Michigan WIC Manually Assigned Risks (MAR) Tool

The local agency shall use the same procedure to screen all applicants to maintain a consistent and equitable method for risk determination, including the following manually assigned risks. (MI-WIC Policy 2.13)

All			
Allergies to Food (35)	3.01) - if requires major diet modification to provide	optimal nutrition	
Nutrition History Q7 (W), Q8 (C), & Q13 (I) — Food allergies			
-	ctions (357.01) - if the medication could compromise	e nutritional status	
Medical Info Tab Q2 —			
• • • • • •	lements with potentially harmful consequences		
	min/mineral/herbal remedy not prescribed by doctor W) & Q12 (IC) — Vit/Min/lodine daily (W), Vits/Mins/Vit D suppl (I		
	iolent physical assaults) within past 6 months (self-rej	ported or documented by a social worker,	
• ·	or another appropriate document)		
	• Infants & Children: Abuse and/or neglect (any act or failure to act resulting in imminent risk of serious harm, death,		
serious physical or emotional harm, sexual abuse, or exploitation by parent or caregiver) within past 6 months			
Women — Pregnant/Breastfeeding/Postpartum			
	Breastfeeding Complications (602.01) – severe breast engorgement, recurrent plugged ducts, flat/inverted nipples,		
	ing/severely sore nipples, failure of milk to come in by	y day 4, thrush	
Foster Care (903) - if	ell me how breastfeeding is going.		
Client Information Scree			
	bus Abortion, Fetal or Neonatal Loss (321.01) - fo	or PG client with a history of 2+ miscarriages	
	 Miscarriage indicated and if 2 or more 		
Inadequate vitamin/	mineral supplementation (427.04)		
 Inadequate Iodine: PG, BE, or BP not taking 150 micrograms supplement daily, 			
• Inadequate Iron: PG	and taking < 27 mg supplement daily.		
	: BE, BP, or NPP taking < 400 mcg from fortified foods		
	Have you taken any vitamins or minerals in the past month? & Q6	6 (postpartum only) — Folic acid intake	
Nutrition History Q10 –	· Vit/Min/Iodine daily		
	Infants Only		
Boutinoly feeding in:	· · · · ·		
	ppropriately diluted formula (411.06) Ounces formula/feeding		
	Infants/Children		
Routinely not provid	ing dietary supplements needed (411.11/425.08)		
	Infants	Children	
Inadequate Fluoride	\geq 6 mos & taking < 0.25 mg fluoride when water	No fluoridated water source or supplement	
- measured and -	source has < 0.3 ppm fluoride		
Inadequate Vitamin I		Not receiving Vit D supplement (400 IU/day)	
- maagaate	IFF/IBP : not getting 1 liter (1 quart) Vit D formula	unless drinking 1 quart or 32 oz (excess) milk or	
	per day and not taking 400 IU Vit D supplement.	formula per day.	
Nutrition History Q12 — Fluoride & Vits/Mins/Vit D suppl			

Important Discussion Topics (not captured in MI-WIC)

Sample leading question/statement for staff in determining other nutrition education, referrals, and some manually assigned risks.

Nutrition/Physical Activity All What is mealtime/snack time like for your family? (Probe: when, where, what, with whom, division of responsibility) What makes you most happy about your child's eating? What physical activities do you/your family do? (Probe: activity level, likes/dislikes) Women How is your appetite? How do you feel about your weight? How would you like things to be as far as your eating and/or weight? Do you have any concerns about your weight? How would you like your eating habits to be? Infants/Children What has your doctor said about your infant/child's growth? How does the doctor think he/she is growing? How do you feel about your child's growth? What do you think? Do you have any concerns about your infant/child's growth? Infant Feeding **Breastfeeding & Chestfeeding** Tell me how breastfeeding is going. Probe: latch, supply, breast changes/health, engorgement, sore nipples, recurrent plugged ducts, flat or inverted nipples, mastitis, thrush What would make breastfeeding easier for you when you go back to school/work? Tell me about your plan. **Formula Feeding** Tell me about how you prepare formula. What have you been told about how to prepare formula? All Infants What does your baby do/How does your baby tell you they hungry/full? How much water do you think your baby drinks in 24 hours? Assistance/Referrals Lead/Environmental Issues Lead Tell me about where you live. What year was your home built? If prior to 1978, may be exposed to lead. Probe: chipping paint, any current remodeling, possible environmental contamination/location Probe other potential lead exposure: family/friends (know anyone with lead poisoning or high lead readings); work conditions (auto repair, plumbing, pottery); home remedies used. Water Supply Tell me about your water supply. How do you get your water? Probe fluoride, nitrates/well water What appliances do you have in your home? Probe: Access to refrigeration, stove/range, hotplate, microwave Food Security/Safety/Access Women What do meals look like at the end of the month? Probe: run out of food, cut size of meals, budget, etc. How easy is it for you to get transportation for prenatal/WIC appointments, and other things your family needs? **Personal Safety** Women Tell me about any physical harm or feelings of threat or fear in your current relationship. (Consider 901.01 risk code)

• Tell me about any concerns/fear you have of returning to your current home.