

**R- 01.21 WIC Paper Assessment Tool**

Participant ID: \_\_\_\_\_

Date: \_\_\_\_\_

CPA Initials: \_\_\_\_\_

**Mid-Certification - Child**

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

Refer to the paper Infant WIC Paper Assessment Forms for these additional screens that must be completed:

	I-WIC System Required Screens	IL WIC Policy Required Screens
Mid-Certification (MIDCERT)	<ul style="list-style-type: none"> <li>• Mid-Certification</li> <li>• Food Prescription</li> <li>• Issue Benefits</li> </ul>	<ul style="list-style-type: none"> <li>• Lab</li> <li>• Breastfeeding (<i>bf dyads only</i>) *</li> <li>• Nutrition Education</li> </ul>

- **Cert Action Screen** (optional) – complete Breastfeeding Status Change ONLY if the breastfeeding dyad breastfeeding status has changed
- **Breastfeeding Screen** (required for BF dyads only) – complete and update information on the Breastfeeding screens as appropriate
- **Other optional screens (Infant WIC Paper Assessment Forms):** Health, Nutrition, Nutrition Risk, Care Plan, Referrals.
- **Confirm if Intake needs to update Household or Participant Information.**
- **Use IWIC MIS Flowsheets** – for steps to complete during a MIDCERT appointment.

**Complete the following questions related to the Mid-Certification**

Mandatory questions are **bolded** and/or preceded by a star (\*). Mandatory questions must be completed through participant-centered discussions.

1. **\*Has the child’s health changed in the last few months?**
  
2. **\*How do you feel the child is growing?**
  
3. **\*Tell me about the child’s meals and snacks?**
  
4. Are there any food groups the child dislikes or is unable to eat?

**Illinois State WIC Program**

Category: Child

**R- 01.21 WIC Paper Assessment Tool**

Participant ID: \_\_\_\_\_

Date: \_\_\_\_\_

CPA Initials: \_\_\_\_\_

5. Does your child eat?

- Uncooked hot dogs or deli meats
- Soft cheeses, including feta or Mexican style cheeses – queso blanco
- Undercooked, raw eggs

6. **\*How would you describe feeding time with your child?**

7. Does your child feed him/herself with the following? Check all that apply.

- Fingers                       Spoon
- Fork                               Other

8. How often do you have family meals?

9. What do you do if the child won't eat what you offer?

10. **\*What fluids does the child drink daily or on most days?**

- Whole milk       2% milk       1% milk       Skim milk       Evaporated milk
- Lactaid       Other milk       Soy beverage       100% juice       Fruit drinks
- Soda       Water       Malta

11. Does the child drink from the following?

- Baby bottle       Regular cup
- Cup with straw       Sippy cup

12. If the child drinks from a bottle or sippy cup, when does he/she use it?

If at bed at night or naptime? If yes, what is in it?

13. **\*Tell me about the child's physical activity:**

14. **\*Does your family have enough food?**

- Yes       No

**Illinois State WIC Program**

Category: Child

**R- 01.21 WIC Paper Assessment Tool**

Participant ID: \_\_\_\_\_

Date: \_\_\_\_\_

CPA Initials: \_\_\_\_\_

Nutrition Risk(s) Identified (for any new risks to be generated, the CPA must complete Health and Nutrition screens):

**General Notes / Alerts:**

**NEXT APPOINTMENT**

Next Appt. Type: \_\_\_\_\_

Duration:

\_\_\_\_\_

Date:

\_\_\_\_\_

Time:

\_\_\_\_\_