Illinois State WIC Program
Category: Child
R- 01.21 WIC Paper Assessment Tool

Participant ID:_____ Date:_____ CPA Initials:_____

Paper Certification Form – Child

For initial certifications, the WIC ID number and/or HH ID number may not be available. The automated system will generate a WIC ID number and/or HH ID number, if needed, when data is entered, and it should be recorded on this form at that time.

Applicant/Participant Name: _____	**Applicant/Participant DOB:** _____
ID #: _____	**EBT card #:** _____
CPA Name: _____	**HH ID#:** _____
Date of Visit: _____	**Date Data Entered in IWIC:** _____

Mandatory questions are **bolded** and/or preceded by a star (*). Mandatory questions must be completed through participant-centered discussions. **Use IWIC MIS Flowsheets –** for steps to complete during a CERT appointment.

Responses that generate a nutrition risk including high risks have the risk number identified in parenthesis near applicable questions and answers. Indicate all risks generated from questions on each page in the Nutrition Risk(s) Identified section on the bottom of each page, if applicable. Refer to the I-WIC Nutrition Risk Criteria to assist with risk and priority assignment.

Complete the following questions related to Cert Action.

BF Information

Is the child currently breastfeeding or being given pumped breast milk? ☐ Yes ☐ No

Is the child currently receiving any supplemental formula? ☐ Yes ☐ No

Was this child ever breastfed or fed Breastmilk?

How old was your baby when he/she was first fed something other than breast milk (i.e., formula, water, infant cereal, etc.)? ___Months ____Weeks _____Days ☐ Unknown

Age BF Ended ____Months ____Weeks _____Days ☐ Unknown

Reason BF Ended

- ☐ **Doctor Advised**
- ☐ **Baby Refused/Prefers Bottle**
- ☐ **Birth Control Interfered**
- ☐ **Just Did Not Like Breastfeeding**
- ☐ **Lack of Support (Not Workplace)**
- ☐ **Lack of Workplace Support**
- ☐ **Met Breastfeeding Goal**
- ☐ **Mother Taking Medication**
- ☐ **Not Enough Milk/Baby Not Satisfied**
- ☐ **Other (See BF Note)**
- ☐ **Pain or Latching Difficulty**
- ☐ **No reason provided**

Did you Breastfeed as long as you desired? ☐ No ☐ Yes

Illinois State WIC Program

CPA Paper Certification Form

***Present for Cert?** ☐ No ☐ Yes

***If not, reason not present:**

☐ Medical Condition	☐ Working Parents or Caretakers
☐ Natural Disaster	☐ Other

Complete the following sections for the Breastfed Child ONLY.

BF Questions

1. *How many times is the baby breastfeeding or given breast milk in a day (24 hours)? _____

2. *Does your breastfeeding child have?

- ☐ Difficulty with latch-on
- ☐ Weak suck
- ☐ Jaundice
- ☐ Inadequate stooling
- ☐ Other: _____
- ☐ None

BF Support & Notes

CONTACT HISTORY

*Date:	Role	*Method	Contact Made	*Topic/No Contact	Call Back Date	Achieved Date
___/___/____	BFC/PC SPVR	☐ Clinic Visit	☐	☐ Breastfeeding Basics		
Baby name: _____	CPA	☐ Group/Class	☐	☐ Breastpumps/Pumping		
	DBE	☐ Home visit	☐	☐ Common BF Concerns		
	PC	☐ Hospital Visit	☐	☐ General Support		
		☐ Phone/Text	☐	☐ Return to Work/School		
				☐ Supplemental Feedings		
				☐ Weaning		

BREASTFEEDING REFERRAL

*Date referred:	*Referred To	*Reason referred	Reason Not Referred	Referral Type	Follow Up Date
____/____/_____	☐ WIC BF Support Group	☐ Breastfeeding Problems	☐ Baby Adopted/ Foster Care	☐ PN	
	☐ BFC/PC SPVR	☐ Education	☐ CPA Professional Judgement	☐ PP	
	☐ Community Support	☐ Medical Condition – Baby	☐ Infant Death		
	☐ DBE	☐ Medical Condition – Mother	☐ No Local Referral Resource Available		
	☐ Health Care Provider	☐ Support	☐ Participant Declined		
	☐ IBCLC				

Nutrition Risk(s) Identified:

BREASTFEEDING NOTES

*Date:
*Staff:
*Baby Name:
*Note:

BF Pumps & Aids

*Date Assigned *MM/DD/YYYY*	*BF Aid Type	*Serial Number	Issued By	*Reason Assigned	*Due Date	Date Returned

☐ Non-WIC Breast pump	☐ Medicaid	☐ Private Insurance	☐ Paid out of pocket Manufacturer:	☐ Hospital owned loaner pump

Breastfeeding Support	
☐ Female Household member	☐ Male Household member
☐ Friend	☐ Health care provider
☐ Peer counselor	☐ Other _____

Nutrition Risk(s) Identified: