastro-Intestinal Disorders</b>	<p>Disease(s) or condition(s) that interfere with the intake, digestion, and/or absorption of nutrients. The conditions include; but are not limited to:</p> <ul style="list-style-type: none"> <li>• gastroesophagealreflux (GER)</li> <li>• post-bariatric surgery</li> <li>• inflammatory bowel disease, including ulcerative colitis or Cohn’s disease.</li> <li>• Liver disease</li> <li>• Biliary tract disease</li> <li>• Peptic ulcer</li> <li>• short bowel syndrome</li> <li>• Pancreatitis</li> </ul> <p><b>Presence of gastro-intestinal disorders documented by a physician, or someone working under physician’s orders.</b></p>	PG1/PG21 EN/PN/PN+ P IEN/IFF IPN/IPN+ C1-C4 1 1 6 1 1 3
343 M	<b>Diabetes Mellitus</b>	<p>A group of metabolic diseases characterized by inappropriate hyperglycemia resulting from defects in insulin secretion, insulin action or both.</p> <p>Presence of diabetes mellitus may be self-reported or documented by a physician, or someone working under physician’s orders.</p>	PG1/PG2 EN/PN/PN+ P IEN/IFF IPN/IPN+ C1-C4 1 1 6 1 1 3
344 M	<b>Thyroid Disorders</b>	<p><b>Hyperthyroidism</b> Excessive thyroid hormone production (most commonly known as Graves’ disease and toxic multinodular goiter).</p> <p><b>Hypothyroidism</b> Low secretion levels of thyroid hormone (can be overt or mild/subclinical). Most commonly seen as chronic autoimmune thyroiditis (Hashimoto’s thyroiditis or autoimmune thyroid disease). It can also be caused by severe iodine deficiency.</p> <p><b>Congenital Hyperthyroidism</b> Excessive thyroid hormone levels at birth, either transient (due to maternal Grave’s disease) or persistent (due to genetic mutation).</p> <p><b>Congenital Hypothyroidism</b> Infants born with an under active thyroid gland and presumed to have had hypothyroidism in-utero.</p> <p><b>Postpartum Thyroiditis</b> Transient or permanent thyroid dysfunction occurring in the first year after delivery based on an autoimmune inflammation of the thyroid. Frequently, the resolution is spontaneous.</p> <p><b>Presence of condition diagnosed by a physician as self-reported by applicant/participate/caregiver; or as reported or documented by a physician, or someone working under physician’s orders.</b></p>	PG1/PG2 EN/PN/PN+ P IEN/IFF IPN/IPN+ C1-C4 1 1 6 1 1 3

Number	Risk Criterion	Definition and Cutoff	Participant Categories & Priorities	
<b>340/350/360 series CLINICAL/HEALTH/MEDICAL: Nutrition-related risk conditions</b>				
345 M	<b>Hypertension and Prehypertension</b>	<b>Presence of hypertension or prehypertension diagnosed by a physician as reported by applicant/participant/caregiver; or as reported or documented by a physician, or someone working under physician's orders.</b>	PG1/PG2 EN/PN/PN+ P IEN/IFF IPN/IPN+ C1-C4	1 1 6 1 1 3
346 M	<b>Renal Disease</b>	Any renal disease including pyelonephritis and persistent proteinuria, but <b>excluding</b> urinary tract infections (UTI) involving the bladder. <b>Presence of renal disease documented by a physician, or someone working under physician's orders.</b>	PG1/PG2 EN/PN/PN+ P IEN/IFF IPN/IPN+ C1-C4	1 1 6 1 1 3
347 M	<b>Cancer</b>	A chronic disease whereby populations of cells have acquired the ability to multiply and spread without the usual biologic restraints. The current condition, or the treatment for the condition, must be severe enough to affect nutritional status. <b>Presence of cancer documented by a physician, or someone working under physician's orders.</b>	PG1/PG2 EN/PN/PN+ P IEN/IFF IPN/IPN+ C1-C4	1 1 6 1 1 3
348 M	<b>Central Nervous System Disorders</b>	Conditions which affect energy requirements, ability to feed self, or alter nutritional status metabolically, mechanically, or both. These include, but are not limited to: <ul style="list-style-type: none"> <li>• epilepsy</li> <li>• cerebral palsy (CP)</li> <li>• neural tube defects (NTD), such as spina bifida</li> <li>• Parkinson's disease</li> <li>• Multiple sclerosis (MS)</li> </ul> <b>Presence of condition diagnosed by a physician as self-reported by applicant/participant/caregiver; or as reported or documented by a physician, or someone working under physician's orders.</b>	PG1/PG2 EN/PN/PN+ P IEN/IFF IPN/IPN+ C1-C4	1 1 6 1 1 3
349 M	<b>Genetic and Congenital Disorders</b>	Hereditary 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: <ul style="list-style-type: none"> <li>• Cleft lip or palate</li> <li>• sickle cell anemia (does include sickle cell trait)</li> <li>• Down's syndrome</li> <li>• muscular dystrophy</li> <li>• thalassemia major</li> </ul> <b>Presence of genetic and congenital disorders documented by a physician, or someone working under physician's orders.</b>	PG1/PG2 EN/PN/PN+ P IEN/IFF IPN/IPN+ C1-C4	1 1 6 1 1 3



Number	Risk Criterion	Definition and Cutoff	Participant Categories & Priorities	
351 M	<b>Inborn Errors of Metabolism</b>	<p>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:</p> <p><u>Amino Acid Disorders</u></p> <ul style="list-style-type: none"> <li>Phenylketonuria (includes clinically significant hyperphenylalaninemia variants)</li> <li>Maple syrup urine disease</li> <li>Homocystinuria</li> <li>Tyrosinemia</li> </ul> <p><u>Urea Cycle Disorders</u></p> <ul style="list-style-type: none"> <li>Citrullinemia</li> <li>Argininosuccinicaciduria</li> <li>Carbamoyl phosphate synthetase I deficiency</li> </ul> <p><u>Organic Acid Metabolism Disorders</u></p> <ul style="list-style-type: none"> <li>Isovalericacidemia</li> <li>3-Methylcrotonyl-CoA carboxylase deficiency</li> <li>Glutaricacidemia type I</li> <li>Glutaricacidemia type II</li> <li>3-hydroxy-3-methylglutaryl-coenzyme A lyase deficiency</li> <li>Multiple carboxylase deficiency (Biotinidase deficiency, Holocarboxylasesynthetase deficiency)</li> <li>Methylmalonicacidemia</li> <li>Propionic acidemia</li> <li>Beta-ketothiolase deficiency</li> </ul> <p><u>Fatty Acid Oxidation Disorders</u></p> <ul style="list-style-type: none"> <li>Medium-chain acyl-CoA dehydrogenase deficiency</li> <li>Long-chain 3-hydroxyacyl-CoA dehydrogenase deficiency</li> <li>Trifunctional protein deficiency type 1 (LCHAD deficiency)</li> <li>Trifunctional protein deficiency type 2 (mitochondrial trifunctional protein deficiency)</li> <li>Carnitine uptake defect (primary carnitine deficiency)</li> <li>Very long-chain acyl-CoA dehydrogenase deficiency</li> </ul> <p><u>Carbohydrate Disorders</u></p> <ul style="list-style-type: none"> <li>Galactosemia - Note: Infants with classic galactosemia cannot be breastfed due to lactose in human milk.</li> <li>Glycogen storage disease type I</li> <li>Glycogen storage disease type II (See also Pompe disease)</li> <li>Glycogen storage disease type III</li> <li>Glycogen storage disease type IV (Andersen Disease)</li> <li>Glycogen storage disease type V</li> <li>Glycogen storage disease type VI</li> <li>Hereditary Fructose Intolerance (Fructose 1-phosphate aldolase deficiency, Fructose 1, 6, biphosphatase deficiency, fructose kinase deficiency)</li> </ul> <p><u>Peroxisomal Disorders</u></p> <ul style="list-style-type: none"> <li>Zellweger Syndrome Spectrum</li> <li>Adrenoleukodystrophy (x-ALD)</li> </ul> <p><u>Mitochondrial Disorders</u></p> <ul style="list-style-type: none"> <li>Leber hereditary optic neuropathy</li> <li>Mitochondrial encephalomyopathy, lactic acidosis, and stroke-like episodes (MELAS)</li> <li>Mitochondrial neurogastrointestinal encephalopathy disease (MNGIE)</li> <li>Myoclonic epilepsy with ragged-red fibers (MERRF)</li> <li>Neuropathy, ataxia, and retinitis pigmentosa (NARP)</li> <li>Pyruvate carboxylase deficiency</li> </ul>	PG1/PG2 EN/PN/PN+ P IEN/IFF IPN/IPN+ C1-C4	1 1 6 1 1 3
351 M	<b>Inborn Errors of Metabolism (continued)</b>	<p><u>Lysosomal Storage Diseases</u></p> <ul style="list-style-type: none"> <li>Fabry disease (<math>\alpha</math>-galactosidase A deficiency)</li> <li>Gauchers disease (glucocerebrosidase deficiency)</li> <li>Pompe disease (glycogen storage disease Type II, or acid <math>\alpha</math>-glucosidase deficiency)</li> </ul> <p><b>Presence of inborn error(s) of metabolism documented by a physician, or someone working under physician's orders.</b></p>	PG1/PG2 EN/PN/PN+ P IEN/IFF IPN/IPN+ C1-C4	1 1 6 1 1 3
352 M	<b>Infectious Diseases</b>  ▲ Refer to the "WIC Nutrition Risk Criteria" manual.	<p>A disease caused by growth of pathogenic microorganisms in the body severe enough to affect nutritional status. Includes, but is not limited to:</p> <ul style="list-style-type: none"> <li>tuberculosis</li> <li>parasitic infections</li> <li>pneumonia</li> <li>hepatitis ▲</li> <li>meningitis</li> <li>bronchiolitis (3 episodes in last 6 months)</li> <li>HIV (Human Immunodeficiency Virus infection) ▲</li> <li>AIDS (Acquired Immunodeficiency Syndrome) ▲</li> </ul> <p><b>The infectious disease must be present within the past 6 months, and diagnosed by a physician as self-reported by applicant/participant/caregiver; or as reported or documented by a physician, or someone working under a physician's orders.</b></p>	PG1/PG2 EN/PN/PN+ P IEN/IFF IPN/IPN+ C1-C4	1 1 5 1 1 3

Number	Risk Criterion	Definition and Cutoff	Participant Categories & Priorities	
353 M	<b>Food Allergies</b>	Food allergies are adverse health effects from a specific immune response that occurs reproducibly on exposure to a given food. <b>Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver</b>	PG1/PG2 EN/PN/PN+ P IEN/IFF IPN/IPN+ C1-C4	1 1 6 1 1 3
354 M	<b>Celiac Disease</b>	Celiac Disease (CD) is an autoimmune disease precipitated by the ingestion of gluten (a protein in wheat, rye, and barley) that results in damage to the small intestine and malabsorption of the nutrients from food. CD also known as: •Celiac Sprue • Gluten Enteropathy •Non-tropical Sprue <b>Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver.</b>	PG1/PG2 EN/PN/PN+ P IEN/IFF IPN/IPN+ C1-C4	1 1 6 1 1 3
355 M	<b>Lactose Intolerance</b>	Lactose intolerance is the syndrome of one or more of the following: diarrhea, abdominal pain, flatulence, and/or bloating, that occurs after lactose ingestion. <b>Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver.</b>	PG1/PG2 EN/PN/PN+ P IEN/IFF IPN/IPN+ C1-C4	1 1 6 1 1 3
358 M	<b>Eating Disorders</b>	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: 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. <b>Presence of eating disorders diagnosed by a physician as self reported by applicant/participant/caregiver; or as reported or documented by a physician, or someone working under physician's orders.</b>	PG1/PG2 EN/PN/PN+ P	1 1 6
360 M	<b>Other Medical Conditions</b>	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. Includes, but is not limited to: • juvenile rheumatoid arthritis (JRA) • lupus erythematosus • cardiorepiratory diseases • heart diseases • cystic fibrosis • persistent asthma (moderate or severe) requiring daily medication. <b>Presence of other medical condition(s) documented by a physician, or someone working under physician's orders.</b>	PG1/PG2 EN/PN/PN+ P IEN/IFF IPN/IPN+ C1-C4	1 1 6 1 1 3

Number	Risk Criterion	Definition and Cutoff	Participant Categories & Priorities	
361 M	<b>Depression</b>	Presence of clinical depression, including postpartum depression. Presence of condition diagnosed, documented, or reported by a physician, clinical Psychologist, or someone working under a physician's orders, or as self-reported by the applicant/participant/caregiver.	PG1/PG2 EN/PN/PN+ P	1 1 6
362 M	<b>Developmental Delays, Sensory or Motor Delays Interfering with the Ability to Eat</b>	Developmental, sensory or motor disabilities that restrict the ability to chew or swallow food or require tube feeding to meet nutritional needs. Includes but not limited to: minimal brain function, feeding problems due to developmental delays birth injury, head trauma, brain damage, and other disabilities.	PG1/PG2 EN/PN/PN+ P IEN/IFF IPN/IPN+ C1-C4	1 1 6 1 1 3
363 M	<b>Pre-Diabetes</b>	Impaired 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 diagnosis criteria for diabetes mellitus. <b>Presence of pre-diabetes diagnosed by a physician as self-reported by applicant/participant/caregiver; or as reported or documented by a physician, or someone working under physician's orders.</b>	EN/PN/PN+ P	1 6
<b>370 series CLINICAL/HEALTH/MEDICAL: Substance Abuse</b>				
371	<b>Maternal Smoking</b>	Any smoking of tobacco products: i.e., cigarettes, pipes or cigars.	PG1/PG2 EN/PN/PN+ P	1 1 6
372 M	<b>Alcohol and Illegal Drug Use</b>	1. For Pregnant Women: • Any alcohol use • Any illegal drug use 2. For Breastfeeding and Non-Breastfeeding Postpartum Women: ▪ Routine current use of $\geq 2$ drinks per day (1). A serving or standard sized drink is: 1 can of beer (12 fluid ounces); 5 ounces Wine; and 1½ fluid ounces liquor (1 jigger gin, rum, vodka, whiskey (86-proof), vermouth, cordials or liqueurs), or ▪ Binge Drinking, i.e., drinks 5 or more ( $\geq 5$ ) drinks on the same occasion on at least one day in the past 30 days; or ▪ Heavy Drinking, i.e., drinks 5 or more ( $\geq 5$ ) drinks on the same occasion on five or more days in the previous 30 days; or ▪ Any illegal drug use	PG1/PG2 EN/PN/PN+ P	1 1 6
<b>380 Series CLINICAL/HEALTH/MEDICAL: Other Health Risk</b>				
381	<b>Oral Health Conditions</b>	Presence of oral health conditions diagnosed, documented, or reported by a physician, dentist, or someone working under a physician's orders, or as self reported by applicant, participant, or caregiver. * <u>Dental caries</u> , often referred to as "cavities" or "tooth decay", is a common chronic, infectious, transmissible disease resulting from tooth-adherent specific bacteria that metabolize sugars to produce acid which, over time, demineralizes tooth structure. * <u>Periodontal diseases</u> are infections that affect the tissues and bone that support the teeth. Periodontal diseases are classified according to the severity of the disease. The two major stages are gingivitis and periodontitis. Gingivitis may lead to more serious, destructive forms of periodontal disease called periodontitis. * <u>Tooth loss, ineffectively replaced teeth or oral infections</u> which impair the ability to ingest food in adequate quantity or quality.	PG1/PG2 EN/PN/PN+ P IEN/IFF IPN/IPN+ C1-C4	1 1 6 1 1 3
382 M	<b>Fetal Alcohol Syndrome (FAS)</b>	FAS is based on the presence of retarded growth, a pattern of facial abnormalities, and abnormalities of the central nervous system, including mental retardation. Does not include Fetal Alcohol Effects (FAE) or Alcohol Related Birth Defects (ARBD). <b>Diagnosed by a physician as self-reported by applicant/participant/caregiver; or as reported or documented by a physician, or someone working under a physician's orders.</b>	IEN/IFF IPN/IPN+ C1-C4	1 1 3

Number	Risk Criterion	Definition and Cutoff	Participant Categories & Priorities	
<b>400 Series DIETARY: Failure to Meet Dietary Guidelines for Americans</b>				
401	<b>Failure to Meet Dietary Guidelines for Americans</b>	<p>Women and children two years of age and older who meet the income, categorical, and residency eligibility requirements may be presumed to be at nutritional risk for <i>failure to meet Dietary Guidelines for Americans</i>. Based on an individual's estimated energy needs, the <i>failure to meet Dietary Guidelines</i> 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).</p> <p><b>The Failure to Meet Dietary Guidelines for Americans risk criterion can only be used when a complete nutrition assessment has been completed and no other risk criteria have been identified. This includes assessing for risk #425, Inappropriate Nutrition Practices for Children or risk #427, Inappropriate Nutrition Practices for Women.</b></p>	PG1/PG2 EN/PN/PN+ P C2-C4	4 4 6 5
411	<b>Inappropriate Nutrition Practices for Infants</b>	<p><b>Routine</b> use of feeding practices that may result in impaired nutrient status, disease, or health problems. These practices are listed below:</p> <ol style="list-style-type: none"> <li>Routine use of a substitute for breastmilk or FDA approved iron-fortified formula as the primary nutrient source: <ul style="list-style-type: none"> <li>low iron formula without iron supplement;</li> <li>cow/goat/sheep milk; (whole, reduced, low-fat, skim)</li> <li>imitation or substitute milk (such as rice or soy-based, non-dairy creamer) or other "homemade concoctions".</li> </ul> </li> <li>Improper use of nursing bottles or cups: <ul style="list-style-type: none"> <li>using a bottle to feed juice;</li> <li>feeding any sugar-containing fluids (soda, sweetened liquids);</li> <li>allowing the infant to fall asleep or be put to bed with a bottle;</li> <li>using the bottle or cup without restriction (walking around with a bottle or cup) or as a pacifier;</li> <li>propping the bottle when feeding;</li> <li>allowing the infant to carry around and drink throughout the day from a covered or training cup.</li> <li>adding any food (cereal or other solids) to the bottle.</li> </ul> </li> <li>Offering any <i>complementary foods</i> or other substances that are inappropriate in type or timing: <ul style="list-style-type: none"> <li>adding sugar, honey, syrup to beverages, food or on a pacifier;</li> <li>or any food prior to 4 months of age.</li> </ul> </li> <li>Using feeding practices that disregard the developmental needs or stage of the infant: <ul style="list-style-type: none"> <li>forcing an infant to eat a certain type and/or amount of food or beverage or ignoring hunger cues;</li> <li>feeding foods of inappropriate consistency, size, or shape that put infants at risk of choking;</li> <li>not supporting an infant's need for growing independence with self-feeding;</li> <li>feeding an infant foods with inappropriate textures based on his/her developmental stage.</li> </ul> </li> </ol> <p>Note: (Complementary foods are any foods other than breast-milk or formula.)</p>	IEN/IFF IPN/IPN+	4 4

Number	Risk Criterion	Definition and Cutoff	Participant Categories & Priorities	
<b>400 Series DIETARY: Failure to Meet Dietary Guidelines for Americans</b>				
411	<p><i>con't</i> <b>Inappropriate Nutrition Practices for Infants</b></p> <p>Note: (Complementary foods are any foods other than breast-milk or formula.)</p>	<p>5. Feeding foods that could be contaminated with harmful microorganisms or toxins, examples include:</p> <ul style="list-style-type: none"> <li>▪ unpasteurized fruit or vegetable juice;</li> <li>▪ unpasteurized dairy products or soft cheeses such as feta, Brie, Camembert, blue-veined, and Mexican-style cheese;</li> <li>▪ honey;</li> <li>▪ raw or undercooked meat, fish, poultry or egg;</li> <li>▪ raw vegetable sprouts;</li> <li>▪ deli meats, hot dogs, and processed meats (avoid unless heated until steaming hot).</li> </ul> <p>6. Inappropriately diluted formula: failure to follow manufacturer's dilution instructions or failure to follow specific instruction accompanying a prescription.</p> <p>7. Limiting the frequency of nursing of the exclusively breastfed infant when breast milk is the sole source of nutrients in the first six months of life:</p> <ul style="list-style-type: none"> <li>▪ scheduled feedings instead of demand feedings;</li> <li>▪ less than 8 feedings in 24 hours if less than 2 months of age or</li> <li>▪ less than 6 feedings in 24 hours if between 2 and 6 months of age.</li> </ul> <p>8. Feeding a diet very low in calories and/or essential nutrients: Vegan diet, macrobiotic diet and other diets very low in calories and/or essential nutrients.</p> <p>9. Using inappropriate sanitation in preparation, handling, and storage of expressed human milk or formula:</p> <ul style="list-style-type: none"> <li>▪ limited or no access to a safe water supply (documented by appropriate officials) heat source for sterilization, and/or refrigerator or freezer for storage.</li> <li>▪ failure to properly prepare, handle, and store bottles or storage containers or breast pumps properly .</li> </ul> <p>Human Milk</p> <ul style="list-style-type: none"> <li>*Thawing in a microwave</li> <li>*Refreezing</li> <li>*Adding freshly expressed unrefrigerated human milk to frozen human milk.</li> <li>*Adding refrigerated human milk to frozen human milk in an amount that is greater than the amount of frozen human milk.</li> <li>*Feeding thawed human milk more than 24 hours after it was thawed.</li> <li>*Saving human milk from a used bottled for another feeding.</li> <li>*Failure to clean breast pump per manufacturer's instruction.</li> </ul> <p>Formula</p> <ul style="list-style-type: none"> <li>*Storing at room temperature for more than 1 hour.</li> <li>*Failure to store prepared formula per manufacturer's instructions.</li> <li>*Using formula in a bottle one hour after the start of a feeding.</li> <li>*Saving formula from a used bottle for another feeding.</li> <li>*Failure to clean baby bottle properly.</li> </ul>	IEN/IFF IPN/IPN+	4 4

Number	Risk Criterion	Definition and Cutoff	Participant Categories & Priorities	
<b>400 Series DIETARY: Failure to Meet Dietary Guidelines for Americans</b>				
411	<i>con't</i> <b>Inappropriate Nutrition Practices for Infants (continued)</b>	<p>10. Feeding dietary supplements with potentially harmful consequences (if the following are fed in excess of recommended dosages, they may be toxic or have harmful consequences): single or multi-vitamins; mineral supplements; herbal or botanical supplements/remedies/teas.</p> <p>11. Routinely not providing dietary supplements when an infant's diet alone cannot meet nutrient requirements.</p> <ul style="list-style-type: none"> <li>▪ Infant &lt; 6 months of age or older who are ingesting less than 0.25mg of fluoride daily.</li> <li>▪ exclusively breastfed infant, or are ingesting less than 1 liter per day of vitamin D-fortified formula, and are not taking a supplement of 400 IU.</li> </ul>	IEN/IFF IPN/IPN+	4 4
425	<b>Inappropriate Nutrition Practices for Children</b>	<p><b>Routine</b> use of feeding practices that may result in impaired nutrient status, disease, or health problems. These practices are listed below:</p> <ol style="list-style-type: none"> <li>1. Feeding inappropriate beverages as the primary milk source: <ul style="list-style-type: none"> <li>• non-fat or reduced-fat milks (between 12 and 24 months of age, <u>unless allowed for a child for whom overweight is a concern only</u>), or sweetened condensed milk; and</li> <li>• imitation or substitute milks (such as inadequately or unfortified rice- or soy based beverages, non-dairy creamer), or other "homemade concoctions."</li> </ul> </li> <li>2. Feeding a child any sugar containing fluids: sodas, gelatin water, corn syrup solutions, sweetened tea.</li> <li>3. Using nursing bottles, cups or pacifiers improperly: <ul style="list-style-type: none"> <li>• using a bottle to feed fruit juice, diluted cereal or other solid foods;</li> <li>• allowing the child to fall asleep or be put to bed with a bottle at naps or bedtime;</li> <li>• allowing the child to use the bottle without restriction (e.g., walking around with a bottle) or as a pacifier;</li> <li>• using a bottle for feeding or drinking beyond 14 months of age;</li> <li>• using a pacifier dipped in sweet agents such as sugar, honey, or syrups;</li> <li>• allowing a child to carry around and drink throughout the day from a covered or training cup.</li> </ul> </li> <li>4. Using feeding practices that disregard the developmental needs or stages of the child: <ul style="list-style-type: none"> <li>• forcing a child to eat a certain type and/or amount of food or beverage or ignoring a hungry child's requests for appropriate foods;</li> <li>• feeding foods of inappropriate consistency, size, or shape that put children at risk of choking;</li> <li>• not supporting a child's need for growing independence with self-feeding;</li> <li>• feeding a child food with an inappropriate texture based on his/her developmental stage.</li> </ul> </li> </ol>	C1-C4	5

Number	Risk Criterion	Definition and Cutoff	Participant Categories & Priorities	
<b>400 Series DIETARY: Failure to Meet Dietary Guidelines for Americans</b>				
425	<b>Inappropriate Nutrition Practices for Children (continued)</b>	<p>5. Feeding foods that could be contaminated with harmful microorganisms:</p> <ul style="list-style-type: none"> <li>• unpasteurized fruit or vegetable juice;</li> <li>• unpasteurized dairy products or soft cheese such as feta, Brie, Camembert, blue-veined, and Mexican-style cheese;</li> <li>• raw or undercooked meat, fish, poultry, or eggs;</li> <li>• raw vegetable sprouts;</li> <li>• deli meats, hot dogs, and processed meats (avoid unless heated until steaming hot).</li> </ul> <p>6. Feeding a diet very low in calories and/or essential nutrients: Vegan diet, macrobiotic diet and other diets very low in calories and/or essential nutrients.</p> <p>7. Feeding dietary supplements with potentially harmful consequences (if the following are fed in excess of recommended dosages, they may be toxic or have harmful consequences) single or multi-vitamins; mineral supplements; herbal or botanical supplements/remedies/teas.</p> <p>8. Routinely not providing dietary supplements when a child's diet alone cannot meet nutrient requirements.</p> <ul style="list-style-type: none"> <li>▪ Providing children &lt; 36 months of age &lt; 0.25 mg of fluoride daily when the water supply contains &lt; 0.3 ppm fluoride.</li> <li>▪ Providing children 36-60 months of age &lt; 0.50 mg of fluoride daily when the water supply contains &lt; 0.3 ppm fluoride.</li> <li>▪ Not providing 400 IU of vitamin D if a child consumes &lt; 1 liter (or 1 quart) of vitamin D fortified milk or formula.</li> </ul> <p>9. Routine ingestion of nonfood items (pica): e.g. ashes; carpet fibers; cigarettes or cigarette butts; clay; dust; foam rubber; paint chips; soil; and starch (laundry and cornstarch).</p>	C1-C4	5

Number	Risk Criterion	Definition and Cutoff	Participant Categories & Priorities	
<b>400 Series DIETARY: Failure to Meet Dietary Guidelines for Americans</b>				
427	<b>Inappropriate Nutrition Practices for Women</b>	<p><b>Routine</b> nutrition practices that may result in impaired nutrient status, disease, or health problems. These practices are listed below:</p> <ol style="list-style-type: none"> <li>1. Consuming dietary supplements with potentially harmful consequences (when ingested in excess of recommended dosages): single or multiple vitamins; mineral supplements; and herbal or botanical supplements/remedies/teas.</li> <li>2. Consuming a diet very low in calories and/or essential nutrients; or impaired caloric intake or absorption of essential nutrients following bariatric surgery': e.g. strict vegan diet; macrobiotic diet; and any other diet restricting calories and/or essential nutrients.</li> <li>3. Compulsively ingesting non-food items (pica): e.g. 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 and corn starch).</li> <li>4. Inadequate vitamin/mineral supplementation recognized as essential by national public health policy: <ol style="list-style-type: none"> <li>i. consumption of less than 27 mg of iron as a supplement daily by pregnant woman;</li> <li>ii. consumption of less than 400 mcg of folic acid from fortified foods and/or supplements daily by non-pregnant woman.</li> <li>iii. consumption of less than 150 µg of supplemental iodine per day by pregnant and breastfeeding women.</li> <li>iv. pregnant woman ingesting foods that could be contaminated with pathogenic microorganisms; e.g.; <ul style="list-style-type: none"> <li>• refrigerated smoked seafood, unless it is an ingredient in a cooked dish, such as a casserole;</li> <li>• raw or undercooked meat or poultry;</li> <li>• hot dogs, luncheon meats (cold cuts), fermented and dry sausage and other deli-style meat or poultry products unless reheated until steaming hot; hot dogs, luncheon meats (cold cuts), fermented and dry sausage and other deli-style meat or poultry products unless reheated until steaming hot;</li> <li>• refrigerated meat spreads;</li> <li>• unpasteurized milk or foods containing unpasteurized milk;</li> <li>• 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;</li> <li>• 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 egg nog;</li> <li>• raw sprouts; or</li> <li>• unpasteurized fruit or vegetable juices.</li> </ul> </li> </ol> </li> </ol>	PG1/PG2 EN/PN/PN+ P	4 4 6



Number	Risk Criterion	Definition and Cutoff	Participant Categories & Priorities	
<b>400 Series DIETARY: Failure to Meet Dietary Guidelines for Americans</b>				
428	<b>Dietary Risk Associated with Complementary Feeding Practices</b>	An infant or child who has begun to or is expected to begin to 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> , is at risk of inappropriate complementary feeding.  <b>This risk may only be assigned after a complete nutrition assessment, including for risk #411, Inappropriate Nutrition Practices for Infants, or #425, Inappropriate Nutrition Practices for Children is completed and no other risk(s) have been identified.</b>	IEN/IFF IPN/IPN+ (6 to 12 months) C1 (12-23 months)	1 1 5

<b>500 series OTHER RISKS: Regression/Transfer (nutrition risk unknown)</b>				
501	<b>Possibility of Regression</b>	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 C.P.A. determines there is a possibility of regression in nutritional status without the supplemental foods. Use <b>only</b> when <b>NO</b> other risk can be identified: The participant must have been certified with one of the following in the previous certification period: 101/103 Underweight, 111/113 Overweight, 121 Short Stature, 134 Failure to Thrive, 201 Anemia, 401 Failure to Meet Dietary Guidelines. Cannot be used for subsequent certification periods.	EN/PN/PN+ P C1-C4	7 7 7
502	<b>Transfer of Certification</b>	Person presently with current valid Verification of Certification (VOC) card from another State agency. The VOC is valid until the certification period expires, and shall be accepted as proof of eligibility for program benefits. If the receiving local clinic has waiting lists for participation, the transferring participant shall be placed on the list ahead of all other waiting applicants. Use <u>only</u> if nutrition risk condition(s) is unknown or not used by Navajo Nation WIC.	PG1/PG2 EN/PN/PN+ P IEN/IFF IPN/IPN+ C1-C4	N/A N/A N/A N/A N/A N/A

<b>600 series OTHER RISKS Breastfeeding mother/infant dyad</b>				
601	<b>Breastfeeding Mother of Infant at Nutritional Risk</b>	A breastfeeding woman whose breastfed infant has been determined to be at nutritional risk.  <i>*Must be the same priority as the at-risk infant.</i>	EN/PN/PN+  <u>PG1/PG2</u>	1,2*  <u>1,2*</u>
602 H	<b>Breastfeeding Complications or Potential Complications (women)</b>	A breastfeeding woman with any of the following complications or potential complications: a) Severe breast engorgement b) Recurrent plugged ducts c) Mastitis (fever or flu-like symptoms with localized breast tenderness) d) Flat or inverted nipples e) Cracked, bleeding or severely sore nipples f) age ≥ 40 years g) failure of milk to come in by 4 days postpartum h) tandem nursing (breastfeeding two siblings who are not twins).	EN/PN/PN+ <u>PG1/PG2</u>	1 <u>1</u>

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Number	Risk Criterion	Definition and Cutoff	Participant Categories & Priorities	
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<b>600 series OTHER RISKS Breastfeeding mother/infant dyad</b>				
603 <b>H</b>	<b>Breastfeeding Complications or Potential Complications (infants)</b>	A breastfeeding infant with any of the following complications or potential complications for breastfeeding: a) jaundice b) weak or ineffective suck c) 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.	IEN/IPN/ IPN+	1
<b>FOR 602 &amp; 603, CPA will refer client to appropriate breastfeeding counselor (i.e., CLC, CBC, IBCLC) for further assessment and/or referral to a medical provider.</b>				

<b>700 series OTHER RISKS: Infant of a WIC eligible mother or mother at risk during pregnancy</b>				
701	<b>Infant Up to 6 Months Old of WIC Mother or of a Woman Who Would Have Been Eligible During Pregnancy</b>	An 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 medical conditions, (document reason under "comments").	IEN/IFF IPN/IPN+	2 2
702	<b>Breastfeeding Infant of Woman at Nutritional Risk</b>	Breastfeeding infant of woman at nutritional risk.	IEN/IFF/IPN /IPN+	1,2 or4*
703 <b>M</b>	<b>Infant Born of Woman with Mental Retardation or Alcohol or Drug Abuse during Most Recent Pregnancy</b>	Infant born of woman: <ul style="list-style-type: none"> <li>diagnosed with mental retardation by a physician or psychologist as self-reported by applicant/participant/caregiver; or as reported or documented by a physician, psychologist, or someone working under physician's orders; or</li> <li>documentation or self-report of any use of alcohol or illegal drugs</li> <li>during most recent pregnancy.</li> </ul>	IEN/IFF IPN/IPN+	1 1

<b>800 series OTHER RISKS: Homelessness/Migrancy</b>				
801	<b>Homelessness</b>	A woman, infant or child who lacks a fixed and regular nighttime residence; or whose primary nighttime residence is: <ul style="list-style-type: none"> <li>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</li> <li>an institution that provides a temporary residence for individuals intended to be institutionalized</li> <li>a temporary accommodation of not more than 365 days in the residence of another individual, or</li> <li>a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.</li> </ul>	PG1/PG2 EN/PN/PN+ P IEN/IFF IPN/IPN+ C1-C4	4 4 6 4 4 5

Number	Risk Criterion	Definition and Cutoff	Participant Categories & Priorities	
<b>800 series OTHER RISKS: Homelessness/Migrancy</b>				
802	<b>Migrancy</b>	Categorically eligible women, infants and children who are members of families which contain 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.	PG1/PG2 EN/PN/PN+ P IEN/IFF IPN/IPN+ C1-C4	4 4 6 4 4 5
<b>900 Series OTHER RISKS: Other nutrition risks</b>				
902 M	<b>Woman or Primary Caregiver with Limited Ability to Make Feeding Decisions and/or Prepare Food</b>	Woman (pregnant, breastfeeding or non-breastfeeding) or infant/child whose <b>primary</b> caregiver is assessed to have a limited ability to make appropriate feeding decisions and/or prepare foods. Examples may include individuals who are: <ul style="list-style-type: none"> <li>• ≤ 17 years of age</li> <li>• mentally disabled/delayed and/or has a mental illness such as clinical depression (diagnosed by a physician or licensed psychologist)</li> <li>• a physical disability which restricts or limits food preparation abilities</li> <li>• current using or having a history of abusing alcohol or other drugs.</li> </ul>	PG1/PG2 EN/PN/PN+ P IEN/IFF IPN/IPN+ C1-C4	4 4 6 4 4 5
903	<b>Foster Care</b>	Entering the foster care system during the previous six months or moving from one foster care home to another foster care home during the previous six months. <b>NOTE:</b> This nutritional risk cannot be used for consecutive certifications while the child remains in the same foster home. It should be used as the sole risk criterion only if careful assessment of the applicant's nutritional status indicates that no other risks based on anthropometric, medical or nutritional risk criteria can be identified.	PG1/PG2 EN/PN/PN+ P IEN/IFF IPN/IPN+ C1-C4	4 4 6 4 4 5
904	<b>Environmental Tobacco Smoke Exposure</b>	Environmental tobacco smoke (ETS) exposure is defined (for WIC eligibility purposes) as exposure to smoke from tobacco products inside the home. (Based on ETS identified from health history)	PG1/PG2 EN/PN/PN+ P IEN/IFF IPN/IPN+ C1-C4	1 1 6 1 1 3