

**Illinois State WIC Program**

Category: Frontline

**R- 08.24 WIC Paper Assessment Tool**

Date: \_\_\_\_\_ Frontline Initials: \_\_\_\_\_

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

Mandatory questions are **bolded** and 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 have the risk number identified in parenthesis near applicable questions and answers This is for CPA use only.

Paper Certification Appointment	Type of Certification Appointment	Reason for Paper Certification
Date: _____ Site: _____ Time: _____	<input type="checkbox"/> CERT <input type="checkbox"/> PCERT <input type="checkbox"/> RECERT	<input type="checkbox"/> Computer system not operational <input type="checkbox"/> Equipment problems <input type="checkbox"/> Power Outage <input type="checkbox"/> Other reason (as approved by the State agency)

**Precertification**

*Head of Household (Last, First, MI)	*Birth Date	Housing Option	*Street Address	*Mailing Address (if different from Residential)	Check if preference is no mailing	*How Heard about WIC
		<input type="checkbox"/> Housing <input type="checkbox"/> Migrant (Risk 802) <input type="checkbox"/> Sheltered Homeless (Risk 801) <input type="checkbox"/> Unsheltered Homeless (Risk 801)			<input type="checkbox"/>	

List All Applicants starting with the person indicated as “Head of Household” If more than four (3), use additional copies of this page.

*Name (Last, First, MI)	*Birthdate	*Category	*M/F	Participant ID	Foster
1.		<input type="checkbox"/> PG <input type="checkbox"/> IBP <input type="checkbox"/> BE <input type="checkbox"/> IFF <input type="checkbox"/> BP <input type="checkbox"/> C1 <input type="checkbox"/> NP <input type="checkbox"/> C2 <input type="checkbox"/> IBE <input type="checkbox"/> C3 <input type="checkbox"/> C4	<input type="checkbox"/> Female <input type="checkbox"/> Male		<input type="checkbox"/> Yes <input type="checkbox"/> No
2.		<input type="checkbox"/> PG <input type="checkbox"/> IBP <input type="checkbox"/> BE <input type="checkbox"/> IFF <input type="checkbox"/> BP <input type="checkbox"/> C1 <input type="checkbox"/> NP <input type="checkbox"/> C2 <input type="checkbox"/> IBE <input type="checkbox"/> C3 <input type="checkbox"/> C4	<input type="checkbox"/> Female <input type="checkbox"/> Male		<input type="checkbox"/> Yes <input type="checkbox"/> No
3.		<input type="checkbox"/> PG <input type="checkbox"/> IBP <input type="checkbox"/> BE <input type="checkbox"/> IFF <input type="checkbox"/> BP <input type="checkbox"/> C1 <input type="checkbox"/> NP <input type="checkbox"/> C2 <input type="checkbox"/> IBE <input type="checkbox"/> C3 <input type="checkbox"/> C4	<input type="checkbox"/> Female <input type="checkbox"/> Male		<input type="checkbox"/> Yes <input type="checkbox"/> No

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Check if no phone	*Area Code	*Phone	Comments	Prefer	No Calls	Phone Type	Txt Msg	*Preferred Contact Method
<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Message <input type="checkbox"/> Caretaker	<input type="checkbox"/>	<input type="checkbox"/> Phone <input type="checkbox"/> Text <input type="checkbox"/> Email
<b>*Language (Primary)</b>								
			<input type="checkbox"/> Translator Required					

**Household Information**

Proxy (Last Name, First Name, MI)	*Education Level	*Residency Documentation – Electronic or Paper (circle one)		
	<input type="checkbox"/> 8 <sup>th</sup> Grade or less <input type="checkbox"/> 9 <sup>th</sup> to 12 <sup>th</sup> Grade <input type="checkbox"/> Technical / Trade <input type="checkbox"/> Some College <input type="checkbox"/> Associate's degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree or Higher	1040 Tax return	30 Day certification	Adjunctive eligibility
		DCFS Placement papers	Government issued ID	Immunization record
		Matricula Consular card	Military base orders	Military leave & earnings
		No proof	Official notices/bills	Pay stub
		Photo ID	Rent or Mortgage receipt	Social Security benefits
		State Administered program	Tuition assistance benefits	Unemployment benefits
		Voter registration card	W2 forms	WIC ID
<b>Email Address</b>				
<input type="checkbox"/> Yes                      Email Address: _____ <input type="checkbox"/> No				
Unknown/Declined				
<b>Service Location (select one)</b>				
<input type="checkbox"/> CPA and HH in Same Clinic <input type="checkbox"/> CPA Staff in Clinic – HH Remote <input type="checkbox"/> CPA and HH in Different Clinic <input type="checkbox"/> CPA Staff Remote – HH in Clinic <input type="checkbox"/> CPA and HH in Sam Off-Site Location <input type="checkbox"/> Frontline <input type="checkbox"/> CPA and HH Remote				