

Illinois State WIC Program

Category: Postpartum/Non-Breastfeeding

R- 01.21 WIC Paper Assessment Tool

Participant ID: _____

Date: _____

CPA Initials: _____

FOOD PRESCRIPTION

Review Core Food Packages and tailoring options with participant.

Select Food Package Type

**Review Core Food Package and tailored options with participant then choose from the following options:*

- Core Package, reviewed options, no tailoring needed
- Tailored Package* (see table below)
- Flags (Select options below if applicable)
 - Medical Condition
 - Milk (Lactose)
 - Allergy
 - Milk Fish Peanut Shellfish Eggs Wheat Tree nuts Soy Other: _____
 - Inadequate Storage
 - Other: _____

Medically Prescribed Formula Yes No

Medical documentation must be attached to this form and then scanned into the electronic record.

Notes:

***Tailored Package Options**

Review and mark all the foods the participant would like in their package:

<input type="checkbox"/> Cheese	<input type="checkbox"/> Milk
<input type="checkbox"/> Tofu	<input type="checkbox"/> Lactose-free milk
<input type="checkbox"/> Yogurt	<input type="checkbox"/> Soy Beverage
	<input type="checkbox"/> Kosher Milk
	<input type="checkbox"/> UHT (shelf stable) milk
<input type="checkbox"/> Breakfast Cereal	<input type="checkbox"/> Juice
<input type="checkbox"/> Eggs	<input type="checkbox"/> Legumes
<input type="checkbox"/> Fruit and Vegetable Cash Value Voucher	<ul style="list-style-type: none"> <input type="radio"/> Dried Beans <input type="radio"/> Canned Beans <input type="radio"/> Peanut Butter

Benefit Issuance (# Months): 1 2 3

Food Prescription Comments: