

MI-WIC POLICY

Eligibility/Certification

2.0 Eligibility/Certification

Effective Date: 7/7/09

2.01 Eligibility/Certification of Clients

PURPOSE: To outline the eligibility criteria for applicants of the WIC Program and to provide an overview of the certification process local agencies must follow when performing certifications of WIC applicants/clients.

A. POLICY:

1. Clients shall belong to the categories of pregnant women (PG), non-lactating postpartum women (NPP), breastfeeding women (BE, BP), infants (IBE, IBP, IFF) or children (C1, C2, C3, C4), as defined by Federal Regulations.
2. To be certified as eligible for the Program, infants, children, and pregnant, postpartum, and breastfeeding women shall reside within the jurisdiction of the State. (See Policy 2.02 Residency)
3. Clients shall meet the income criteria specified in Policy 2.04, Income Determination.
4. All clients who meet categorical, income and residency requirements are presumptively eligible for WIC services. Clients shall be assessed for, and assigned, nutritional risk criteria specified in Policy 2.13 Nutritional Risk Criteria. The Competent Professional Authority (CPA) must determine an individual's nutritional risk, considering all of the following assessments:
 - a. Diet and health assessment (See Policy 2.14 Risk Determination)
 - b. Anthropometric assessment (See Policy 2.15 Anthropometric Risk Determination)
 - c. Hematological assessment (See Policy 2.16 Hematological Risk Determination)
5. At initial certification, the local agency shall check the identification of each client and the Authorized Person/Proxy. (See Policy 2.03 Identity)
6. Proof of pregnancy is required to certify a pregnant woman. (See Policy 2.10 Proof of Pregnancy)
7. The Competent Professional Authority (CPA) completing the certification procedure is responsible for (See Policy 1.07 Local Agency Staffing):
 - a. Determining the client's nutritional risk.
 - b. Assessing the need for services.
 - c. Providing nutrition education and developing nutrition education plans.
 - d. Prescribing food package benefits with approvals as needed.
 - e. Making referrals to nutritional, health, public assistance or community services.
 - f. Initiating a problem list for high-risk clients.
 - g. Confirming that all certification criteria have been met.

8. Applicants shall be physically present at each certification. (See Policy 2.09 Physical Presence)
9. The certification must be performed at no cost to the applicant.
10. The agency shall complete the certification process within the time frames as specified in Policy 3.01 Processing Timeframes and Scheduling Appointments.
11. Certification periods shall be based on the established time periods specified in Policy 2.17 Certification Periods.
12. At certification, clients or authorized persons shall be informed of their rights and obligations under the WIC Program. (See Policy 2.18 Notification of Client Rights and Responsibilities)
13. Food benefits shall be issued to clients at the time of certification.
14. Verification of Certification (VOC) shall be issued to clients at the time of certification and shall be accepted as proof of eligibility for program benefits. (See Policy 2.19 Verification of Certification)

References:

Federal Regulations:

246.2

246.7 (b), (c), (d), (k), (m) and (o)

Cross-references:

- 1.07 Local Agency Staffing
- 2.02 Residency
- 2.03 Identity
- 2.04 Income Determination
- 2.09 Physical Presence
- 2.10 Proof of Pregnancy
- 2.13 Nutritional Risk Criteria
- 2.14 Risk Determination
- 2.15 Anthropometric Risk Determination
- 2.16 Hematological Risk Determination
- 2.17 Certification Periods
- 2.18 Notification of Client Rights and Responsibilities
- 2.19 VOC
- 3.01 Processing Timeframes and Scheduling Appointments

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Effective Date: 6/1/09

2.02 Residency

PURPOSE: To insure that applicants to the WIC Program provide evidence that they reside in Michigan (or within its Tribal Agencies) to minimize the possibility of enrollment in more than one State WIC Program.

A. POLICY

1. The documentation of proof of Michigan residency is required for enrollment, transfer and at each certification in the Michigan WIC Program.
2. Persons who are temporarily residing in Michigan, such as on military leave or vacation, and are *currently enrolled* in another state's WIC Program or WIC Overseas are eligible to transfer to Michigan immediately upon provision of proof of residency and verification of current WIC certification in another state. (See Policy 3.05 Transfer)
3. Proof of residency shall not constitute a barrier to any applicant, particularly to a person who is mobile, such as a homeless person, a person in the military or a migrant family member.
4. Length of residency cannot be a prerequisite to receiving WIC benefits.
5. Acceptable forms of proof of residency include:
 - a. Michigan ID
 - b. Voter registration
 - c. Utility or rent/mortgage receipt
 - d. Passport/Visa
 - e. Homeless shelter address
 - f. Mihealth card
 - g. Driver's license
 - h. Other records that the WIC State Agency considers adequate to establish residency
6. Local agencies are responsible for provision of WIC services to Michigan applicants who reside within their designated service area (i.e., county or tribe). Local agencies may also provide services to applicants who reside outside their designated service area if caseload permits.
7. An applicant who has proof of residency but did not bring it to the certification appointment shall be certified. If proof of residency is not provided within 60 days, the client shall be terminated. This will be considered a "short certification".

8. An applicant with no proof of residency shall be fully certified with the completion of an attestation form. This may include, but is not limited to:
 - a. A victim of theft, loss or disaster.
 - b. A homeless individual.
 - c. A migrant.
 - d. A person (transferring to Michigan) holding a WIC VOC card.
 - e. A person who has recently moved into the service area.
9. Applicants who are unable to provide proof of residency during the initial enrollment onto the WIC program shall be required to provide proof at the next certification.
10. U.S. citizenship is not required for Michigan WIC eligibility.
11. Residency need not represent a legal address/residence (e.g., homeless shelter, migrant farmworker housing, or other less traditional housing arrangement such as living with other people or “on the street” are acceptable).
12. The agency personnel that confirms residency should document the form of documentation utilized in the client’s record.
13. For EBT security, an address must be documented in the system for clients who are homeless or indicate a “no mail” preference. Local agencies may develop policy related to the address that will be stored in the data system for these clients.

Reference:

Public Law 105-336-October 31, 1998

USDA WIC Policy Memorandum #99-4 March 11, 1999: Strengthening Integrity in the WIC Certification Process
7 CFR 246.7c

Cross Reference:

Policy 3.05 Transfers

MI-WIC POLICY

Eligibility/Certification

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Effective Date: 7/7/09

2.03 Identity

PURPOSE: To insure that applicants to the Michigan WIC Program provide proof of identification at the time of enrollment.

A. POLICY:

1. Proof of identity is required for initial enrollment of each client and authorized person onto the Michigan WIC Program.
2. The authorized person/proxy must present a signed Michigan WIC Bridge Card, WIC Verification of Certification (VOC), or one of the acceptable proofs of identity (see 4 below) to receive WIC benefits and at subsequent certifications.
3. Local agencies must verify identity of each client/authorized person transferring from an out of state or WIC Overseas WIC program. (See Policy 3.05 Transfers)
4. Acceptable forms of proof of identity are:
 - Immunization Record
 - Birth Certificate
 - Hospital Record/Crib Card
 - Health Insurance Identification
 - Social Security Card
 - Photo Identification
 - Driver's License
 - Student Identification Card
 - State Identification Card
 - Work Identification Card
 - Pay Stubs
 - Voter Registration Card
 - DHS Identification (MiHealth card, Food Stamps Identification)
 - Michigan WIC Bridge Card
 - WIC/WIC Overseas records from other states/jurisdictions
 - Other records that the WIC State Agency considers adequate to establish identity (passport, immigration papers, etc.)
5. Staff who confirm identification at the time of WIC enrollment for each client will document the type of identification provided for each new applicant or Authorized Person.
6. An applicant who possesses proof of identity but who did not bring it to the certification appointment shall be certified. If proof of identity is not provided within 60 days, the client will be terminated. This will be considered a "short certification."

7. An applicant with no proof of identity may be fully certified with the completion of an attestation form. This includes:
 - a. A victim of theft, loss or disaster.
 - b. A homeless individual.
 - c. A migrant.
8. Applicants who are unable to provide proof of identity during the initial enrollment onto the WIC program shall be required to provide proof at the next certification.
9. Visual personal recognition by WIC staff at issuance of benefits or subsequent certifications is allowed once initial proof of identity has been established.

Reference:

7CFR 246.7 (c)(1)

Public Law 105-336, October 31, 1998

USDA WIC Policy Memorandum #99-4 March 11, 1999: Strengthening Integrity in the WIC Certification Process

Cross-reference:

3.05 Transfers

PURPOSE: To outline the requirements for income eligibility in the WIC Program.

A. POLICY

1. Each local agency shall document income and adjunct (DHS Program enrollment, i.e., Medicaid/Healthy Kids, Food Stamps, Family Independence Program) eligibility of applicants/clients at each certification based on the applicant's/client's family size and income. (See Policy 2.06 Adjunct Income Eligibility and 2.08 Family Size)
 2. Applicants or members of families enrolled in identified eligible programs are required to make a verbal declaration of income, (for reporting purposes only) as well as provide documentation of enrollment (See Policy 2.06 Adjunct Income Eligibility).
 3. Income shall be documented at each certification. One of the following forms of documentation is required (see Policy Statement #13 Income Sources):
 - a. Recent pay/check stub(s).
 - b. W-2 form or copy of the most current Federal income tax form (1040) filed.
 - c. Written verification such as a notarized statement, court order, etc., that confirms a person's cash income.
 - d. Self-declaration of income is allowed:
 - When an applicant is income eligible based on enrollment in a state or federally funded program (adjunctively income eligible) that determines income to be not more than 185% of poverty level.
 - Migrant workers
 - Homeless persons who cannot provide proof of income.
 - Where applicant's family works for cash and has no verifiable proof of income available.
- Note: Clients with self-declared income who are not adjunctively income eligible must sign a No Proof of Income Attestation form.
4. If an applicant possesses proof of income but did not bring it to the certification appointment, he/she shall be certified. This will be considered a "short certification" (See 2.17 Certification Periods). In this instance, benefits may be issued for 30 days. Proof of income must be presented to the clinic within the 30-day period for further benefits to be issued.
 5. For those individuals who report no income, their signature on the Client Agreement provides attestation of no income. (See Policy 2.07 Declaration of No Income)
 6. Each local agency shall implement the policy for income eligibility determination based on the most current income guidelines as announced by the State Agency. (See Policy 2.05 Income Guidelines)

7. Applicants found ineligible for the WIC Program because economic criteria are not met, shall be given a written Notice of Ineligibility along with an explanation of their right to a Fair Hearing. (See Policy 2.20 Notice of Ineligibility, Mid-Certification, Termination and Expiration of Certification)
8. Infants receiving an Infant Health/Nutrition Evaluation shall not have income verified.
9. Transferring clients who have current proof of WIC Program eligibility do not need income verified or documented until their next certification.
10. Members of families who are migrant farmworkers shall have income determined once every 12 months. (See Policy 2.12 Migrant Family Eligibility)
11. A family's gross income cannot be reduced for any reason, including hardships, high medical bills, or childcare payments, etc.
12. The local agency may consider the family's income
 - Over the past twelve months (annual)
 - The previous calendar year (most current IRS-1040 form filed)
 - The family's current (past month or past week) rate of income to determine which the best indicator of income is as long as the method selected is documented.

Temporary Low Income: Income that is below a family's normal level due to infrequency or irregularity of employment. Families who may qualify for this category may include but are not limited to construction workers, farmers, seasonal agricultural farmworkers, self-employed persons, strikers, unemployed, and persons on extended leave due to illness or childbirth.

13. **Income Sources:** Income to be considered in the determination of economic eligibility includes the following:
 - a. Monetary compensation for services, including wages (with overtime), salary, commissions, or fees. Verify by having the applicant show a pay stub or a W-2 or an IRS 1040 tax form, line 7.
 - b. Military pay- Refer to 2.04A Income Eligibility Requirement-Military Pay for calculating military pay.

- c. Net income from farm and non-farm self-employment. Verify by having the applicant show Farm Income and Expenses IRS form 1040, schedule F or Profit or Loss from Business, IRS form 1040, Schedule C.
- d. Social Security benefits. Verify by having the applicant show a current statement of benefits from their social security office.
- e. Dividends or interest on savings or bonds, income from estates or trust, or net rental income. Verify dividend or interest income by having the applicant show IRS form 1040, line 8 or 9 and "Schedule B", if applicable. Verify income from estates, trusts or net rental income by having the applicant show IRS form 1040, line 17 and "Schedule E."
- f. Public assistance or welfare payments. Verify the applicant's or any applicable member of the family's eligibility for the public assistance or welfare program by verifying current Medicaid/Healthy Kids, Food Stamp or FIP enrollment (See Policy 2.06 Adjunct Income Eligibility). Record the verbal declaration of income, annualized.
- g. Unemployment compensation (including Supplemental Unemployment Benefits/SUB pay). Verify by having the applicant show the Michigan Unemployment Agency's Notice of Determination UA 1575 or Notice of Redetermination UA 1306 - Weekly Benefit rate or a check stub indicating the amount of unemployment or SUB pay benefits received or IRS form 1040, line 20.
- h. Government civilian employee or military retirement or pensions or veterans' payments. Verify government pension, civilian or veteran's payments by having the applicant show a letter from the appropriate office indicating the amount received and the frequency of payment or IRS form 1040, line 17.
- i. Private pensions or annuities. Verify by having the applicant show IRS form 1040, line 16a.
- j. Alimony or child support payments. Child support payments are considered as income for the family with whom the child lives. Verify by having the applicant show a copy of the court order indicating the amount. The frequency of payment can be determined from check stubs or Friend of the Court statements.
- k. Regular contributions from persons not living in the household. Verify by having the applicant show a statement indicating the amount and frequency of payment from the contributor.
- l. Net royalties. Verify by having the applicant show IRS form 1040, "Schedule E."

- m. Other cash income. Other cash income includes, but is not limited to, cash amounts received or withdrawn from any source including savings, investments, trust accounts and other resources, which are readily available to the family. Verify by having the applicant show a statement indicating the amount and frequency of payment from the source from which the cash is coming. This category includes income derived on a regular basis (e.g., baby sitting) or on a one-time basis (e.g., lottery winnings).
14. **Income Exclusions:** Income not to be considered in determining economic eligibility includes but is not limited to the following:
- a. Basic allowance for housing received by military services personnel residing off military installations or in privatized housing, whether on or off-base (See 2.04A Income Eligibility Requirement-Military Pay)
 - b. Cost of living allowance provided under 37 U.S.C. 405, to a member of a uniformed service who is on duty outside the contiguous states of the United States. (See 2.04A Income Eligibility Requirement-Military Pay)
 - c. The value of inkind housing and other inkind benefits.
 - d. Loans, not including amounts to which the applicant has constant or unlimited access.
 - e. Payments or benefits provided under the following Federal programs or acts are excluded from consideration as income by legislative prohibition. The payments or benefits that must be excluded from income consideration include:
 - i. Reimbursements from the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (Public Law 91-646, Sec. 216, 42 U.S.C. 4636).
 - ii. Any payments to volunteers under Title I (VISTA and others) and Title II (RSVP, foster grandparents, and others) of the Domestic Volunteer Service Act of 1973. (Public Law 93-113, Sec. 404(g)).
 - iii. Payments of volunteers under Section 8(b)(1)(B) of the Small Business Act (SCORE and ACE) (Public Law 95-510, Sec 101).
 - iv. Income derived from certain submarginal land of the United States, which is held in trust for certain Indian Tribes (Public Law 94-114, Sec.6).
 - v. Payments received under the Job Training Partnership Act (Public Law 97-300, Section 142[b]).
 - vi. Income derived from the disposition of funds to the Grand River Band of Ottawa Indians (Public Law 94-540, Sec.6).

- vii. Payments received under the Alaska Native Claims Settlement Act (Public Law 100-241, sec 15).
- viii. The value of assistance to children or their families under the National School Lunch Act as amended, (Pub. L. 94-105, sec. 9 (d), 42 U.S.C. sec. 1760 (e), the Child Nutrition Act of 1966 (Pub. L. 89-642, sec. 11 (b), 42 U.S.C. sec. 1780 (b)), and the Food Stamp Act of 1977 (Pub. L. 95-113, sec 1301, 7 U.S.C. sec. 2017[b]).
- ix. Payments by the Indian Claims Commission to the Confederated Tribes and Bands of the Yakima Indian Nation or the Apache Tribe of the Mescalero Reservation (Pub. L. 95-433, sec. 2, 25 U.S.C. 609c-1)
- x. Payments to the Passamaquoddy Tribe and the Penobscot Nation or any of their members received pursuant to the Maine Indian Claims Settlement Act of 1980 (Pub. L. 96-420, sec 6, 9 (c)
- xi. Payments under the Low-income Home Energy Assistance Act, as amended (Public Law 99-125, sec. 504 (c).
- xii. Student financial assistance received from any program funded in whole or part under Title IV of the Higher Education Act of 1965, including the Pell Grant, Supplemental Educational Opportunity Grant, State Student Incentive Grants, National Direct Student Loan, PLUS, College Work Study, and Byrd Honor Scholarship programs, which is used for costs described in section 472 [1] and [2] of that Act (Public Law 99-498, sec 479B, 20 U.S.C. 1087uu).

The specified costs set forth in section 472 [1] and [2] of the Higher Education Act are tuition and fees normally assessed a student carrying the same academic workload as determined by the institution, including the costs for rental or purchase of any equipment, materials or supplies required of all students in the same course of study; and an allowance for books, supplies, transportation, and miscellaneous personal expenses for a student attending on at least a half time basis. Costs do not include room and board and dependent care expenses.
- xiii. Payments under the Disaster Relief Act of 1974, as amended by the Disaster Relief and Emergency Assistance Amendments of 1989 (Public Law 100-707, sec. 105(i), 42 U.S.C. sec. 5155 (d)).
- xiv. Payments received under the Carl D. Perkins Vocational Education Act, as amended by the Carl D. Perkins Vocational and Applied Technology Education Act Amendments of 1990 (Public Law 101-392, sec. 501, 20 U.S.C. sec. 2466d).

- xv. Payments pursuant to the Agent Orange Compensation Exclusion Act (Public Law 101-201, sec.1).
- xvi. Payments received for Wartime Relocation of Civilians under the Civil Liberties Act of 1988 (Public Law 100-383, sec. 105(f)(2), 50 App. U.S.C. sec. 1989b-4(f)(2).
- xvii. Value of any child care payments made under section 402(g)(1)(E) of the Social Security Act, as amended by the Family Support Act (Public Law 100-485, sec. 301, 42 U.S.C. sec. 602(g)(1)(E).
- xviii. Value of any “at-risk” block grant child care payments made under section 5081 of Public Law 101-508, which amended section 402(i) of the Social Security Act.
- xix. Value of any child care provided or paid for under the Child Care and Development Block Grant Act as amended (Pub L. 102-586, Sec. 8(b).
- xx. Mandatory salary reduction amount for military service personnel which is used to fund the Veteran's Educational Assistance Act of 1984 (GI Bill), as amended (Public Law 99-576, sec. 303(a)(1), 38 U.S.C. sec 1411 (b).
- xxi. Payments received under the Old Age Assistance Claims Settlement Act, except for per capita shares in excess of \$2000 (Public Law 98-500, sec. 8, 25 U.S.C. sec. 2307)
- xxii. Payments received under the Cranston-Gonzales National Affordable Housing Act, unless the income of the family equals or exceeds 80 percent of the median income of the area (Public Law 101-625, sec. 522(i)(4), 42 U.S.C. sec. 1437f nt).
- xxiii. Payments received under the Housing and Community Development Act of 1987, unless the income of the family increases at any time to not less than 50 percent of the median income of the area (Public Law 100-242, sec. 126(c)(5)(A), 25 U.S.C. sec. 2307).
- xxiv. Payments received under the Sac and Fox Indian claims agreement (Pub. L. 94-189, sec. 6).
- xxv. Payments received under the Judgment Award Authorization Act, as amended (Public Law 97--458, sec. 4, 25 U.S.C. sec. 1407 and Public Law 98-64, sec. 2(b), 25 U.S.C. sec. 117b[b]).
- xxvi. Payments for the relocation assistance of members of Navajo and Hopi Tribes (Public Law 93-531, sec. 22, 22 U.S.C. sec. 640d-2l).
- xxvii. Payments to the Turtle Mountain Band of Chippewas, Arizona (Pub. L. 97-403, sec. 9)

- xxviii. Payments to the Blackfeet, Grosventre, and the Assiniboine tribes (Montana) and the Papago (Arizona) (Pub. L. 97-408, sec. 8 (d)).
- xxix. Payments to the Assiniboine tribe of the Fort Belknap Indian community and the Assiniboine Tribe of the Fort Peck Indian Reservation (Montana) (Pub L 98-124, sec 5)
- xxx. Payments to the Red Lake Band of Chippewas (Pub. L. 98-123, sec. 3)
- xxxi. Payments received under the Saginaw Chippewa Indian Tribe of Michigan Distribution of Judgment Funds Act (Public Law 99-346, sec. 6[b][2]).
- xxxii. Payments to the Chippewas of Mississippi (Pub. L. 99-377, sec. 4 (b)).
- xxxiii. Payments received by members of the Armed Forces and their families under the Family Supplemental Subsistence Allowance form the Department of Defense (Public Law 109-163, sec. 608). See 2.04 Attachment A (Military Pay).
- xxxiv. Payments received by property owners under the National Flood Insurance Program (Pub. L. 109-64)
- xxxv. Payments received from the Economic Stimulus Act of 2008
- xxxvi. Combat Pay/Hazardous Duty Pay (See 2.04A-Military Pay) (Pub. L. 111-80)
- xxxvii. Filipino Veterans Equity Compensation Fund payments (Pub. L. 111-5, Section 1002 (g)).

15. **Income Reassessment:** Clients shall be terminated in the middle of a certification period if a reassessment of their income exceeds the WIC guidelines and the client has more than 90 days left in his/her certification period. This may result from an increase in income and/or a decrease in family size.

This reassessment can only be performed if the client notifies the agency of changes in family size or income during the certification of other family members, or by other clients or interested parties. The agency must not solicit this information selectively or randomly. The WIC staff should tell each client at certification intake to notify the WIC Program when income or family size changes during the certification period (See Policy 2.21 Mid-certification Income Assessment).

References:

7 CFR Part 246.7(d)

MI-WIC POLICY

Eligibility/Certification

WIC Policy Memorandum #99-4, dated 3/11/99 (Strengthening Integrity in the WIC Certification Process)
WIC Policy Memorandum #2002, (WIC Income Eligibility Determinations for households affected
by Privatization of On-Base Military Housing).
WIC Interim Final Rule 3/3/08
WIC Policy Memorandum #2010-02, dated 11/2/09 (Guidance for the exclusion of combat pay from WIC
income eligibility determination -P.L. 111-80)
WIC Policy Memorandum # 2010-5, dated 3/10/10, Payments to Certain Filipino World War II Veterans

Cross-references:

- 2.05 Income Guidelines
- 2.06 Adjunct Income Eligibility
- 2.07 Declaration of No Income
- 2.08 Family Size
- 2.12 Migrant Family Eligibility
- 2.17 Certification Periods
- 2.20 Notice of Ineligibility, Mid-Certification, Termination and Expiration of Certification
- 2.21 Mid-certification Income Assessment

Exhibits:

- 2.04A Income Eligibility Requirement-Military Pay

2.0 Eligibility/Certification
2.04A Income Determination

Effective Date: 4/02/10

Income Determination-Military Pay

Military Income: What counts and what doesn't?

What DOES count:	What DOES NOT count:
<ul style="list-style-type: none"> • Base pay – the soldier’s regular rate of pay. • Basic Allowance for Subsistence (BAS) • Foreign Language Pay (FLPP) • Family Separation Allowance (FSA) • Jump Pay, Dive Pay, Sea Pay, Flight Pay, etc- If the special pay is related to combat, it must be excluded • Clothing Maintenance Allowance (CMA) – Can be averaged for the year • Bonus Pay (Bonus) – Can be averaged for the year • Continental United States Cost of Living Allowance (CONUS COLA) 	<ul style="list-style-type: none"> • Basic Allowance for Housing (BAH or BAQ) • Family Separation Housing (FSH) • Family Subsistence Supplemental Allowance (FSSA) • Overseas Housing Allowance (OHA) • Overseas Continental United States Cost of Living Allowance (OCONUS COLA or COLA) <p>Combat Duty or Combat Zone Pay:</p> <ul style="list-style-type: none"> • Hostile Fire Pay/Imminent Danger Pay (HFP/IDP) • Hardship Duty Pay (HDP) • Parachute Duty • Flight Deck Duty • Demolition Duty • Experimental Stress Duty • Toxic Fuels/Propellants Duty • Dangerous Virus/Bacteria Lab Duty • Chemical Munitions Duty • Maritime Visit, Board, Search and Seizure (VBSS) Duty • Polar Flight Operations Duty

For military personnel, staff may want to income average in the following cases:

- Clothing allowance lump sum payment
- Bonuses
- Special pay not related to combat duty
- A permanent increase in pay that puts the household over income (promotion, raise, etc.)

Remember to look at income (and documentation) for the previous 12 months when income averaging.

Resource:

Department of Defense:

<http://dod.mil/militarypay/pay/index.html>

WIC – Washington Department of Health

Updated 3/10

WIC PROGRAM INCOME GUIDELINESEffective date: **June 1, 2009**

(Replaces previous guidelines effective March 15, 2008)

SIZE OF FAMILY UNIT*	ANNUALLY
1	20,036
2	26,955
3	33,874
4	40,793
5	47,712
6	54,631
7	61,550
8	68,469
9	75,388
10	82,307
11	89,226
12	96,145
13	103,064
14	109,983
15	116,902
16	123,821
17	130,740
18	137,659
19	144,578
20	151,497
Additional Family Members	+ 6,919

* A pregnant woman is counted as one (1) + the number of infants expected (1 or more) when determining income eligibility for the family.

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MI-WIC POLICY

Certification/Eligibility

2.0 CERTIFICATION/ELIGIBILITY

Effective Date: 7/7/09

2.06 Adjunct Income Eligibility

PURPOSE To allow automatic income eligibility for the WIC Program, for those applicants who are determined to be adjunctively income eligible.

A. POLICY

1. Applicants for WIC benefits shall be considered income eligible if they are a recipient of:

- a. FIP (Family Independence Program)
- b. Medicaid/Healthy Kid's Program/Plan First
- c. Maternity Outpatient Medical Services (M.O.M.S.).

Or a member of a family that has one of the following:

- a. A member who receives Food Stamps (Food Assistance Programs or FAP)
- b. An FIP (Family Independence Program) recipient
- c. A pregnant woman or infant receiving Medicaid

Or is an enrollee of one of the following programs and that program has determined that this client's income does not exceed 185% of poverty:

- a. Michigan Children's Special Health Care Services
- b. Family Planning
- c. MICHild
- d. Other State or Federally funded Programs (i.e., reduced price school lunch meals)

2. Members of families enrolled in identified eligible programs are required to make a verbal declaration of income, (for reporting purposes only) as well as provide documentation of enrollment as noted below:

- a. Food Stamps or Food Distribution Program on Indian Reservation (FDPIR): The agency should confirm that the family is currently eligible to receive food stamp benefits by viewing a current food stamp approval letter or confirm deposit to Michigan Bridge card food stamp account for the current month. No distinction should be made for regular food stamp eligibility and food stamp benefits based on special disaster provisions.
- b. Medicaid: A current acceptance letter to Medicaid or Healthy Kids Program or alternative confirmation of Medicaid eligibility for the applicant or pregnant woman or infant member of the family. Mihealth cards must be verified for current eligibility. Alternate confirmation of current Medicaid includes:
 1. MCIR screens (client's Medicaid provider will be listed if current)
 2. Medifax

3. Blue Cross Blue Shield network access
 4. Networkes
- c. Family Independence Program/Temporary Assistance to Needy Families: Proof of enrollment in FIP (Family Independence Program/TANF Program for any member of the family, such as a current benefits approval letter). Verify deposit to Michigan Bridge Card cash benefit account during the current month.
 - d. Maternity Outpatient Medical Services (M.O.M.S.): Verify through review of Maternity Care Program eligibility notice/guarantee letter or Mihealth card verification (MCIR, Medifax, Networkes).
 - e. Family Planning: Verify through review of locally developed Family Planning Income Verification form with income calculated not greater than 185% of poverty level.
 - f. Children's Special Health Care Services [CSHCS]: Verify through review of MSA-0738 form with income calculated not greater than 185% of poverty level.
 - g. State or Federally funded programs where income has been determined not to exceed 185% of poverty level for the family. Verify through acceptance letter.
3. Infants under 6 months of age may have income eligibility determined by verifying that the mother was Medicaid eligible/enrolled during her pregnancy.

Reference:

7 CFR Part 246.7 (d)(2)(vi)
WIC Policy Memorandum 99-06

Cross-reference:

2.04 Income Determination
2.05 Income Guidelines
2.08 Family Size

MI-WIC POLICY

Eligibility/Certification

2.0 ELIGIBILITY/CERTIFICATION

Effective Date: 7/7/09

2.07 Declaration of No Income

PURPOSE: To further screen applicants/clients who declare no income to verify lack of income and to ensure appropriate referrals are provided to WIC clients with no monetary resources.

A. POLICY

1. Each local agency shall verify income eligibility of applicants/clients at the time of each certification based on the applicants/clients family size and income. (See Policies 2.04 Income Determination and 2.08 Family Size).
2. Applicants who state that they have NO income must be further screened for income information.
 - a. Applicants declaring no income shall be prompted to describe in detail their living circumstances and how they obtain basic living necessities such as food, shelter, medical care and clothing.
 - b. If the applicant responds that he/she is without support of any kind, the applicant can be determined to have no income. **THIS SHOULD BE A VERY UNCOMMON OCCURRENCE.**
3. For applicants determined to have no income, record no income in MI-WIC. The client's signature on the Michigan WIC Client Agreement shall serve as attestation of no income.
4. Applicants declaring no income shall be referred to appropriate agencies, e.g. Department of Human Services, Food Stamps, homeless shelters, etc. for assistance. (See Policy 6.02 Referrals)

Reference:

7 CFR 246.7 (d)(2)(v)(C)

USDA WIC Policy Memorandum #99-4, March 11, 1999: Strengthening Integrity in the WIC Certification Process

Cross Reference:

2.04 Income Determination

2.08 Family Size

6.02 Referrals

MI-WIC POLICY

Eligibility/Certification

2.0 ELIGIBILITY/CERTIFICATION

Effective Date: 6/1/09

2.08 Family Size

PURPOSE: To establish a consistent method of determining family size for WIC income eligibility.

A. POLICY

1. At the certification for WIC benefits, applicants shall be interviewed to determine their family's size. The WIC Income Eligibility will be based on the family's Total Family size, which is comprised of the existing family plus the expected number of infants. WIC family size (+) plus the number of infants expected = Total WIC Family size.
2. **Unborn Child:** An unborn child (or expected infants/neonate/fetus) is to be included as a member of a family for the purpose of determining income eligibility.
3. **Child or Infant:** The child or infant is counted in the family size of the parent or guardian with whom he or she resides the majority of time.
 - a. **Adopted Child or Infant:** When a family has an adopted child, or a child for whom a family has accepted legal responsibility, the child is counted in the family with whom he/she resides.
 - b. **Joint Custody:** If the child is involved in a shared, or joint, custody situation, he/she is included in the family unit if the child resides with the enrolling parent and the parent does not pay child support for that child.
 - c. **Foster Child:** A foster child shall be considered a one-member family (See Policy 2.11, Foster Child Eligibility).
4. **Resident of an Institution or Group Home/School** (domestic violence shelters, drug treatment centers, group homes, half-way houses, etc): If the individual's support is being paid for by income of the family then that individual should be counted in the family. An individual whose support is paid by the state or other entity other than the family is not considered a member of the family for WIC income eligibility purposes.
5. A WIC family living in a shelter for the homeless, maternity home, or other group residence would be considered a separate family from other residents.

B. GUIDANCE

The most important rule to apply to all applicants, including minors, is that a family must have its own source of income. The local agency may decide whether the reported income is adequate to sustain the family, or they truly are members of another family.

Adequacy of the income, not whether the unit receives any in-kind benefits, should be the determining factor. If the client indicates that he/she is receiving food, shelter, clothing from someone who is expecting no work or payment in return, then the applicant is not an independent family. The income of the support entity must be included in the family.

An applicant who indicates that he/she must pay or work for the food, shelter and clothing required to support the family may be considered a separate family, even if the only payment is “in-kind.”

C. DEFINITIONS

Family: A family is composed of a person or groups of persons, related or non-related, who usually (although not necessarily) live together and whose income and living expenses are shared. It is possible for separate families to reside under the same roof. In determining the composition of the family, local agencies will need to exercise judgment regarding the economic dependence or independence of each client.

Reference:

7 CFR Part 246.2

7 CFR Part 246.7

USDA FNS Instruction 803-3

Cross-references:

2.05 Income Determination

2.08 Foster Child Eligibility

2.0 Eligibility/Certification

Effective Date: 6/1/09

2.09 Physical Presence

PURPOSE: To establish requirements and exceptions for physical presence of an applicant/client at the certification visit.

A. POLICY

1. Persons applying for WIC services are required to be physically present at each WIC certification. Exceptions may be granted for the following reasons:
 - a. Individuals with disabilities, or their parents/caretakers with disabilities, who are unable to be physically present at the WIC clinic because of:
 - i. A medical condition that necessitates the use of medical equipment that is not easily transportable.
 - ii. A medical condition that requires bed rest.
 - iii. A serious illness that may be exacerbated by coming in to the WIC clinic.
 - b. Infants and children who were physically present for the initial certification and have documented, ongoing health care, and being physically present would pose an unreasonable barrier.
 - c. Infants and children who were physically present for the initial certification **and** were present at a certification visit within 1 year from the most recent certification determination, **and** are under the care of one or more parents/caretakers whose work status presents a barrier to bringing the infant or child to the WIC clinic.
 - d. Infants under 8 weeks of age, who for reasons determined appropriate by the local agency, cannot be present at certification.

Note: In these instances, the local agency may require a CPA to verify the existence of the infant by the age of 8 weeks.

- e. A client who was visited and screened at home or in another local agency program by a CPA staff, provided that all elements of WIC certification have been completed and provided to WIC clinic staff.

B. GUIDANCE

1. Local agency policy may be developed which requires infants not present at the initial certification visit to be scheduled for an appointment by 2 months of age for growth and/or nutritional assessment.

Reference:

7 CFR 246.7(o)

MI-WIC POLICY

Eligibility/Certification

2.0 Eligibility/Certification

Effective Date: 6/1/09

2.10 Proof of Pregnancy

PURPOSE: To insure that pregnant applicants to the Michigan WIC Program provide proof of pregnancy at the time of enrollment.

A. POLICY

1. Any woman who claims to be pregnant and is otherwise eligible must receive WIC benefits. Inability to verify pregnancy at the time of certification shall not constitute a barrier to WIC participation.
 - a. A woman's claim or self-declaration of pregnancy may be used as proof of pregnancy.
 - b. A short certification of up to 60 days may be assigned, and benefits issued, for applicants who self-declare pregnancy.
 - c. The pregnancy must be verified within 60 days, by a health care provider or the CPA, to continue the woman's WIC participation. If the woman's pregnancy is not verified within 60 days, she shall be terminated. (See Policy 2.17 Certification Periods)

2. Proof of pregnancy is required to certify a pregnant woman in the form of:
 - a. A written statement from a physician/health care provider
 - b. Ultrasound documentation
 - c. WIC referral form
 - d. Physical appearance

Reference:

7 CFR 246.7

Cross-References:

2.01 Eligibility/Certification of Clients

2.17 Certification Periods

2.0 Certification/Eligibility

Effective Date: 6/1/09

2.11 Foster Child Eligibility

PURPOSE: To ensure that foster children at nutritional risk receive WIC Program benefits.

A. POLICY

1. A foster child shall be considered a one person family where the Department of Human Services (DHS) is legally responsible for the child and the foster home is an extension of DHS.
2. Payments made by DHS or from any other source for the care of the foster child shall be considered the income for the child.
3. If the client has entered foster care within the last six months or has moved from one foster care home to another foster care home in the previous six months the client shall qualify for Foster Care risk code (See Policy 2.13 Nutritional Risk Criteria). A complete nutritional risk assessment shall be done at certification to determine other health, nutrition or referral needs.
4. When custody has changed and previously issued benefits are no longer available for the foster child, replacement benefits shall be given to the family with whom the child resides (See Policy 8.05 Replacement of Food Benefits).
5. If the foster child is later adopted, the child's WIC eligibility shall change and then be based on the income of the adoptive family. If the child retains Medicaid after adoption, he/she would continue to be adjunctively eligible.

B. GUIDANCE

1. When benefits are replaced for a foster child for a change in custody, the benefits may be added to the foster family's Michigan WIC Bridge Card or a separate Michigan WIC Bridge Card may be issued that contains only the benefits for the foster child.

References:

CFR 246.7

Cross-references:

- 2.06 Adjunct Income Eligibility
- 2.13 Nutritional Risk Criteria
- 8.05 Replacement of Food Benefits

MI-WIC POLICY

Certification/Eligibility

2.0 Certification/Eligibility

Effective Date: 6/1/09

2.12 Migrant Family Eligibility

PURPOSE: To provide a uniform statewide process for addressing the special concerns of migrant WIC families.

A. POLICY

1. Migrant workers and their families shall be designated as migrants upon enrollment, and migrant status shall be verified at each certification.
2. Migrant farmworkers and their families shall be given an appointment within 10 days of their request for WIC services. (See Policy 3.01 Processing Standards and Appointment Scheduling)
3. Migrant farmworkers and their family members may be certified when there is no proof of identity or residency. In these cases, the client/authorized person shall sign the No Proof of Identity and/or No Proof of Residency Attestation form. (See Policies 2.02 Residency, 2.03 Identity, and 2.04 Income Determination)
 - a. Residency requirements mean that applicant/client currently resides in Michigan without regard to immigration status.
4. Income shall be determined for migrant farmworkers once every 12 months. An in-stream migrant farmworker, who has a Verification of Certification that indicates income verification has been performed with the last 12 months, is income eligible.
5. The income documentation requirement does not apply to a migrant family for whom the necessary documentation is not available or for whom the agency determines the income documentation requirement would present an unreasonable barrier to participation (See Policy 2.04 Income Determination).

Income may be self-declared where no proof of income exists. When income is self-declared, the client/authorized person must sign the No Proof of Income Attestation form.
6. The date of income verification shall be documented.
7. Local agencies shall accept Verification of Certification cards from migrant clients or their family members (See Policy 3.05 Transfers).
8. Local agencies shall issue a completed VOC for every migrant family member currently certified at each certification or upon request. (See Policy 2.19 Verification of Certification)

B. DEFINITIONS

Migrant farmworker An 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.

References:

7 CFR 246.7(c)(2)(i), (d)(2)(ix), (f)(2)(iii)(A), (k)(2)

Cross-References:

- 2.02 Residency
- 2.03 Identity
- 2.04 Income Determination
- 2.19 Verification of Certification
- 3.01 Processing Standards and Appointment Scheduling
- 3.05 Transfers

Exhibit 2.13A - Michigan Risk Codes

100 Risk Series - Anthropometric Risk

Risk Category Criteria

101 PG Prepregnancy underweight, any of the following:

- Prepregnancy Body Mass Index (BMI) below 19.8

Body Mass Index (BMI) Table for Determining Weight Classification for Pregnant Women (1)

Height (Inches)	Underweight BMI <19.8	Normal Weight BMI 19.8-26.0	Overweight BMI 26.1-29.0	Obese BMI ≥29.1
58"	<95	95-124	125-138	>138
59"	<98	98-128	129-143	>143
60"	<102	102-133	134-148	>148
61"	<105	105-137	138-153	>153
62"	<108	108-142	143-158	>158
63"	<112	112-146	147-163	>163
64"	<116	116-151	152-169	>169
65"	<119	119-156	157-174	>174
66"	<123	123-161	162-179	>179
67"	<127	127-166	167-185	>185
68"	<130	130-171	172-190	>190
69"	<134	134-176	177-196	>196
70"	<138	138-181	182-202	>202
71"	<142	142-186	187-208	>208
72"	<146	146-191	192-213	>213

(1) Adapted from the Institute of Medicine: Nutrition During Pregnancy, National Academy Press; 1990; page 12.

Note: Use the Prenatal Weight Gain Grid DCH-0312

100 Risk Series - Anthropometric Risk

Risk Category Criteria

- 102 BE BP NPP Postpartum underweight, any of the following:
- Non-breastfeeding women and breastfeeding women who are less than 6 months postpartum, prepregnancy or current Body Mass Index (BMI) below 18.5
 - Breastfeeding women 6 months or more postpartum, current Body Mass Index (BMI) below 18.5

BMI Table for Determining Weight Classification for Non-Pregnant Women (1)

Height (Inches)	Underweight BMI <18.5	Normal Weight BMI 18.5-24.9	Overweight BMI 25.0-29.9	Obese BMI ≥ 30.0
58"	<89	89-118	119-142	>142
59"	<92	92-123	124-147	>147
60"	<95	95-127	128-152	>152
61"	<98	98-131	132-157	>157
62"	<101	101-135	136-163	>163
63"	<105	105-140	141-168	>168
64"	<108	108-144	145-173	>173
65"	<111	111-149	150-179	>179
66"	<115	115-154	155-185	>185
67"	<118	118-158	159-190	>190
68"	<122	122-163	164-196	>196
69"	<125	125-168	169-202	>202
70"	<129	129-173	174-208	>208
71"	<133	133-178	179-214	>214
72"	<137	137-183	184-220	>220

(1) Adapted from the Clinical Guidelines on the Identification, Evaluation and Treatment of Overweight and Obesity in Adults. National Heart, Lung and Blood Institute (NHLBI), National Institutes of Health (NIH). NIH Publication No. 98-4083.

100 Risk Series - Anthropometric Risk

<u>Risk</u>	<u>Category</u>	<u>Criteria</u>
103	IBE IBP IFF C1-C4	<p><u>At-risk of becoming underweight</u></p> <ul style="list-style-type: none"> • Infants and Children less than 24 months: At or above the 6th percentile for weight-for-length and at or below the 10th percentile for weight-for-length. • Children at or above 24 months: At or above the 6th percentile and at or below the 10th percentile Body Mass Index (BMI)-for-age or Weight for Length for a child using the Birth to 36 Month Growth Chart when length has been measured on the recumbent board. <p>Note: All anthropometric percentiles should be rounded down to the whole number. This does not apply to measurements.</p>
104+	IBE IBP IFF C1-C4	<p><u>High-risk underweight</u></p> <ul style="list-style-type: none"> • Infants and Children less than 24 months: At or below the 5th percentile weight-for-length. • Children at or above 24 months: At or below the 5th percentile Body Mass Index (BMI)-for-age or Weight for Length for a child using the Birth to 36 Month Growth Chart when length has been measured on the recumbent board. <p>Note: All anthropometric percentiles should be rounded down to the whole number. This does not apply to measurements.</p>
111	PG	<p><u>Prepregnancy overweight, <i>any of the following</i>:</u></p> <ul style="list-style-type: none"> • Prepregnancy Body Mass Index (BMI) at or above 26.1 <p>Note: Use the BMI Table for Determining Weight Classification for Pregnant Women found at Risk 101. Use the Pregnant Woman’s Health and Diet Questions Weight Gain Grid (DCH-0181).</p>
112	BE, BP, NPP	<p><u>Postpartum overweight, <i>any of the following</i>:</u></p> <ul style="list-style-type: none"> • Non-Breastfeeding women and breastfeeding women who are less than 6 months postpartum, prepregnancy Body Mass Index (BMI) at or above 25. • Breastfeeding women who are 6 months or more postpartum, current Body Mass Index (BMI) at or above 25. <p>Note: Use the BMI Table for Determining Weight Classification for Non-Pregnant Women found at Risk Code 102.</p>

100 Risk Series - Anthropometric Risk

Abbreviated Body Mass Index (BMI) Table*

Height	Inches	Weight (lbs) equal to BMI 30
4' 10"	58	143
4' 11"	59	148
5' 0"	60	153
5' 1"	61	158
5' 2"	62	164
5' 3"	63	169
5' 4"	64	174
5' 5"	65	180
5' 6"	66	186
5' 7"	67	191
5' 8"	68	197
5' 9"	69	203
5' 10"	70	209
5' 11"	71	215
6' 0"	72	220
6' 1"	73	227
6' 2"	74	233
6' 3"	75	240

*This table may be used to determine parental (male or female) obesity (BMI \geq 30).

Note: When using the parental BMI to meet the risk, record it in the client record.

121 IBE, IBP, Short stature or At Risk of Short Stature (Infants and Children)

IFF, C1 At or below the 10th percentile length or stature-for-age.

Note: For premature infants and children (with a history of prematurity) up to 2 years of age, assignment of this risk criterion will be based on adjusted gestational age. For information about adjusting for gestational age, (see Exhibit 2.04C, Guidelines for Growth Charts and Gestational Age Adjustment). Use the CDC Growth Charts: United States DCH-0313 a-d.

100 Risk Series - Anthropometric Risk

Risk Category Criteria

- 131+ PG Low maternal weight gain, any of the following:
- Weight gain is below shaded area for any woman
 - Singleton pregnancy, second and third trimesters:
 - Category A (underweight) pregnant woman gaining less than 4 pounds per month
 - Category B (normal weight) pregnant woman gaining less than 2 pounds per month
 - Category C (overweight) pregnant woman gaining less than 2 pounds per month
 - Category D (obese) pregnant woman gaining less than 1 pound per month.

Note: Use the Pregnant Woman’s Health and Diet Questions Weight Gain Grid (DCH-0181).

- 132+ PG Maternal weight loss during pregnancy, any of the following:
- First trimester (0-13 weeks gestation): any weight loss below pregravid weight
 - Second or third trimester (14-40 weeks gestation): weight loss of 2 or more pounds

Note: Use the Pregnant Woman’s Health and Diet Questions Weight Gain Grid (DCH-0181).

- 133 PG
BE, BP,
NPP High maternal weight gain, any of the following:
Pregnant woman (singleton pregnancy): all trimesters, all weight groups
- Weight gain of 7 or more pounds per month

Breastfeeding or non-lactating woman (most recent pregnancy only)

- Gestational weight gain exceeding upper limit of the Institute of Medicine’s recommended range based on Body Mass Index (BMI) as follows:

Prepregnancy		
Weight Groups	Definition	Cut-off Value
Category A (underweight)	BMI <19.8	more than 40 pounds
Category B (normal weight)	BMI 19.8 to 26.0	more than 35 pounds
Category C (overweight)	BMI 26.1 to 29.0	more than 25 pounds
Category D (obese)	BMI ≥29.1	more than 15 pounds

Note: Use the Pregnant Woman’s Health and Diet Questions Weight Gain Grid (DCH-0181).

PG = Pregnant Woman	+ (plus sign) = High nutritional risk which	
BE, BP = Breastfeeding woman		requires being scheduled to see an RD
NPP = Non-lactating woman	RD = Registered Dietitian	
I BE, IBP, IFB = Infant	CPA = Competent Professional Authority	
C1 – C4 = Child		

100 Risk Series - Anthropometric Risk

Risk	Category	Criteria
134+	IBE, IBP, IFF, C1-C4	<u>Failure-to-thrive</u> <ul style="list-style-type: none"> • Diagnosed failure-to-thrive

Note: For Premature Infants see Exhibit 2.04C, Guidelines for Growth Charts and Gestational Age Adjustment.

135+	IBE, IBP, IFF, C1-C4	<u>Inadequate Growth</u> <u>Infants from birth to 1 month of age, any of the following:</u> <ul style="list-style-type: none"> • excessive weight loss after birth • not back to birth weight by 2 weeks of age
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Infants from birth to 6 months of age:

If the 1st of the two weight-for-age plots is below the 25th percentile and the 2nd plot is at a percentile less than the previous plot, then perform the calculations to determine if the criteria is met for risk code 135.

If the 1st of the two weight-for-age plots is at or above the 25th percentile and the 2nd plot is a 5 percentile or more drop from the 1st plot, then perform the calculations to determine if the criteria is met for risk code 135.

Based on 2 weights taken at least 1 month apart, the infant’s actual weight gain is less than the calculated expected minimal weight gain based on the table below.

Age	Minimal Expected Weight Gain			
Birth - 1 mo	18 gm/day	4 2 oz/wk	19 oz mo	1 lb 3 oz/mo
1 - 2 mo	25 gm/day	6 1/4 oz /wk	27 oz/mo	1 lb 11 oz/mo
2 - 3 mo	18 gm/day	4 2 oz/wk	19 oz/mo	1 lb 3 oz/mo
3 - 4 mo	16 gm/day	4 oz/wk	17 oz/mo	1 lb 1 oz/mo
4 - 5 mo	14 gm/day	3 2 oz/wk	15 oz/mo	
5 - 6 mo	12 gm/day	3 oz/wk	13 oz/mo	

PG = Pregnant Woman
 BE, BP = Breastfeeding woman
 NPP = Non-lactating woman
 I BE, IBP, IFF = Infant
 C1 – C4 = Child

+ (plus sign) = High nutritional risk which requires being scheduled to see an RD
 RD = Registered Dietitian
 CPA = Competent Professional Authority

100 Risk Series - Anthropometric Risk

Risk Category Criteria

Infants & Children from 6 months to 59 months of age:

If the 1st of the two weight-for-age plots is below the 25th percentile and the 2nd plot is at a percentile less than the previous plot, then perform the calculations to determine if the criteria is met for risk code 135.

If the 1st of the two weight-for-age plots is at or above the 25th percentile and 2nd plot is a 5 percentile or more drop from the 1st plot, then perform the calculations to determine if the criteria is met for risk code 135.

Option I: Based on 2 weights taken at least 3 months apart, the infant’s or child’s actual weight gain is less than the calculated expected weight gain based on the table below.

Age	Minimal Expected Weight Gain				
6 - 12 mos	9 gm/day	2 1/4 oz/wk	or	9 2 oz/mo	3 lbs 10 oz/6 mos
12 - 59 mos	2 2 gm/day	0.6 oz/wk	or	2.7 oz/mo	1 lb/6 mos

Option II: A low rate of weight gain over a six (6) month period (+ or - 2 weeks) as defined by the following chart.

Age in months at end Of 6 month interval	Weight gain per 6 month Interval in pounds
6	≤ 7
9	≤ 5
12	≤ 3
18 - 60	≤ 1

Note: Use the CDC Growth Charts: United States DCH-0313 a-d.

PG = Pregnant Woman
 BE, BP = Breastfeeding woman
 NPP = Non-lactating woman
 I BE, IBP, IFF = Infant
 C1 – C4 = Child

+ (plus sign) = High nutritional risk which requires being scheduled to see an RD
 RD = Registered Dietitian
 CPA = Competent Professional Authority

100 Risk Series - Anthropometric Risk

<u>Risk</u>	<u>Category</u>	<u>Criteria</u>
141+	IBE, IBP, IFF, C1	<p><u>Low birth weight and currently under 24 months of age</u></p> <ul style="list-style-type: none"> • Birth weight at or less than 2500 gm. (at or less than 5 lb. 8 oz.) <p><u>Very low birth weight (VLBW) for infants and children under 24 months of age</u></p> <ul style="list-style-type: none"> • Birth weight defined as at or less than 1500 gm. (at or less than 3 lb. 5 oz.) <p>Note: See Exhibit 2.04C, Guidelines for Growth Charts and Gestational Age Adjustment.</p>
142+	IBE, IBP, IFF, C1	<p><u>Prematurity</u></p> <ul style="list-style-type: none"> • Infant or child born less than 37 weeks gestation (infants and children less than 24 months old.) <p>Note: See Exhibit 2.04C, Guidelines for Growth Charts and Gestational Age Adjustment.</p>
151+	IBE, IBP, IFF, C1	<p><u>Small-for-gestational age (SGA) and currently under 24 months of age:</u></p> <ul style="list-style-type: none"> • Diagnosed presence of small-for-gestational age <p>Note: See Exhibit 2.04C, Guidelines for Growth Charts and Gestational Age Adjustment.</p>
152	IBE, IBP, IFF	<p><u>Low head circumference</u></p> <ul style="list-style-type: none"> • Below the 5th percentile head circumference-for-age <p>Note: See Exhibit 2.04C, Guidelines for Growth Charts and Gestational Age Adjustment.</p>
153+	IBE, IBP, IFF	<p><u>Large for gestational age, any of the following:</u></p> <ul style="list-style-type: none"> • Birth weight at or above 9 pounds • Diagnosed presence of large for gestational age <p>Note: See Exhibit 2.04C, Guidelines for Growth Charts and Gestational Age Adjustment.</p>

200 Risk Series - Biochemical Risk

- Risk** **Category** **Criteria**
- 201 PG, BE, BP
NPP, IBE,
IBP, IFF,
C1 – C4 Low hematocrit (hct.)/ low hemoglobin (hgb.) cutoff value: *At the time the blood test was taken, any value less than (<) the blood values listed in the following chart.*
- Note: For any woman who smokes the blood value criterion must be based on the number of cigarettes smoked and the trimester of pregnancy (if appropriate).
- One pack of cigarettes equals 20 cigarettes.

Status	Non-smoking		Any smoking up to 19 cigarettes/day		Smoking 20 to 39 cigarettes/day		Smoking 40 or more cigarettes/day	
	Hct.%	Hgb. gm.	Hct. %	Hgb. gm.	Hct. %	Hgb. gm.	Hct. %	Hgb. gm.
BN Postpartum- at/over age 15	<36.0	<12.0	<37.0	<12.3	<38.0	<12.5	<38.0	<12.7
BN Postpartum- under age 15	<36.0	<11.8	<37.0	<12.1	<38.0	<12.3	<38.0	<12.5
P First trimester (0 thru 13 weeks)	<33.0	<11.0	<34.0	<11.3	<35.0	<11.5	<35.0	<11.7
P Second trimester (14 thru 26 weeks)	<32.0	<10.5	<33.0	<10.8	<34.0	<11.0	<34.0	<11.2
P Third trimester (27 weeks or more)	<33.0	<11.0	<34.0	<11.3	<35.0	<11.5	<35.0	<11.7
I 6 thru 11 months	<33.0	<11.0						
C 12 thru 23 months	<33.0	<11.0						
C 24 thru 59 months	<33.0	<11.1						

- Risk** **Category** **Criteria**
- 211+ PG, BE, BP,
NPP, IBE,
IBP, IFF
C1 – C4 Elevated blood lead levels:
- Venous blood lead level at or above 10 micrograms per deciliter within the past 12 months.

300 Risk Series - Clinical/Health/Medical Risk

<u>Risk</u>	<u>Category</u>	<u>Criteria</u>
301+	PG	<u>Hyperemesis gravidarum</u> <ul style="list-style-type: none"> Diagnosed severe nausea and vomiting to the extent that a pregnant woman becomes dehydrated and acidotic
302+	PG	<u>Gestational diabetes</u> <ul style="list-style-type: none"> Diagnosed presence of gestational diabetes
303	PG, BE, BP, NPP	<u>History of diagnosed gestational diabetes, <i>any of the following:</i></u> <ul style="list-style-type: none"> Pregnant woman: any history of gestational diabetes in previous pregnancy Breastfeeding woman: most recent pregnancy Non-lactating woman: most recent pregnancy
310+	PG	<u>History of preterm delivery</u> <ul style="list-style-type: none"> Pregnant woman: any history of birth of an infant less than 37 weeks gestation
311	BE, BP, NPP	<u>History of preterm delivery (most recent pregnancy)</u> <ul style="list-style-type: none"> Birth of an infant less than 37 weeks gestation Breastfeeding woman: most recent pregnancy Non-lactating woman: most recent pregnancy
312+	PG	<u>History of low birth weight</u> <ul style="list-style-type: none"> Pregnant woman: any history of low birth weight infant at or less than 5 lbs 8oz (at or less than 2500 grams)

300 Risk Series - Clinical/Health/Medical Risk

<u>Risk</u>	<u>Category</u>	<u>Criteria</u>
313	BE, BP, NPP	<p><u>History of low birth weight (most recent pregnancy)</u></p> <ul style="list-style-type: none"> • Low birth weight infant at or less than 5 lbs 8oz (at or less than 2500 grams) • Breastfeeding woman: most recent pregnancy • Non-lactating woman: most recent pregnancy
321	PG, BE, BP, NPP	<p><u>History of spontaneous abortion, fetal or neonatal loss, <i>any of the following:</i></u></p> <ul style="list-style-type: none"> • Diagnosed <u>spontaneous abortion (miscarriage)</u> is the spontaneous termination of a gestation at less than 20 weeks gestation or less than 500 grams. Diagnosed <u>fetal death</u> is the spontaneous termination of a gestation at greater than or equal to 20 weeks. Diagnosed <u>neonatal death</u> is a death of an infant within 0 to 28 days of life. • Pregnant woman: any history of fetal or neonatal death OR 2 or more spontaneous abortions. • Breastfeeding woman: 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. • Non-lactating woman: most recent pregnancy.
331	PG, BE, BP, NPP	<p><u>Pregnancy at a young age, <i>any of the following:</i></u></p> <ul style="list-style-type: none"> • Conception at or less than 17 years of age • Pregnant woman: current pregnancy • Breastfeeding woman: most recent pregnancy • Non-lactating woman: most recent pregnancy

300 Risk Series - Clinical/Health/Medical Risk

<u>Risk</u>	<u>Category</u>	<u>Criteria</u>												
332	PG, BE, BP, NPP	<p><u>Closely spaced pregnancies, <i>any of the following:</i></u></p> <ul style="list-style-type: none"> • Conception before 16 months postpartum • Pregnant woman: current pregnancy • Breastfeeding woman: most recent pregnancy • Non-lactating woman: most recent pregnancy 												
333	PG, BE, BP, NPP	<p><u>High parity and young age, <i>any of the following:</i></u></p> <ul style="list-style-type: none"> • Under age 20 at date of conception and has had 3 or more previous pregnancies of at least 20 weeks duration, regardless of birth outcome • Pregnant woman: current pregnancy • Breastfeeding woman: most recent pregnancy • Non-lactating woman: most recent pregnancy 												
334	PG	<p><u>Lack of or inadequate prenatal care, <i>any of the following:</i></u></p> <ul style="list-style-type: none"> • Prenatal care beginning after the first trimester (after 13 weeks) <table border="1" style="margin-left: 40px;"> <thead> <tr> <th><u>Weeks of gestation</u></th> <th><u>Number of prenatal visits</u></th> </tr> </thead> <tbody> <tr> <td>14-21</td> <td>0 or unknown</td> </tr> <tr> <td>22-29</td> <td>1 or less</td> </tr> <tr> <td>30-31</td> <td>2 or less</td> </tr> <tr> <td>32-33</td> <td>3 or less</td> </tr> <tr> <td>34 or more</td> <td>4 or less</td> </tr> </tbody> </table>	<u>Weeks of gestation</u>	<u>Number of prenatal visits</u>	14-21	0 or unknown	22-29	1 or less	30-31	2 or less	32-33	3 or less	34 or more	4 or less
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300 Risk Series - Clinical/Health/Medical Risk

<u>Risk</u>	<u>Category</u>	<u>Criteria</u>
335	PG, BE, BG, NPP	<p><u>Multifetal gestation</u>, <i>any of the following</i>:</p> <ul style="list-style-type: none"> • Pregnant woman: more than 1 fetus in current pregnancy • Breastfeeding woman: more than 1 fetus, most recent pregnancy • Non-lactating woman: more than 1 fetus, most recent pregnancy
336+	PG	<p><u>Fetal growth restriction</u></p> <ul style="list-style-type: none"> • Diagnosed fetal growth restriction
337	PG, BE, BG, NPP	<p><u>History of birth of a large-for-gestational age infant</u>, <i>any of the following</i>:</p> <ul style="list-style-type: none"> • History of birth of an infant weighing at or more than 9 pounds or 4000 grams OR • Diagnosed large-for-gestational age infant • Pregnant woman: any history • Breastfeeding woman: most recent pregnancy or history of birth of an infant weighing at or more than 9 pounds or 4000 grams (infant qualifies with risk code 153 Large for Gestational Age) • Non-lactating woman: most recent pregnancy or history of birth of an infant weighing at or more than 9 pounds or 4000 grams (infant qualifies with risk code 153 Large for Gestational Age)
338	PG	<p><u>Pregnant woman currently breastfeeding</u></p> <ul style="list-style-type: none"> • Breastfeeding woman now pregnant

300 Risk Series - Clinical/Health/Medical Risk

<u>Risk</u>	<u>Category</u>	<u>Criteria</u>
339+	PG, BE, BP, NPP	<p><u>History of birth with nutrition-related congenital or birth defect</u> (any history for pregnant woman, most recent pregnancy for breastfeeding and non-lactating woman):</p> <ul style="list-style-type: none"> • Woman who has given birth to an infant diagnosed with a congenital or birth defect associated with inappropriate nutritional intake, such as inadequate zinc (low birth weight), excessive vitamin A (cleft palate or lip), inadequate folic acid (neural tube defect) • Pregnant woman: any history of birth with nutrition-related congenital or birth defect • Breastfeeding woman: most recent pregnancy • Non-lactating woman: most recent pregnancy
341+	PG, BE, BP, NPP, IBE, IBP, IFF, C1 – C4	<p><u>Nutrient deficiency diseases, <i>any of the following</i>:</u></p> <ul style="list-style-type: none"> • Diagnosed nutritional deficiencies or a disease caused by insufficient dietary intake of macro and micro nutrients • Diseases include, but not limited to, protein energy malnutrition, scurvy, rickets, beri beri, hypocalcemia, osteomalacia, vitamin K deficiency, pellagra, cheilosis, Menkes disease, xerophthalmia
342+	PG, BE, BP, NPP, IBE, IBP, IFF, C1 – C4	<p><u>Gastro-intestinal disorders, <i>any of the following</i>:</u></p> <ul style="list-style-type: none"> • Diagnosed disease(s) or condition(s) that interferes with intake or absorption of nutrients • Conditions include, but are not limited to: • Gallbladder disease • Gastroesophageal reflux (GER) • Inflammatory bowel disease, including ulcerative colitis or Crohn=s disease • Liver disease • Malabsorption syndromes • Pancreatitis • Small bowel enterocolitis and syndrome • Stomach or intestinal ulcers

300 Risk Series - Clinical/Health/Medical Risk

<u>Risk</u>	<u>Category</u>	<u>Criteria</u>
343+	PG, BE, BP, NPP, IBE, IBP, IFF, C1 – C4	<u>Diabetes mellitus</u> <ul style="list-style-type: none"> Diagnosed presence of diabetes mellitus
344+	PG, BE, BP, NPP, IBE, IBP, IFF, C1 – C4	<u>Thyroid disorders</u> <ul style="list-style-type: none"> Diagnosed hyperthyroidism Diagnosed hypothyroidism
345+	PG, BE, BP, NPP, IBE, IBP, IFF, C1 – C4	<u>Hypertension (includes chronic and pregnancy-induced)</u> <ul style="list-style-type: none"> Diagnosed presence of hypertension including chronic or pregnancy-induced hypertension
346+	PG, BE, BP, NPP, IBE, IBP, IFF, C1 – C4	<u>Renal disease</u> <ul style="list-style-type: none"> Diagnosed presence of renal disease including pyelonephritis and persistent proteinuria EXCLUDES urinary tract infections involving the bladder
347+	PG, BE, BP, NPP, IBE, IBP, IFF, C1 – C4	<u>Cancer</u> <ul style="list-style-type: none"> Diagnosed presence of cancer. The current condition, or treatment for the condition, must be severe enough to affect nutritional status.

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300 Risk Series - Clinical/Health/Medical Risk

<u>Risk</u>	<u>Category</u>	<u>Criteria</u>
348+	PG, BE, BP, NPP, IBE, IBP, IFF, C1 – C4	<p><u>Central nervous system disorders</u></p> <ul style="list-style-type: none"> • Diagnosed condition which affects energy requirements and may affect the individual’s ability to feed self that alters nutritional status metabolically, mechanically, or both • Includes, but not limited to: <ul style="list-style-type: none"> • Cerebral palsy • Epilepsy • Multiple sclerosis (MS) • Neural tube defects (NTD), such as: <ul style="list-style-type: none"> • Spina bifida • Myelomeningocele • Parkinson’s disease
349+	PG, BE, BP, NPP, IBE, IBP, IFF,	<p><u>Genetic and congenital disorders, <i>any of the following:</i></u></p> <ul style="list-style-type: none"> • Diagnosed presence of genetic and congenital disorders that cause physical or metabolic abnormality • Current condition must alter nutrition status metabolically, mechanically or both • Includes, but not limited to: <ul style="list-style-type: none"> • Cleft lip or palate • Down syndrome • Muscular dystrophy (MD) • Sickle cell anemia (<u>not</u> sickle cell trait) • Thalassemia major
350+	IBE, IBP, IFF	<p><u>Pyloric stenosis</u></p> <ul style="list-style-type: none"> • Diagnosed presence of pyloric stenosis • Gastrointestinal obstruction with abnormal gastrointestinal function affecting nutritional status.

300 Risk Series - Clinical/Health/Medical Risk

<u>Risk</u>	<u>Category</u>	<u>Criteria</u>
351+	PG, BE, BP, NPP, IBE, IBP, IFF, C1 – C4	<p><u>Inborn errors of metabolism</u></p> <ul style="list-style-type: none"> • Diagnosed inborn error(s) of metabolism • Gene mutations or gene deletions that alter metabolism in the body • Includes, but not limited to: <ul style="list-style-type: none"> • Fructoaldolase deficiency • Galactokinase deficiency • Galactosemia • Glutaric aciduria • Glycogen storage disease • Histidinemia • Homocystinuria • Hyperlipoproteinemia • Hypermethioninemia • Maple syrup urine disease • Medium-chain acyl-CoA dehydrogenase (MCAD) • Methylmalonic acidemia • Phenylketonuria (PKU) • Propionic acidemia • Tyrosinemia • Urea cycle disorders

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352+	PG, BE, BP, NPP, IBE, IBP, IFF C1 – C4	<p><u>Infectious disease</u></p> <ul style="list-style-type: none"> • Diagnosed infectious disease that must be present now or within the past 6 months • Disease caused by growth of pathogenic micro-organisms in the body severe enough to affect nutritional status • Includes, but not limited to: <ul style="list-style-type: none"> • AIDS (Acquired Immunodeficiency Syndrome) • Bronchiolitis (3 episodes in last 6 months) • Hepatitis • HIV (Human Immunodeficiency Virus infection) • Meningitis • Parasitic infections • Pneumonia • Tuberculosis • EXCLUDES frequent colds, ear infections
353+	PG, BE, BP, NPP, IBE, IBP, IFF, C1 – C4	<p><u>Food allergies</u></p> <ul style="list-style-type: none"> • Diagnosed adverse immune response to a food or a hypersensitivity that causes adverse immunologic reaction <p>NOTE: This applies when the diagnosed food intolerances or allergies require major dietary modification to provide optimal nutrition.</p>
354+	PG, BE, BP, NPP, IBE, IBP, IFF, C1 – C4	<p><u>Celiac disease</u></p> <ul style="list-style-type: none"> • Diagnosed celiac disease • Inflammatory condition of the small intestine caused by ingestion of wheat • Also known as celiac sprue, gluten enteropathy, non-tropical sprue.

300 Risk Series - Clinical/Health/Medical Risk

<u>Risk</u>	<u>Category</u>	<u>Criteria</u>
355	PG, BE, BP, NPP, IBE, IBP, IFF, C1 – C4	<p><u>Lactose intolerance</u>, <i>any of the following</i>:</p> <ul style="list-style-type: none"> • Diagnosed lactose intolerance • Symptoms documented by CPA - Documentation should indicate that ingestion of dairy products causes gastrointestinal disturbances such as: abdominal bloating, cramps, diarrhea, and nausea and the avoidance of such dairy products eliminates them.
356+	PG, BE, BP, NPP, IBE, IBP, IFF, C1 – C4	<p><u>Hypoglycemia</u></p> <ul style="list-style-type: none"> • Diagnosed hypoglycemia
357+	PG, BE, BP, NPP, IBE, IBP, IFF, C1 – C4	<p><u>Drug-nutrient interaction</u></p> <ul style="list-style-type: none"> • Use of prescription or over-the-counter drugs or medications that have been shown to interfere with nutrient intake or utilization, to an extent that nutritional status is compromised • Nutrition-related side effects of drugs may include, but are not limited to: <ul style="list-style-type: none"> • Altered taste sensation • Gastric irritation • Appetite suppression • Altered GI motility • Altered nutrient metabolism and function, including enzyme inhibition, vitamin antagonism, and increased urinary loss

300 Risk Series - Clinical/Health/Medical Risk

<u>Risk</u>	<u>Category</u>	<u>Criteria</u>
358+	PG, BE, BP, NPP	<p><u>Eating disorders (Anorexia and Bulimia)</u></p> <ul style="list-style-type: none"> • Diagnosed eating disorders or evidence of such disorders documented by CPA • 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 and including, but not limited to: <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
359+	PG, BE, BP, NPP, IBE, IBP, IFF, C1 – C4	<p><u>Recent major surgery, trauma, burns</u></p> <ul style="list-style-type: none"> • Major surgery (including C-sections), trauma or burns severe enough to compromise nutritional status • Any occurrences: <ul style="list-style-type: none"> • Within the past two (2) months may be self reported • More than two (2) 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

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<u>Risk</u>	<u>Category</u>	<u>Criteria</u>
360+	PG, BE, BP, NPP, IBE, IBP, IFF, C1 – C4	<p><u>Other medical conditions</u></p> <ul style="list-style-type: none"> • Diagnosed diseases or conditions with nutritional implications that are not included in any of the other medical conditions • Current condition or treatment for the condition must be severe enough to affect nutritional status • Includes, but not limited to: <ul style="list-style-type: none"> • Asthma*, persistent (moderate or severe) requiring daily medication • Cardiorespiratory diseases • Cystic fibrosis • Heart disease • Juvenile rheumatoid arthritis (JRA) • Lupus erythematosus <p>*NOTE: This criterion usually is not applicable to infants for the medical condition of asthma. In infants, asthma-like symptoms are usually diagnosed as bronchiolitis with wheezing which is covered under risk code #352, Infectious Disease.</p>
361+	PG, BE, BP, NPP, C1-C4	<p><u>Depression</u></p> <ul style="list-style-type: none"> • Presence of clinical depression diagnosed by physician, psychologist, certified social worker or advanced practice registered nurse, or as reported or documented by a physician or someone working under physician=s orders.

300 Risk Series - Clinical/Health/Medical Risk

<u>Risk</u>	<u>Category</u>	<u>Criteria</u>
362+	PG, BE, BP, NPP, IBE, IBP, IFF, C1 – C4	<p><u>Developmental delays, sensory or motor delays interfering with ability to eat</u></p> <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • Birth injury • Brain damage • Feeding problems due to a developmental disability such as pervasive development disorder (PDD) which includes autism • Head trauma • Minimal brain function • Other disabilities
371	PB, BE, BP, NPP	<p><u>Maternal smoking</u></p> <ul style="list-style-type: none"> • Any daily smoking of tobacco products such as cigarettes, pipes or cigars
372	PG, BE, BP, NPP	<p><u>Alcohol or illegal drug use</u></p> <p>Pregnant woman:</p> <ul style="list-style-type: none"> • Any alcohol use • Any illegal drug use <p>Breastfeeding and non-lactating woman:</p> <ul style="list-style-type: none"> • Routine current intake of 2 or more drinks per day <ul style="list-style-type: none"> • Serving or standard sized drink is: <ul style="list-style-type: none"> • 12 fluid ounces of beer or wine cooler • 5 ounces of wine • 1 2 fluid ounces of hard liquor, vermouth, cordials or liqueurs • Binge drinking: <ul style="list-style-type: none"> • Consumes 5 or more drinks on the same occasion on at least one day in the past 30 days • Heavy drinking: <ul style="list-style-type: none"> • Consumes 5 or more drinks on the same occasion on five or more days in previous 30 days • Any illegal drug use

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<u>Risk</u>	<u>Category</u>	<u>Criteria</u>
381	PG, BE, BP, NPP, IBE, IBP, EFF, C1 – C4	<u>Dental problems</u> <ul style="list-style-type: none"> • Diagnosed dental problem or adequate documentation by CPA • Includes, but not limited to: <ul style="list-style-type: none"> X Presence of nursing or baby bottle tooth decay • Smooth surface decay of maxillary anterior teeth and primary molars
	IBE, IBP, IFF, C1 – C4 only	<ul style="list-style-type: none"> • X Tooth decay • Periodontal disease • Tooth loss and/or ineffectively replaced teeth which impair ability to ingest food in adequate quantity or quality
	PG, BE, BP, NPP, C1-C4	<ul style="list-style-type: none"> • X Gingivitis of pregnancy
	PG only	
382+	IBE, IBP, IFF, C1-C4	<u>Fetal alcohol syndrome</u> <ul style="list-style-type: none"> • Diagnosed fetal alcohol syndrome

400 Risk Series - Dietary Risk

<u>Risk</u>	<u>Category</u>	<u>Criteria</u>
	PG, BE, BP, NPP, IBE, IBP, IFF, C1 – C4	The 400 Risk Series reflects the Institute of Medicine (IOM) guidance that all U.S. women and children are at risk of failing to meet the US Dietary Guidelines. 24 hour recall or food frequency are not to be used to determine client eligibility. Assign appropriate 400 Risk Series numbers based on determination found from the age appropriate <i>Health and Diet Questions</i> .
401	PG, BE, BP, NPP, C2-C4	<p>(New, 10/07) Criterion #401, Failure to Meet Dietary Guidelines for Americans: The definition was revised to reflect the Institute of Medicine (IOM) recommendation for a presumed dietary risk for women and children 2 years of age and older.</p> <ul style="list-style-type: none"> ✓ Note: This criterion applies only to women and children older than 2 years of age due to the fact that the <i>Dietary Guidelines</i> do not include recommendations for infants and young children birth to 2 years. ✓ This criterion may only be assigned after a complete assessment has been performed to assess for risk (including #425.1 – 425.9, Inappropriate Nutrition Practices for Children) and no other risk is identified.
411.1	IBE, IBP, IFF	<p><u>Inappropriate infant feeding practices, routine use of any of the following:</u> Infant not fed breast milk or iron-fortified formula</p> <ul style="list-style-type: none"> • Routinely using a substitute for breast milk or for FDA approved iron-fortified formula as primary nutrient source during first 12 months of life • Low iron formula w/o iron supplement before 6 months; • Feeding goat’s milk, sheep’s milk, imitation milks, or substitute milks in place of breast milk or FDA-approved infant formula during the first year of life. <p><u>No dependable source of iron for infants older than 6 months of age</u></p> <ul style="list-style-type: none"> • No routine age-appropriate iron source after 6 months of age, such as: • Iron-fortified cereals • Iron-fortified infant formula (at least 10 mg of iron per liter of formula prepared at standard dilution) • Meats • Oral iron supplements

400 Risk Series - Dietary Risk

<u>Risk</u>	<u>Category</u>	<u>Criteria</u>
411.2	IBE, IBP, IFF, C1-C4	<p><u>Inappropriate use of baby bottles – using nursing bottles or cups improperly</u></p> <ul style="list-style-type: none"> • Routine use of the bottle to feed liquids other than breast milk, formula, or water and any sugar containing fluids. This includes: <ul style="list-style-type: none"> • Fruit juice • Soda/pop • Soft drinks • Gelatin water • Corn syrup solutions • Sweetened tea • Milk • Other sugar-containing beverages • Diluted cereal or other solid foods • Allowing the infant/child to use the bottle without restriction (e.g., walking around with a bottle) or as a pacifier • Propping the bottle • Using the bottle for feeding or drinking beyond 14 months of age • Adding any food (cereal or other solid foods) to the infant’s bottle • Allowing the infant/child to fall asleep at naps or bedtime with the bottle • Allowing an infant to carry around and drink throughout the day from a covered or training cup
411.3	IBE, IBP, IFF	<p>Routinely offering complementary foods or other substances that are inappropriate foods/feeding schedule (Inappropriate type or timing of food substances). <i>Complementary foods are any foods or beverages other than breast milk or infant formula.</i></p> <ul style="list-style-type: none"> • Adding sweet agents such as sugar, honey, or syrups to any beverage (including water) or prepared food, or used on a pacifier; • Any food other than breast milk or iron-fortified infant formula before 4 months of age. • Addition of solid food(s) into the daily diet before four (<4) months of age.

400 Risk Series - Dietary Risk

<u>Risk</u>	<u>Category</u>	<u>Criteria</u>
411.4	IBE, IBP, IFF	<p><u>Routinely Using Inappropriate Feeding Practices and Early introduction of solid food</u></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). • 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 foods 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). • Routinely using feeding practices that disregard developmental needs of infant such as no solids before 7 months, no spoon, no finger feeding by 7-9 months, • Feeding foods of inappropriate consistency, size, or shape that put the infant at risk of choking.
411.5	IBE, IBP, IFF	<p>Feeding foods to an infant that could be contaminated with harmful microorganisms Examples of potentially harmful foods for an infant are:</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); • Undercooked or raw tofu; and • Deli meats, hot dogs, and processed meats (avoid unless heated until steaming hot).

400 Risk Series - Dietary Risk

<u>Risk</u>	<u>Category</u>	<u>Criteria</u>
411.6	IBE, IBP, IFF	<p><u>Improper dilution of formula, <i>any of the following:</i></u></p> <ul style="list-style-type: none"> • Routine over dilution of formula (failure to follow manufacturers dilution instructions or specific instructions accompanying a prescription) • Routine under dilution of formula (failure to follow manufacturers dilution instructions or specific instructions accompanying a prescription)
411.7	IBE, IBP, IFF	<p><u>Limiting frequency of breastfeeding when breast milk is sole source of nutrients</u></p> <p>Examples of the fully breastfed infant (i.e., <u>NOT consuming any solid foods</u>) who is routinely taking:</p> <ul style="list-style-type: none"> • 0-7 weeks of age: less than 8 feedings in 24 hours • 8 weeks or older: less than 6 feedings in 24 hours • Scheduled feedings instead of demand feedings
411.8+	IBE, IBP, IFF	<p><u>Highly restrictive diets – feeding diet very low in calories or essential nutrients, <i>any of the following:</i></u></p> <ul style="list-style-type: none"> • Severely limited intake of important food sources of nutrients (example: fruit and nut diet) • High risk eating pattern • Inappropriate, infrequent or highly restrictive feeding schedules (such as infrequent breastfeeding, infant held to rigid feeding schedule, withholding food, overfeeding) or forcing an infant to eat a certain type and/or amount of food. <p><u>Vegan diets, <i>ALL of the following:</i></u></p> <ul style="list-style-type: none"> • Consuming only foods of plant origin • No animal products (no meat, poultry, fish, eggs, milk, cheese or other dairy products) • Avoidance of foods made with animal product ingredients

400 Risk Series - Dietary Risk

<u>Risk</u>	<u>Category</u>	<u>Criteria</u>
411.9	I	<p><u>Routinely using inappropriate sanitation in preparation, handling and storage of expressed breast milk or formula.</u></p> <ul style="list-style-type: none"> • Limited or no access to safe water supply with no stove for sterilizing or refrigerator/freezer for storage • Failure to handle or store expressed breast milk properly including: <ul style="list-style-type: none"> ✓ Feeding fresh breast milk stored in the refrigerator for more than 72 hours ✓ Feeding previously thawed frozen breast milk stored in the refrigerator longer than 24 hours ✓ Feeding breast milk remaining in a bottle used for an earlier feeding • Improper preparation, handling and/or storage of bottles or containers of formula including: <ul style="list-style-type: none"> ✓ Feeding formula stored at room temperature for 2 hours or longer ✓ Feeding formula stored in the refrigerator longer than 48 hours ✓ Feeding formula remaining in a bottle one hour after the start of the feeding ✓ Re-feeding formula remaining from an earlier feeding
411.10	I	<p><u>Inappropriate or excessive intake of dietary supplements</u></p> <ul style="list-style-type: none"> • Routinely taking inappropriate or excessive amounts of any dietary supplements not prescribed by a physician with potentially harmful consequences, including but not limited to ingestion of unprescribed or excessive or toxic: <ul style="list-style-type: none"> ✓ Herbal remedies ✓ Mineral or botanical supplements/remedies/teas ✓ Multi or single vitamins
411.11	I	<p><u>Vitamin/mineral supplementation</u></p> <ul style="list-style-type: none"> • Client not routinely taking a dietary supplement recognized as essential by national public health policy makers because diet alone cannot meet nutrient requirements • Examples include but are not limited to: <ul style="list-style-type: none"> ✓ Infants and children age 6 months through 35 months not taking 0.25 mg. of fluoride daily when the water supply contains less than 0.3 ppm fluoride. ✓ Breastfed infants who are ingesting less than 500 ml. (16.9 ounces) per day of Vitamin D-fortified formula and are not taking a supplement of 200 IU of Vitamin D. ✓ Non-breastfed infants who are ingesting less than 500 ml. (16.9 ounces) per day of Vitamin-D formula and are not taking a supplement of 200 IU of Vitamin D.

400 Risk Series - Dietary Risk

<u>Risk</u>	<u>Category</u>	<u>Criteria</u>
425.1	C1-C4	Routine consumption or feeding of inappropriate beverages as the primary milk source <ul style="list-style-type: none"> • Non-fat or reduced fat milk between 12 and #24 months only, • Sweetened condensed milk, • Imitation, substitute or non-fortified milks such as inadequately or unfortified rice- or soy-beverages, non-dairy creamer or other “homemade concoctions.”
425.2	C1-C4	Routinely feeding a child any sugar containing fluids, such as <ul style="list-style-type: none"> • Soda/pop • Soft drinks • Gelatin water • Corn syrup solutions • Sweetened tea
425.3	C1-C4	<u>Inappropriate use of baby bottles – using nursing bottles or cups improperly</u> <ul style="list-style-type: none"> • Routine use of the bottle to feed liquids other than breast milk, formula, or water. This includes: <ul style="list-style-type: none"> • Fruit juice • Diluted cereal or other solid foods • Allowing the infant/child to use the bottle without restriction (e.g., walking around with a bottle) or as a pacifier • Propping the bottle • Using the bottle for feeding or drinking beyond 14 months of age • Allowing the infant/child to fall asleep at naps or bedtime with the bottle • Using a pacifier dipped in sweet agents such as sugar, honey or syrups. • Routinely using cups that are “sippy” rather than open mouth cups.

400 Risk Series - Dietary Risk

Risk Category Criteria

425.4 C1-C4 Inappropriate feeding practices for children that disregard developmental needs, *any of the following*:

- Routinely using feeding practices that disregard developmental needs of child such as:
 - Not supporting growing independence with no spoon,
 - No finger feeding,
 - Forcing food,
 - Not feeding when hungry,
 - Not supporting self-feeding,
 - Not feeding texture appropriate foods,
 - Putting at risk of choking
- Not supporting a child’s need for growing independence with self-feeding (e.g., spoon-feeding a child who is able and ready to finger-feed and/or try self-feeding with appropriate utensils.
- Feeding inappropriate consistency size or shape to < 4 year old,
- Feeding or offering a child primarily pureed or liquid food when the child is ready and capable of eating foods of an appropriate texture (mashed, chopped or appropriate finger foods.)

425.5 C1-C4 Feeding foods to a child that could be contaminated with harmful microorganisms
 Examples of potentially harmful foods for a child:

- 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);
- Undercooked or raw tofu; and
- Deli meats, hot dogs, and processed meats (avoid unless heated until steaming hot).

425.6+ C1-C4 Highly restrictive diets, *any of the following*:

- Severely limited intake of calories and important food sources of essential nutrients (example: fruit and nut diet)
- High risk eating pattern

Vegan diets, *ALL of the following*:

- Consuming only foods of plant origin
- No animal products (no meat, poultry, fish, eggs, milk, cheese or other dairy products)
- Avoidance of foods made with animal product ingredients

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400 Risk Series - Dietary Risk

<u>Risk</u>	<u>Category</u>	<u>Criteria</u>
425.7	C1-C4	<p><u>Inappropriate or excessive intake of dietary supplements</u></p> <ul style="list-style-type: none"> • Routinely taking inappropriate or excessive amounts of any dietary supplements not prescribed by a physician with potentially harmful consequences, including but not limited to ingestion of unprescribed or excessive or toxic: <ul style="list-style-type: none"> • Herbal remedies or botanical supplements/ remedies/ teas • Mineral supplements • Multi or single vitamins
425.8	C1-C4	<p><u>Vitamin/mineral supplementation</u></p> <ul style="list-style-type: none"> • Client not routinely taking a dietary supplement recognized as essential by national public health policy makers because diet alone cannot meet nutrient requirements • Examples include but are not limited to: • When water supply contains less than 0.3 ppm fluoride and: <ul style="list-style-type: none"> • Children age 6 months through 35 months not taking 0.25 mg of fluoride daily • Children age 36 to 60 months not taking 0.5 mg of fluoride daily
425.9	C1-C4	<p><u>Routine ingestion of non-food items - Pica:</u></p> <ul style="list-style-type: none"> • Current craving for or consumption of non-food substances such as: <ul style="list-style-type: none"> • Ashes • Baking soda • Carpet fibers • Cigarettes or cigarette butts • Chalk • Clay or dirt • Dust • Coffee grounds • Foam Rubber • Ice (excessive intake which replaces an adequate diet) • Paint chips • Soil • Starch (laundry, cornstarch) • Wood

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400 Risk Series - Dietary Risk

<u>Risk</u>	<u>Category</u>	<u>Criteria</u>
427.1	PG, BE, BP, NPP	<p><u>Inappropriate or excessive intake of dietary supplements</u></p> <ul style="list-style-type: none"> • Routinely taking inappropriate or excessive amounts of any dietary supplements not prescribed by a physician with potentially harmful consequences, including but not limited to ingestion of unprescribed or excessive or toxic: • Herbal remedies or botanical supplements/ remedies/ teas • Mineral supplements • Multi or single vitamins
427.2+	PG, BE, BP, NPP	<p><u>Highly restrictive diets, <i>any of the following:</i></u></p> <ul style="list-style-type: none"> • Diet very low in calories including impaired absorption following bariatric surgery • Severely limited intake of important food sources of nutrients (example: fruit and nut diet) • High risk eating pattern <p><u>Vegan diets, <i>ALL of the following:</i></u></p> <ul style="list-style-type: none"> • Consuming only foods of plant origin • No animal products (no meat, poultry, fish, eggs, milk, cheese or other dairy products) • Avoidance of foods made with animal product ingredients
427.3	PG, BE, BP, NPP	<p><u>Routine ingestion of non-food items - Pica:</u></p> <ul style="list-style-type: none"> • Current craving for or consumption of non-food substances such as: <ul style="list-style-type: none"> • Ashes • Baking soda • Carpet fibers • Cigarettes or cigarette butts • Chalk • Clay or dirt • Dust • Coffee grounds • Foam Rubber • Ice (excessive intake which replaces an adequate diet) • Paint chips • Soil • Starch (laundry, cornstarch) • Wood

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400 Risk Series - Dietary Risk

<u>Risk</u>	<u>Category</u>	<u>Criteria</u>
427.4	BE, BP, NPP	<p><u>Inadequate folic acid intake to prevent neural tube defects (NTD's), spina bifida and anencephaly</u></p> <p>Consumption of less than 400 mcg of folic acid (synthetic) from fortified foods and/or supplements daily</p> <p><u>Vitamin/mineral supplementation</u></p> <ul style="list-style-type: none"> • Client not routinely taking a dietary supplement recognized as essential by national public health policy makers because diet alone cannot meet nutrient requirements • Examples include but are not limited to: <ul style="list-style-type: none"> • Pregnant women not taking 30 mg of iron daily
427.5	PG, BE, BP, NPP	<p>Examples of potentially harmful foods for a pregnant or lactating woman:</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.

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400 Risk Series - Dietary Risk

<u>Risk</u>	<u>Category</u>	<u>Criteria</u>
428	IBE, IBP, IFF, C1-C4	<p>Inappropriate 4-23 Mo. Old Feeding (Dietary Risk Associated with Complementary Feeding Practices)</p> <p>Use for 4-23 months after a complete nutrition assessment is performed.</p> <p>✓ This criterion may only be assigned after a complete assessment has been performed to assess for risk (including #411.1 – 411.11, Inappropriate Feeding Practices for Infants or #425.1 – 425.9, Inappropriate Nutrition Practices for Children) and no other risk is identified.</p>

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500 Risk Series - Fear of Regression/Transfer

<u>Risk</u>	<u>Category</u>	<u>Criteria</u>
501	BE, BP, NPP, C1-C4	<p><u>Possibility of regression at subsequent certification:</u></p> <ul style="list-style-type: none"> • Fear of regression in nutritional status without WIC Program benefits after a risk code from the 100, 200, 300, 400, 800 or 900 Risk Series <i>when no other risk code is identified</i>. Risk #501 <i>cannot follow</i> a certification with <u>only</u> risk from the 500, 600, or 700 Risk Series. <p>EXCEPTION: Risk code 501 does not apply to previous risk(s) with respect to Apregnancy only≅ condition. These risk conditions are directly associated with the pregnancy. For example, gestational diabetes is not a condition to which a new mother could regress.</p> <ul style="list-style-type: none"> • A WIC re-certification assessment shall be completed to rule out the existence of another risk factor before assigning risk code 501. • The client’s record, e.g. health and diet questions form, shall contain a written statement identifying the risk factor to which the client may regress.
502	PG, BE, BP, NPP, IBE, IBP, IFF, C1 – C4	<p><u>Transfer of out-of-state certification:</u> (refer to Policies 3.03, 4.05 and 4.10 for additional information)</p> <ul style="list-style-type: none"> • An individual transferring from an out-of-state WIC Program with a current Identification and Verification of Certification (ID/VOC) document. • ID/VOC document is valid until the certification period expires, and is accepted as proof of eligibility for Program benefits. • If receiving local agency has waiting lists for participation, the transferring individual shall be placed on the list ahead of all other waiting applicants.

600 Risk Series - Breastfeeding Woman/Infant Dyad

<u>Risk</u>	<u>Category</u>	<u>Criteria</u>
601	BE, BP	<p><u>Breastfeeding mother of infant at nutritional risk 100-300 Risk Series</u></p> <ul style="list-style-type: none"> • A lactating woman whose breastfed infant is eligible for WIC with an anthropometric, biochemical or clinical/health/medical risk. (See <u>Status I</u>, 100 thru 300 Risk Series, Policy 2.04.)
602	BE, BP	<p><u>Lactating woman with breastfeeding complications or potential complications, <i>any of the following</i>.*</u></p> <ul style="list-style-type: none"> • Severe breast engorgement • Recurrent plugged ducts • Mastitis (fever or flu-like symptoms with localized breast tenderness) • Flat or inverted nipples • Cracked, bleeding or severely sore nipples • At or older than 40 years of age • Failure of milk to come in by 4 days postpartum • Tandem nursing (breastfeeding 2 siblings who are not twins)

*NOTE: If the breastfeeding complication is current, this risk code is an indication for a referral to the Breastfeeding Peer Counselor, Lactation Consultant or Health Care Provider.

600 Risk Series - Breastfeeding Woman/Infant Dyad

<u>Risk</u>	<u>Category</u>	<u>Criteria</u>
603	IBE, IBP, IFF	<p><u>Breastfed infant with breastfeeding complications or potential complications, <i>any of the following</i>:</u>*</p> <ul style="list-style-type: none"> • Breastfeeding jaundice (an exaggeration of physiologic jaundice and an indicator of inadequate breastfeeding) • Weak or ineffectual suck • Difficulty latching onto mother=s breast • Inadequate stooling for age as determined by a physician or other health care professional • Less than 6 wet diapers per day

604	BE, BP	<p><u>Breastfeeding mother of infant at nutritional risk 400 Risk Series</u></p> <ul style="list-style-type: none"> • A lactating woman whose breastfed infant is eligible for WIC with a dietary risk only. (See <u>Status I</u>, 400 Risk Series, Policy 2.04.)
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*NOTE: If any of the above are a current breastfeeding complication, this is an indication for an immediate referral to the Health Care Provider.

660	IBE, IBP, IFF	<p><u>Infant health/nutrition evaluation</u></p> <p>Not a risk code, an indicator code. Risk 660 records the infant's subsequent health/nutrition evaluation visit. Do not place risk 660 in the first box of the risk code data field on CDE form. There must be another risk code in the first box of the risk code data field.</p>
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NOTE: Infants who are enrolled into the WIC Program between birth and 5 months of age need a health/nutrition evaluation at their mid-certification.

700 Risk Series - Infant Enrolled Due to Maternal Risk

<u>Risk</u>	<u>Category</u>	<u>Criteria</u>
700	Risk Series	Note: Based on whether the infant is receiving breastmilk daily at time of enrollment into the WIC Program. Once assigned, this Risk does not change.
701	IBE, IBP, IFF	<p><u>Non-Breastfed infant of a mother enrolled in WIC during pregnancy or not enrolled but would have been eligible with 100-300 Risk series (birth through 5 months)</u></p> <ul style="list-style-type: none"> • A non-breastfed infant of a mother who was enrolled in WIC during pregnancy with any risk • A non-breastfed infant of a mother who was not on WIC during pregnancy but would have been eligible to be a WIC client with an anthropometric, biochemical, or clinical/health/medical risk. (See <u>Status P</u>, 100 through 300 Risk Series, Policy 2.04.) • A non-breastfed infant entering WIC from birth through 5 months receiving a mid-certification Nutrition and Health evaluation, should be assessed for risk and after a complete assessment has been performed and if no other risk is found, should be assigned #428 Dietary Risk Associated with Complementary Feeding. • A non-breastfed infant entering WIC after 5 months should not be assigned a risk of #701. A complete assessment should be performed and if no other risk is found, should be assigned #428 Dietary Risk Associated with Complementary Feeding.
702	IBE, IBP, IFF	<p><u>Breastfed infant of a WIC eligible or enrolled mother 100-300 Risk Series (birth through 11 months)</u></p> <p>A breastfed infant of a lactating mother who was enrolled or eligible to be a WIC client any time during pregnancy, or who is currently eligible for WIC with an anthropometric, biochemical or clinical/health/medical risk. (See <u>Status PB</u>, 100 through 300 Risk Series, Policy 2.04.)</p>
703	IBE, IBP, IFF	<p><u>Infant born of a woman with mental retardation or alcohol or drug abuse during most recent pregnancy, <i>any of the following:</i></u></p> <ul style="list-style-type: none"> • Diagnosed mental retardation by a physician or psychologist • Documentation or self-report of alcohol use during most recent pregnancy • Documentation or self-report of illegal drug use during most recent pregnancy

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700 Risk Series - Infant Enrolled Due to Maternal Risk

<u>Risk</u>	<u>Category</u>	<u>Criteria</u>
704	IBE, IBP, IFF	<p><u>Breastfed infant of a WIC eligible or enrolled mother 400 Risk Series (birth through 11 months)</u></p> <p>A breastfed infant of a lactating mother who was enrolled or eligible to be a WIC participant any time during pregnancy, or who is currently eligible for WIC with a dietary risk. (See <u>Status PB</u>, 400 Risk Series, Policy 2.04.)</p>

800 Risk Series - Homelessness/Migrancy

<u>Risk</u>	<u>Category</u>	<u>Criteria</u>
801	PG, BE, BP, NPP, IBE, IBP, IFF, C1 – C4	<p><u>Homelessness, any of the following:</u></p> <ul style="list-style-type: none"> • Woman, infant or child who lacks a fixed and regular nighttime residence • Woman, infant or child whose primary nighttime 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 temporary residence for individuals intended to be institutionalized • A temporary accommodation of not more than 365 days in the residence of another individual • A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings
802	PG, BE, BP, NPP, IBE, IBP, IFF, C1 – C4	<p><u>Migrant</u></p> <ul style="list-style-type: none"> • 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.

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900 Risk Series - Other Nutritional Risks

<u>Risk</u>	<u>Category</u>	<u>Criteria</u>
901	PG, BE, BP, NPP, IBE, IBP, IFF, C1 – C4	<p><u>Recipient of abuse</u></p> <ul style="list-style-type: none"> Battering within past 6 months as self reported or as documented by a social worker, health care provider or another appropriate document “Battering” refers to violent physical assaults on women Child abuse and/or neglect within past 6 months <p>Child abuse/neglect is defined as “any recent act or failure to act resulting in imminent risk of serious harm, death, serious physical or emotional harm, sexual abuse, or exploitation of an infant or child by a parent or caretaker.”</p> <ul style="list-style-type: none"> Refer to Michigan WIC Policy 7.02 Referrals for additional information.
902	PG, BE, BP, NPP, IBE, IBP, IFF, C1 – C4	<p><u>Woman or infant/child of primary caregiver with limited ability to make feeding decisions and/or prepare food</u></p> <ul style="list-style-type: none"> Woman (postpartum, lactating or non-lactating) or infant/child whose primary caregiver is assessed to have a limited ability to make appropriate feeding decisions and/or prepare food Examples may include individuals who are: <ul style="list-style-type: none"> At or below 17 years of age with limited ability to care for and feed infant and/or child. Mentally disabled/delayed and/or have a mental illness such as clinical depression (diagnosed by a physician or licensed psychologist). Physically disabled to a degree which restricts or limits food preparation abilities. Currently using or having a history of abusing alcohol or other drugs.
903	PG, BE, BP, NPP, IBE, IBP, IFF, C1 – C4	<p><u>Foster care, <i>any of the following:</i></u></p> <ul style="list-style-type: none"> Entering the foster care system during the previous 6 months Moving from one foster care home to another foster care home during the previous 6 months.

<u>Risk</u>	<u>Category</u>	<u>Criteria</u>
904	PG, BE, BP, NPP, IBE, IBP, IFF, C1 – C4	<u>Exposure to Environmental Tobacco Smoke</u> Environmental tobacco smoke (ETS) exposure is defined (for WIC eligibility purposes) as exposure to smoke from tobacco products inside the home. (Also known as passive, secondhand or involuntary smoke.)

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2.0 Eligibility/Certification

Effective Date: 10/13/09

2.15 Anthropometric Risk Determination

PURPOSE: To maintain a consistent method for anthropometric risk determination.

A. POLICY:

1. A Competent Professional Authority (CPA) shall determine if a person is at nutritional risk through an assessment of height (stature or length), weight, and head circumference up to 24 months, at each certification, recertification and infant nutrition/health evaluation. The interpretation of growth charts and prenatal weight gain grids shall be the responsibility of the CPA.
2. Anthropometric measurements shall be performed by trained staff according to standard procedures established in the Anthropometric Measurement Procedures Manual (DCH-0730).
3. Each clinic where anthropometric measurements are taken shall have equipment that meets the standards specified in the Anthropometric Measurement Procedures Manual (DCH-0730).
4. At a minimum, height (stature or length) and weight measurements shall be performed and/or documented in the client's record at the time of certification. Head circumference shall be measured and/or documented for all infants and children up to 24 months.
5. Anthropometric test results shall be recorded in English measurement values precisely as the instruments provide the measures, then rounded to the nearest ounce for weight, or rounded to the nearest 1/16 inch for height or head circumference and documented in MI-WIC. Metric measurements shall be entered exactly as measured into MI-WIC.

Note for MI-WIC: If measurements or reported values are a combination of English and Metric, the English values may be entered first, checking "Unk" for the values in Metric, click the save button, then select Metric, uncheck the "Unk" and proceed to enter and save the Metric values. MI-WIC will provide a plot on the sex- and age-appropriate growth charts or prenatal weight gain grid.

6. Accurate Birth Weight, Weeks Gestation, Last Menstrual Period (LMP) and/or Expected Delivery Date (EDD) must be entered in MI-WIC in order for accurate calculations of percentiles and for accurate plotting on the appropriate growth charts and prenatal grid. CPA's should confirm or use their clinical judgment and make the final determination of Weeks Gestation and EDD.
7. If a measurement value is unknown, or if the measurement could not be taken using acceptable measurement procedures (i.e. missing limbs, braces, body cast, or uncooperative child, etc.), then check the "Unk" checkbox in MI-WIC and record a note on that row explaining the reason the measurement value was not given. These measurements may be recorded in the comments section and may be plotted manually for education purposes.

8. Determination of any WIC risk code shall only be based on assessment using the CDC Growth Charts or prenatal weight gain grid.
 - a. All infants shall be assessed for growth using the CDC Growth Charts: United States Birth to 36 Months, once they have reached 40 weeks gestation-adjusted age, including those that are Very Low Birth Weight (VLBW, \leq 1500 grams).
 - b. Premature infants ($<$ 37 weeks gestation) that have not reached the equivalent of 40 weeks gestation-adjusted age (GAA), should be measured and recorded, but will not show as plotted on the CDC Birth to 36 Month Growth Charts.
 - c. For Infants and Children, when using a recumbent length board, plotting will be based on the CDC Growth charts (Birth to 36 Months). The MI-WIC System will use gestation-adjusted age if the infant or child was premature ($<$ 37 weeks), as long as recumbent length board measurement is used up to 36 months of age.
 - d. For Children over 2 years, when stature height is used, MI-WIC will plot on the CDC Growth Charts: United States Ages 2 – 5. Adjustment for prematurity will not be done in MI-WIC when plotting on the 2-5 year charts.
 - e. Pregnant Women’s measurements will be plotted on the Prenatal Weight Gain Grid, appropriate for their pre-gravid weight category.
9. Optional charts provided in MI-WIC for educational purposes:
 - a. Infants may also be assessed for growth using the WHO Breastfed growth charts.
 - b. Infants that were VLBW (\leq 1500 grams) may also be assessed for growth using the Infant Health and Development Program (IHDP) VLBW growth chart.
 - VLBW infants display a growth pattern that differs from LBW and normal weight infants. Use of the IHDP VLBW chart allows for comparison of the growth of the VLBW infant to other VLBW infants. It is strongly recommended to use the IHDP VLBW chart when assessing growth and educating caregivers on the growth of their VLBW infants.
 - Caution: Messages given to caregivers about WIC risk should take into account that the risk was based on comparison to the growth of non-VLBW infants. The risks of very low birth weight and prematurity should be stressed. Do not emphasize the risks of short stature and low weight-for-age or length-for-age when the risk has been assigned due to using the CDC Growth Chart.
10. Use of Referral data

Although referral data is acceptable within the appropriate timeframes, whenever possible, attempt to measure infants, children, and women to obtain current anthropometric measurements. If using referral data, the following applies:

- a. Anthropometric measurements from a referring agency shall include the date of the measurement. Weight must be specified to the nearest ounce for infants and children up to 24 months. Weight for children over 24 months and women should be specified to the nearest ounce, but must be at least to the nearest ¼ pound. Height and head circumference should be specified to the nearest 1/16 inch, but must be at least to the nearest 1/8 inch.
- b. If referral measurements are questionable, take new measurements.
- c. Women. Weight and stature shall be measured not more than 60 days prior to the current certification for program participation, provided that such data for persons certified as pregnant is a reflection of their current category, and such data for persons certified as postpartum and breastfeeding women shall be collected after the end of their pregnancy.
- d. Infants and Children. Weight, length, stature, and head circumference shall be measured not more than 60 days prior to certification. For MDCH WIC Division recommendation on infant data, see 2.15 GUIDANCE, #2.

B. GUIDANCE:

1. It is recommended that the date of birth, birth length, weight, and head circumference (if known) be documented in the Anthropometric grid in MI-WIC.
2. Infant data more than 30 days old may not reflect the infant's current growth pattern. MDCH-WIC Division recommends that local agencies use anthropometric data that was taken 30 days or less prior to certification of infants. However, the MDCH-WIC Division recommends that whenever possible, measurements should be taken in the WIC clinic.
3. Local agencies should assure that all clerical, technical and professional staff who perform measurements receive anthropometric training locally or as provided by the State.

References:

MDCH-WIC Division: Anthropometric Measurement Procedures (DCH-0730)
Federal Regulations, Section 246.7

Cross References:

2.13 Nutrition Risk Criteria

2.0 Eligibility/Certification

Effective Date: 01/19/10

2.16 Hematological Risk Determination

PURPOSE:

To maintain a consistent and equitable method for hematological risk determination.

A. POLICY:

1. A hematological test such as a hemoglobin or hematocrit shall be performed as a screening tool to assess for low serum iron levels, as part of the assessment for nutritional risk factors. This test may be performed in the WIC clinic or referral data may be used from a laboratory or health care provider. (See Exemptions to Hematological Testing Requirements, Policy Statement #4.)
2. The date and the result of all hematological tests, including retests (see Policy #8), shall be recorded in the Date of Bloodwork field in MI-WIC, in addition to the log requirements specified in the WIC Laboratory Procedure Manual.
3. Data from referral sources may be used provided that it was obtained within the specified time period for the client's status according to the testing schedule detailed in #5, and is presented at the time of the appointment. If referral data is not presented at the time of the appointment, a test shall be performed.
4. Exemptions to Hematological Testing Requirement for WIC Certification:
 - **Medical Condition Prohibits Draw**
Conditions such as hemophilia, fragile bones (osteogenesis imperfecta) or a serious skin disease in which the procedure (i.e. finger stick or venipuncture) of collecting the blood sample could cause harm to the applicant. The physician should be asked for referral data.
 - **Pending**
Only allowed by agencies who contract for lab services and that receive results after the certification date; requires the LA to obtain prior State approval.
 - **Religious Objections**
 - **Severe Risk to Staff**
For instance, a client who is kicking, biting and placing staff at high risk of injury.
5. Testing shall be performed using the following schedule:
 - a. **Infants**
 - 1) For infants initially certified before seven (7) months of age, one hematological test shall be performed between 7 and 13 months of age. For the majority of infants, this first test will occur at the 12 months recertification visit.

- 2) Infants who are over seven (7) months of age at the initial certification shall have a hematological test performed.
- 3) A hematological test is not required at the infant mid-health/nutrition evaluation. (See Guidance for high risk exceptions)
- b. Children – At 13 months and up to 24 months of age.
 - 1) Children at 13 months and up to 24 months shall have a minimum of one hematological test performed. Preferred testing time is six (6) months after the first test if given before 13 months of age. For the majority of children, this will occur at the 18 month recertification visit.
 - 2) If the test performed is below the cut off level (see Policy 2.13A Michigan Risks), the test must be performed at the next recertification.
- c. Children – Two to five years.
 - 1) At 2 years of age and up to 5 years of age, hematological tests are required every 12 months for children whose serum iron levels were at or above the cutoff levels for age (see Policy 2.13A Michigan Risks) at the previous certification visit.
 - 2) Hematological tests are required:
 - a) At initial certification
 - b) At recertification, if serum iron values were below the cutoff levels as specified in Policy 2.13A Michigan Risks, at the last test.
 - c) Or, if a test has not been performed within the last 12 months.
 - 3) Referral data may be used when it has been obtained within the last 6 months.
- d. Pregnant women shall have one hematological test at the time of their certification.
- e. Postpartum women shall have one hematological test at the time of their certification.
6. Hematological Testing Requirements
 - a. Hematological testing shall be performed according to the standard procedures established in the WIC Laboratory Procedure Manual (DCH-0476).
 - b. Universal precautions shall be used during all hematological testing.
 - c. WIC clinics shall not refer clients elsewhere for testing based solely on knowledge of the applicant's infection with a bloodborne pathogen.

7. Applicants who are referred to another site for blood tests shall not be charged for the test.
8. To insure test accuracy, local agencies shall select a re-testing procedure from the following options:
 - a. Testing levels that are outside the cutoff values specified in Policy 2.13A, Nutrition Risk Criteria.
 - b. A critical hemoglobin result (<8 or > 17 g/dL).
 - c. Testing levels that have been specified as a critical value established by local agency policy.
9. Local agencies may perform one follow-up blood test (total of two tests per certification period) when deemed necessary for health monitoring by the CPA.

B. GUIDANCE

1. Other hematological testing during the certification period may be justified when situations indicate that the client may be at risk for low serum iron.
 - a. Infants: A hematological test prior to the 9-12 month recommended period may be appropriate when there are indications that the infant is at risk for low serum iron, as described below:
 - Low birth weight or preterm infant.
 - Has not been fed iron-fortified formula (10-12 mg. Fe/liter) or breastmilk.
 - Has a known diagnosis of anemia.
 - Has undergone surgery that resulted in excessive blood loss.
 - b. Women and Children: Based on the assessments performed by the CPA, the following situations may indicate the need for an additional test for clients who have had a previous test result below cutoff levels:
 - Diet pattern indicates low intake of meat and Vitamin C.
 - Special health care needs as identified through the assessment process.
 - Client appearance – pale skin and mucous membranes, low energy levels.
 - History indicates that iron supplement was prescribed, but client has failed to take daily iron supplement.
 - c. Additional tests should be performed at least 60 days from the date of the previous low-iron finding.

2. Educate all clients with low iron readings regarding the importance and necessity of dietary interventions that support improvement of iron levels and/or prescribed supplementation.
3. Local agencies should assure that all clerical, technical and professional staff who perform hematological testing receive laboratory training locally or as provided by the State.

References:

American Academy of Pediatrics (AAP), Committee on Practice and Ambulatory Medicine, Recommendations For Preventive Pediatric Health Care (RE9535), March 2000.
USDA Bloodwork Requirements, Federal Register, Volume 64, No. 241, December 16, 1999.
CDC, Recommendations to Prevent and Control Iron Deficiency in the United States MMWR, April 3, 1998 / 47 (RR-3); 1-36
Federal Regulations 246.7 (d)(1)
Institute of Medicine, 1993, Iron Deficiency Anemia; Recommended Guidelines for the Prevention, Detection and Management Among U.S. Children and Women of Childbearing Age. National Academy Press, Washington, D.C.
WIC Laboratory Procedure Manual (DCH-0476)

Cross Reference:

Policy 2.01 Eligibility/Certification of Clients
Policy 2.13 Nutritional Risk Criteria

MI-WIC POLICY

Eligibility/Certification

2.0 Eligibility/Certification

Effective Date: 6/1/09

2.17 Certification Periods

PURPOSE: To define WIC certification periods based on client category.

A. POLICY

1. The certification date is the date on which an applicant has been determined eligible to receive benefits based on meeting program eligibility criteria. The certification end date is the date on which program eligibility expires.
2. Program benefits shall be based upon the certification periods stated below:

- a. Pregnant Women (category code: PG)

A pregnant woman shall be certified through the duration of the pregnancy to six (6) weeks postpartum (Expected date of delivery [EDD] + 42 days). To continue on the program without a disruption of benefits, the woman must be recertified during the six (6) week postpartum period as either a Breastfeeding Woman or a Non-Lactating Postpartum Woman.

- b. Breastfeeding Women (category code: BE, BP)

Shall be certified up to the infant's first birthday, or until the woman ceases breastfeeding, whichever occurs first. If a woman discontinues breastfeeding before 6 months postpartum the category and certification end date must be changed to reflect NPP status. If a risk criteria that applies to a non-lactating woman is not currently documented, the presumptive risk shall be assigned.

- c. Non-Lactating Postpartum Women (category code: NPP)

Non-lactating women shall be certified until 6 months past the delivery or end of pregnancy date.

- d. Infants Under 6 Months of Age (category code: IBE, IBP, IFF)

Infants under 6 months of age shall be certified at the time of entrance into the program up to the infant's first birthday. A nutrition/health evaluation (weight, height, dietary evaluation, and health history review) shall be performed mid-certification. (See Policy 2.13, Medical and Nutritional Risk criteria for WIC Eligibility)

- e. Infants 6 Months of Age and Over (category code: IBE, IBP, IFF)

Infants 6 months of age and over shall be certified at the time of entrance into the program and at six (6) month intervals thereafter.

- f. Children (category code: C1, C2, C3, C4)

Children shall be certified at approximately six (6) months intervals thereafter up to the fifth birthday.

3. Short Certification

In the event that a client has not presented required proof of Identity, Residency, Income and/or Pregnancy at the time of certification, the client can be assigned a Short Certification. If the required proof is not presented within 60 days (30 days for proof of Income), the client will be terminated from the program.

4. Time Variations for Recertification

For Infants and Children, in cases where there is difficulty in appointment scheduling due to illness or to synchronize appointments with other family members, a time variation of plus or minus 30 days from the certification due date is permissible:

- a. **Early Recertification:** If it is necessary to recertify a client earlier than the month when recertification is due, the next certification period begins with the month when recertification appointment takes place, NOT with the month when recertification was originally due. If the recertification results in termination from the program, benefits shall be continued for the client until the end of the original certification period.
- b. **Extension of Certification:** The certification end date can be extended for 30 days for Infant and Child categories only. Reasons for extending participation without recertification into the month following the end of a certification period must be related to specific scheduling problems. Under no circumstances shall participation without recertification extend beyond 30 days following the date when recertification was due.
- c. If it is necessary to recertify a client later than the month when recertification is due, the next certification period begins with the month when the recertification takes place, not when it was due.

B. DEFINITIONS

Certification Period: The length of time a client is eligible for the WIC program.

Client Categories:

- PG = Pregnant Woman
- BE = Woman Breastfeeding Exclusively
- BP = Woman Breastfeeding Partially
- NPP = Non-lactating Postpartum Woman
- IBE = Infant Breastfeeding Exclusively
- IBP = Infant Breastfeeding Partially
- IFF = Infant Formula Fed
- C1 = Child 12 – 23 months
- C2 = Child 24 – 35 months
- C3 = Child 36 – 47 months
- C4 = Child 48 – 59 months

Reference:

Federal Regulations – 7 CFR Part 246.7 [g and c.2.ii)

Cross-reference:

- 2.02 Residency
- 2.03 Identity
- 2.04 Income Determination
- 2.10 Proof of Pregnancy
- 2.13 Nutritional Risk Criteria

MI-WIC POLICY

Eligibility/Certification

2.0 Eligibility/Certification

Effective Date:6/1/09

2.18 Notification of Client Rights and Responsibilities

PURPOSE: To insure that applicants/clients of the WIC Program are notified of, and agree to, the expectations and requirements of the WIC Program.

A. POLICY

1. The Michigan WIC Client Agreement shall be used to inform clients/authorized persons of their WIC Program rights and responsibilities. (See Exhibit 2.18A Michigan WIC Client Agreement)
2. Reasonable steps shall be made to provide the Michigan WIC Client Agreement to the client/authorized person in a language that is understandable to him/her.
3. The Michigan WIC Client Agreement shall be read by, or read to, the client/authorized person.
4. The client/authorized person shall sign and date the Michigan WIC Client Agreement:
 - a. At the time of each certification.
 - b. When a client transfers into Michigan.
 - c. When an authorized person changes.
5. A signed copy of the Michigan WIC Client Agreement shall be provided to the client/authorized person at initial entry to the WIC Program and upon request.

References:

- 7 CFR 246.7 (b), (i), (j), (l)
- 7 CFR 246.8(a)
- 7 CFR 246.12 (r)

Exhibit:

2.18A WIC Client Agreement

MI-WIC POLICY

Eligibility/Certification

2.0 Eligibility/Certification

Effective Date: 6/1/09

2.18A Notification of Client Rights and Responsibilities

Exhibit A

Michigan WIC Client Agreement

1. What can I expect from WIC?

WIC Foods: If I qualify for WIC, I will get WIC benefits to buy healthy foods at the grocery store. I understand that WIC does not give all the food or formula needed in a month.

Nutrition and breastfeeding information: WIC will give me tips about how to feed my family in a healthy way.

Health care and community information: WIC will help me find a doctor and refer me for things like shots for my children and health or community services I need.

Fair treatment: I have the right to ask for a fair hearing if I do not agree with a decision about my WIC eligibility. I understand that I must request a fair hearing by writing or calling my WIC office within 60 days from the date I receive a letter telling me about my WIC eligibility.

Common courtesy: WIC staff will treat me with courtesy and respect. I will not be treated differently for any reason. If I feel I have been discriminated against on the basis of race, color, national origin, sex, age or disability, I can file a complaint at the address listed in the box below.

2. What does WIC expect from me?

Buy WIC approved foods: I will buy only the foods listed on my WIC benefits. I will use these foods only for the person(s) on the program. If I share custody of my child or children, I will assure that the WIC food benefits are shared for my children.

Use WIC benefits correctly: I will follow the rules when using WIC benefits. I will not sell or trade WIC benefits, food or formula purchased with WIC benefits. I will handle my WIC benefits with care. If they are lost or stolen, I will notify my WIC office immediately. I understand that I may not receive a replacement for the benefits if they are lost or stolen.

Common Courtesy: I will treat WIC and grocery store staff with courtesy and respect. I understand that if I, or one of my proxies, verbally abuse, harass, threaten or physically harm a WIC staff member or grocery store staff, I can lose my WIC food benefits.

Go to one WIC clinic at a time: I will get WIC food benefits from only one clinic at a time. I will bring my WIC Identification to the WIC clinic for benefits. I will not get food from Focus:HOPE or other Commodity Supplemental Food Programs and get WIC for the same family member.

Keep WIC appointments: I will come to my appointments or call ahead if I can't make my appointment.

Consent to WIC health screening: I consent to WIC health screening for all WIC applicants in my family. WIC health screening includes answering health and diet questions, measuring height, weight and head circumference, and testing blood for iron level.

By signing this form I also understand and agree: The information I have provided to apply for WIC is true. WIC staff may check any of this information. I understand that if I use my benefits incorrectly, or receive food benefits because I made a false statement or held back facts, I may have to pay back to the State agency, in cash, the amount of those benefits. I understand that this may also cause me to be prosecuted under State and Federal law.

I will inform the WIC office of any change in my address or phone number.

I understand that WIC information for myself and family members enrolled in WIC may be provided to the following programs which provide health assistance and services: My physician or health care provider, Medicaid, Maternal Infant Health Program, Michigan Care Improvement Registry, Lead Poisoning Prevention Program, Early Hearing Screening, Newborn Screening and the Pregnancy Risk Assessment Monitoring System. I may ask the WIC staff for more information about these programs and services.

I have been advised of and understand my rights and responsibilities.

Authorized Person or Proxy Signature Date

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MI-WIC POLICY

Certification/Eligibility

2.0 Certification/Eligibility

Effective Date: 6/1/09

2.19 Verification of Certification

PURPOSE: To allow WIC clients to receive uninterrupted benefits when moving from one WIC agency to another.

A. POLICY:

1. The Verification of Certification (VOC) is used for identifying clients enrolled in WIC and shall be honored at any WIC agency during the certification periods specified.
2. The local agency shall issue a VOC to each client participating in the WIC Program. The VOC shall be issued to the authorized person at the time of each certification.
3. The VOC must contain:
 - a. Client's name
 - b. Certification beginning and ending dates
 - c. Date of last income determination (for migrant clients only)
 - d. Client nutritional risks
 - e. Local agency name and address
 - f. Signature and printed name of local agency official
 - g. VOC identification number
4. Persons presenting a Verification of Certification (VOC) from another local agency, state or Native American WIC Program, or the Department of Defense's WIC Overseas Program, shall be treated as a transfer, as long as the clients named are within a current certification period (see Policy 3.05 Transfer).
5. Clinic staff shall replace VOC for clients who request replacement.

Reference:

7 CFR 246.7, (k), (4)

Cross Reference:

3.05 Transfers

MI-WIC POLICY

Eligibility/Certification

2.0 Eligibility/Certification

Effective Date: 6/1/09

2.21 Mid-Certification Income Determination

PURPOSE: To describe the process required when the local agency receives information regarding an increase or change in income during the certification period.

A. POLICY:

1. Mid-certification income reassessment must be done when a local agency receives information that a client's income or family size has changed, which may cause the client to be ineligible for the Program.
2. If the client has less than 90 days left within the existing certification period, no re-determination of income eligibility is needed.
3. If the client has more than 90 days left in the existing certification period, determine current income based on the income documentation provided (See Policies 2.04 Income Determination, 2.05 Income Guidelines and 2.06 Adjunct Income Eligibility).
 - a. If the client who is enrolled has current Medicaid coverage or has qualified for other state or local programs where income has been determined at or less than 185% of poverty, the client continues to be income eligible for WIC.
 - b. If the family contains a pregnant woman or infant who is Medicaid eligible, or the family receives Food Stamps or FIP (Family Independence Program/TANF), this continues to provide adjunct eligibility for the whole family.
4. If the client's income is determined to be over income and the client/family does not have adjunct eligibility, the client/family shall be terminated with 15 days notice and benefits shall be issued during that period.

Reference:

7 CFR 246.7(h)(1)

Cross-References:

2.04 Income Determination
2.05 Income Guidelines
2.06 Adjunct Income Eligibility