

Illinois State WIC Program

Category: Postpartum/Non-Breastfeeding

R- 01.21 WIC Paper Assessment Tool

Participant ID: _____

Date: _____

CPA Initials: _____

NEXT APPOINTMENT

Determine and enter the next appointment information.

- Appointment Type:**
- BFC BI CERT F/U FM FPC HGB HR/FU MIDCERT
- N/ED OTHR PCERT RECERT OST

Duration:

Date:

Time:

Appointment Note: