Illinois State WIC Program
Category: Postpartum/Non-Breastfeeding
R- 01.21 WIC Paper Assessment Tool

Date: _____ CPA Initials:_____

Paper Certification Form – Postpartum (Non-Breastfeeding) Woman

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:** _____
(Risk 331 Pregnancy at a Young Age)

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 Criterial to assist with risk and priority assignment.

Complete the following questions related to Cert Action.

BF Status Change/Information:

Assign NP status due to perinatal loss or adoption:
□ No □ Yes

***Are you currently breastfeeding or pumping?**	□ No	□ Yes		
Are you currently giving your baby any supplemental formula?	□ No	□ Yes		
Frequency	□ Some	□ Mostly		
***Did you ever breastfeed or feed your baby breast milk?**	□ No	□ Yes	□ Unknown	
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 Ceased	____Months	____Weeks	_____Days	□ Unknown

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CPA Paper Certification Form

Reason BF Ceased

- ☐ **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

Participant Category ☐ BE ☐ BP

(continue with Breastfeeding Paper Assessment Tools)

☐ NP

***Actual Delivery Date:**___/___/___

Present for Cert? ☐ No ☐ Yes

If not, reason not present:

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

If Breastfeeding Status changed (BE or BP) continue assessment using the Breasfeeding Paper Assessment Tools.

BREASTFEEDING NOTES

Nutrition Risk(s) Identified: