

Nutrition/Health Volume
Certification Section

Program Explanation to the Participant (2.03200)

ER# 2.03200

Authority 2015 7CFR 246.7(i),(j)(1-4)
Issued 1/81
Revised 11/15

POLICY: The local WIC provider (LWP) shall provide an explanation of the Missouri WIC Program rights and responsibilities to the participant at certification or recertification. The LWP shall require a signature acknowledging that the participant understands their rights and responsibilities.

PROCEDURES:

- A. Any staff at the LWP shall explain, at a minimum, the following items:
1. Purpose and function of the Missouri WIC Program as a medical-nutritional health care service that provides supplemental foods.
 2. Importance of the foods being consumed by the participant, and not other family members.
 3. Change of an established food package because of participant preference.
 4. Rules and regulations of the local WIC provider, especially those related to appointments and nutrition education.
 5. Presence of parent or legal guardian at certification or recertification appointments to verify income, verify family size and sign consent form. If circumstances prevent this refer to [ER# 3.03800](#) regarding proxies.
 6. Required presence of the applicant at certification or recertification, except for very unusual circumstances. Refer to [ER# 2.02700](#).
 7. Health services and nutrition education that will be made available to them with encouragement to participate in these services.
 8. At each certification visit, the LWP shall inform the applicant, participant or guardian, in easy understandable language, of their rights and responsibilities related to their participation in the WIC Program.
 - a. Participant rights and responsibilities are listed on the participant's identification folder and the WIC-10, which serves as the copy of Rights and Responsibilities given to the participant.
 - b. If the participant is unable to read, the LWP shall read the rights and responsibilities statement aloud to the participant prior to obtaining the signature.
 - c. After the participant has been informed of these rights and responsibilities, the LWP shall obtain an electronic signature and save in MOWINS. The signature:

- i. Acknowledges notification and understanding of rights and responsibilities.
 - ii. Certifies that all information provided for eligibility determination is correct.
 - iii. Provides consent to release necessary information to USDA and the Department of Health and Senior Services for program administration.
 - d. The participant shall not have the option to refuse to sign the rights and responsibilities statement. The LWP shall inform a participant who refuses to sign the form that benefits cannot be provided without the signature.
 9. The use and importance of the participant identification folder.
 10. Where the food instrument can be redeemed. Refer to [ER# 3.08300](#).
 11. Illegality of dual participation.
- B. The LWP Para-Professional staff shall provide the initial nutrition education contact to all participants. Refer to [ER# 2.06000](#).
 1. Document in the Missouri WIC Information Network System (MOWINS) after participants have received all required program explanations (part of topic "00" on the Nutrition Education contact).
- C. On future visits, any staff shall ask the participant:
 1. If changes are needed to their food package. Refer to CPA if a change is requested.
 2. Ask if the participant had problems at the store. Report problems according to instructions in the [ER# 3.08400](#).
- D. Each participant must reapply at the end of the certification period and be reassessed for Program eligibility.
- E. The relationship between WIC staff and the participant is a partnership with open dialogue and two-way communication.
- F. Missouri serves all priorities of women, infants and children. Refer to the Risk Factor Summary & Priority Listing for specific information regarding risk factor and priority number. The priority system is:
 1. Priority I - Pregnant women, breastfeeding women and infants at nutritional risk with documented medical conditions.
 2. Priority II - Infants except those in Priority I.
 3. Priority III - Children at nutritional risk with documented medical conditions.
 4. Priority IV - Pregnant women, breastfeeding women and infant due to inadequate diet.
 5. Priority V - Children at nutritional risk because of inadequate diet.
 6. Priority VI - Postpartum women at nutritional risk.

7. Priority VII - Individuals certified for WIC solely due to homelessness or migrancy and those previously certified participants who might regress in nutritional status without continued provision of supplement foods.

Nutrition/Health Volume
Certification Section

Risk Factor 381 (Oral Health Conditions) (2.03900)

ER# 2.03900

Authority 2015 7 CFR 246.7(e); Transmittal of Revised WIC Nutrition Risk Criteria June 25, 2012
Issued 1/82
Revised 11/15

POLICY:

Oral health conditions include, but are not limited to:

- Dental caries, often referred to as “cavities” or “tooth decay”, is a common chronic, infectious, transmissible disease resulting from tooth-adherent specific bacteria, that metabolize sugars to produce acid which, over time, demineralizes tooth structure (1).

- Periodontal diseases are infections that affect the tissues and bone that support the teeth. Periodontal diseases are classified according to the severity of the disease. The two major stages are gingivitis and periodontitis. Gingivitis is a milder and reversible form of periodontal disease that only affects the gums. Gingivitis may lead to more serious, destructive forms of periodontal disease called periodontitis.(2)

More information on types of periodontal disease is available at:
<http://www.perio.org/consumer/2a.html>.

- Tooth loss, ineffectively replaced teeth or oral infections which impair the ability to ingest food in adequate quantity or quality

Presence of oral health conditions diagnosed, documented, or reported by a physician, dentist, or someone working under a physician’s orders, or as self reported by applicant/participant/caregiver.

Risk factor 381 (Oral Health Conditions) shall be assigned to participants who have qualifying dental risks or oral problems. Procedures for obtaining data, documentation and assigning risk factors shall be followed.

PROCEDURES:

A. Obtaining Data:

1. The WIC Certifier or CPA must assess for dental risks at certification and mid-certification assessment (MCA) by either:
 - a. Asking nutrition assessment or mid-certification nutrition assessment questions within MOWINS.

B. Documenting and Assessing:

1. Oral Health questions shall be assessed and documented in MOWINS by either:
 - a. WIC Certifier or CPA indicating how the oral assessment was performed and results of the oral inspection; or
 - b. WIC Certifier or CPA documenting oral health questions within initial nutrition

assessment questions in the MOWINS Nutrition Assessment tab; or

c. CPA documenting oral health questions within the mid-certification nutrition assessment questions in the MOWINS Nutrition Assessment tab.

C. Assigning:

1. RF 381 may be system assigned for children and women based upon oral health questions documented within the initial nutrition assessment questions in the MOWINS Nutrition Assessment tab. Priority assignment for the risk factor is found in ER #2.03200.
2. The WIC Certifier or CPA shall manually assign risk factor 381 if any of the following exist:
 - a. There is diagnosis of dental problems by a dentist, physician or a health care provider working under the orders of a physician.
 - b. Baby bottle tooth decay (also known as nursing caries or early childhood caries), smooth surface decay is present in infants and children.
 - c. Tooth decay, broken teeth, gum infection (periodontal disease), tooth loss and/or ineffectively replaced teeth that impair the ability to chew food in adequate quantity or quality are present in women and children.
 - d. Gingivitis is present in pregnant women.
 - e. Oral inspection indicates a problem.

D. Providing Appropriate Counseling See [Counseling Guides](#) for suggested counseling). Refer to the [Nutrition Training Manual](#) for more information. Additional education suggestions are located in the *Implications for WIC Nutrition Services* section of the USDA Regulations and Justification for RF 381.

1. Counseling and education shall be provided by the CPA.
2. Document counseling contact in MOWINS.

E. Providing Referrals

1. Refer to dental health care provider, if needed; provide appropriate referral information and document in MOWINS.

*Periodontal disease (gum infection) is evidenced by swollen, red, bleeding and inflamed gums.

Nutrition/Health Volume
Certification Section

Risk Factors 341 through 362 Nutrition-Related Risk Conditions (2.04475)

ER# 2.04475

Authority 2015 7 CFR 246.7(e)(2)(ii), WIC Policy Memorandums 98-9 Revision 4 WC-00-24-P and Revision 9 MPSF:WC-07-25-P. WIC Policy Memorandum 98-9, Revision 10 Nutrition Risk Criteria; Transmittal of Revised WIC Nutrition Risk Criteria June 25, 2012

Issued 02/08

Revised 11/15

POLICY: Risk Factors 341 through 362 shall be assigned to all participants who have been identified with one of the following nutrition-related risk conditions listed in this policy (*list is all-inclusive in procedure D*). Presence of condition or disorder diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self reported by applicant/participant/caregiver. See Clarification under D.1. for additional guidance regarding self reporting of a diagnosis. Procedures for obtaining data, documentation and assigning risk factors must be followed.

PROCEDURES:

A. Obtaining Data

1. Obtain acceptable documentation or verification of diagnosis, such as on a physician's prescription pad, referral form, medical record or other reliable documentation. A telephone order is acceptable, as long as it is documented as such in the General Notes in MOWINS. A written statement from the health care provider must be obtained as follow-up to a telephone order.
2. Obtain diagnosis or condition as self reported by applicant/participant/caregiver. Presence of condition or disorder diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self reported by applicant/participant/caregiver. See Clarification under D.1. for additional guidance regarding self reporting of a diagnosis.

B. Documenting

1. If applicant/participant/caregiver self reports health and/or medical conditions (*listed in procedure D*) document the following in MOWINS.
 - a. The name, contact information of the health care provider,
 - b. Contact information of the health care provider
 - c. Whether the condition is being controlled by diet or medication.
 - d. If medication has been prescribed document the drug name(s).

C. Assessing

1. Assess program category and review diagnosis or condition to verify if it substantiates the presence of a nutrition-related risk condition. The CPA may determine follow-up is needed for any of these risk factors and manually select as high risk and complete a SOAP note (high risk care plan) in MOWINS.

D. Assigning Risk Factors:

1. The certifying staff shall manually assign the following risk factor(s) unless otherwise indicated according to policy (refer to [Risk Factor Detail Guide](#)): **Note * Clarification on self-diagnosis and self-reported medical diagnosis:**

Self-reporting of a diagnosis by a medical professional should not be confused with self-diagnosis, where a person simply claims to have or to have had a medical condition without any reference to professional diagnosis. A self-reported medical diagnosis (“My doctor says that I have/my son or daughter has...”) should prompt the CPA to validate the presence of the condition by asking more pointed questions related to that diagnosis. Priority assignment for each risk factor is found in ER #2.03200.

- a. Risk Factor 341 – Nutrient Deficiency Diseases. Diagnosis of nutritional deficiencies or a disease caused by insufficient dietary intake of macro and micronutrients. Diseases include, but are not limited to, Protein Energy Malnutrition, Scurvy, Rickets, Beri Beri, Hypocalcemia, Osteomalacia, Vitamin K Deficiency, Pellagra, Cheilosis, Menkes Disease, Xerophthalmia. (P, B, N, I, C)
- b. Risk Factor 342 - Gastrointestinal Disorders. Disease(s) and/or condition(s) that interfere with the intake or absorption of nutrients. The diseases and /or conditions include, but are not limited to gastroesophageal reflux disease (GERD); peptic ulcer; post-bariatric surgery; short bowel syndrome;; inflammatory bowel disease, including ulcerative colitis or Crohn’s disease, liver disease;; pancreatitis;; and biliary tract diseases. (P, B, N, I, C)
- c. Risk Factor 343 - Diabetes Mellitus. Diabetes mellitus consists of a group of metabolic diseases characterized by inappropriate hyperglycemia resulting from defects in insulin secretion, insulin action or both. (P, B, N, I, C)

*Note: MOWINS will automatically assign when the ‘Diabetes Mellitus’ box is selected on the Health Information tab.

- d. Risk Factor 344 - Thyroid Disorders. Thyroid dysfunctions that occur in pregnant and postpartum women, during fetal development, and in childhood are caused by the abnormal secretion of thyroid hormones. The medical conditions include, but are not limited to, the following:

Thyroid Dysfunction	Definition
Hyperthyroidism	Excessive thyroid hormone production (most commonly known as Graves’ disease and toxic multinodular goiter).
Hypothyroidism	Low secretion levels of thyroid hormone (can be overt or mild/subclinical). Most commonly seen as chronic autoimmune thyroiditis (Hashimoto’s thyroiditis or autoimmune thyroid disease). It can also be caused by severe iodine deficiency.

Congenital Hyperthyroidism	Excessive thyroid hormone levels at birth, either transient (due to maternal Grave's disease) or persistent (due to genetic mutation).
Congenital Hypothyroidism	Infants born with an under active thyroid gland and presumed to have had hypothyroidism in-utero.
Postpartum Thyroiditis	Transient or permanent thyroid dysfunction occurring in the first year after delivery based on an autoimmune inflammation of the thyroid. Frequently, the resolution is spontaneous.

(P, B, N, I, C)

- e. Risk Factor 345 – Hypertension and Pre-hypertension. Presence of hypertension or prehypertension diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self reported by applicant/participant/caregiver. (P, B, N, I, C)

*Note: MOWINS will automatically assign when the 'Hypertension/Pre-Hypertension' box is selected on the Health Information tab.

- f. Risk Factor 346 - Renal Disease. Any renal disease including pyelonephritis and persistent proteinuria, but excluding urinary tract infections (UTI) involving the bladder. (P, B, N, I, C)
- g. Risk Factor 347 – Cancer. A chronic disease whereby populations of cells have acquired the ability to multiply and spread without the usual biologic restraints. The current condition, or the treatment for the condition, must be severe enough to affect nutritional status. (P, B, N, I, C)
- h. Risk Factor 348 - Central Nervous System Disorders. Conditions which affect energy requirements, ability to feed self, or alter nutritional status metabolically, mechanically, or both. These include, but are not limited to: epilepsy; cerebral palsy (CP); multiple sclerosis (MS); Parkinson's disease; and neural tube defects (NTD), such as spina bifida. (P, B, N, I, C)
- i. Risk Factor 349 - Genetic and Congenital Disorders. Hereditary or congenital condition at birth that causes physical or metabolic abnormality. The current condition must alter nutrition status metabolically, mechanically, or both. May include, but is not limited to, cleft lip or palate, Down's syndrome, thalassemia major, sickle cell anemia (not sickle cell trait) and muscular dystrophy. (P, B, N, I, C)
- j. Risk Factor 351 - Inborn Errors of Metabolism. Inherited metabolic disorders caused by a defect in the enzymes or their co-factors that metabolize protein, carbohydrate, or fat. Inborn errors of metabolism (IEM) generally refer to gene mutations or gene deletions that alter metabolism in the body, including, but not limited to: Amino acid disorders, urea cycle disorders, organic acid metabolism disorders, carbohydrate disorders, fatty acid oxidation disorders, peroxisomal

disorders, lysosomal storage diseases, and mitochondrial disorders. For information about additional IEM, please see USDA Clarification. (P, B, N, I, C)

- k. Risk Factor 352 - Infectious Diseases. A disease caused by growth of pathogenic microorganisms in the body severe enough to affect nutritional status. Includes, but is not limited to: Tuberculosis, HIV (Human Immunodeficiency Virus Infections)*, AIDS (Acquired Immunodeficiency Syndrome)*, pneumonia, meningitis, parasitic infections, hepatitis and bronchiolitis (3 episodes in last 6 months). The infectious disease must be present within the past 6 months. *Breastfeeding is contraindicated for women with HIV or AIDS. Breastfeeding may be permitted for women with hepatitis (see Clarification for guidelines). (P, B, N, I, C)
- l. Risk Factor 353 - Food Allergies are adverse health effects arising from a specific immune response that occurs reproducibly on exposure to a given food. (P, B, N, I, C). May be system assigned for women or children based upon answers provided to Nutrition Assessment questions within Nutrition Assessment tab in MOWINS.
- m. Risk Factor 354 - Celiac Disease (CD) is an autoimmune disease precipitated by the ingestion of gluten (a protein in wheat, rye and barley) that results in damage to the small intestine and malabsorption of the nutrients from food. (For more information about the definition of CD, please see the USDA Clarification section.) CD is also known as: Celiac Sprue, Gluten-sensitive Enteropathy, Non-tropical Sprue. (P, B, N, I, C)
- n. Risk Factor 355 - Lactose Intolerance is the syndrome of one or more of the following: diarrhea, abdominal pain, flatulence, and/or bloating, that occurs after lactose ingestion. Documentation should indicate that the ingestion of dairy products causes the symptoms and the avoidance of such dairy products eliminates them. (P, B, N, I, C)
- o. Risk Factor 356 – Hypoglycemia. Presence of hypoglycemia diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver. Hypoglycemia can occur as a complication of diabetes, as a condition in itself, in association with other disorders, or under certain conditions such as early pregnancy, prolonged fasting, or long periods of strenuous exercise. (P, B, N, I, C)
- p. Risk Factor 357 - Drug-Nutrient Interactions. Use of prescription or over-the-counter drugs or medications that have been shown to interfere with nutrient intake or utilization, to an extent that nutritional status is compromised. (P, B, N, I, C)
- q. Risk Factor 358 - Eating Disorders (anorexia nervosa and bulimia), are characterized by a disturbed sense of body image and morbid fear of becoming fat. Symptoms are manifested by abnormal eating patterns including, but not limited to: self-induced vomiting, purgative abuse, alternating periods of starvation, use of drugs such as appetite suppressants, thyroid preparations or diuretics, and self-induced marked weight loss. (P, B, N)

- r. Risk Factor 359 - Recent Major Surgery, Trauma, Burns. Major surgery (including C-sections), trauma or burns severe enough to compromise nutritional status. Any occurrence within the past two (≤ 2) months may be self-reported. Any occurrence more than two (> 2) months previous must have the continued need for nutritional support diagnosed by a physician or a health care provider working under the orders of a physician. (P, B, N, I, C)
- s. Risk Factor 360 - Other Medical Conditions. Diseases or conditions with nutritional implications that are not included in any of the other medical conditions. The current condition, or treatment for the condition, must be severe enough to affect nutritional status. This includes, but is not limited to: juvenile rheumatoid arthritis (JRA), lupus erythematosus, cardiorespiratory diseases, heart disease, cystic fibrosis, persistent asthma (moderate or severe) requiring daily medication. (P, B, N, I, C)

NOTE: *This criterion will usually not be applicable to infants for the medical condition of asthma. In infants, asthma-like symptoms are usually diagnosed as bronchiolitis with wheezing which is covered under Criterion #352, Infectious Diseases.

- t. Risk Factor 361 – Depression. Presence of clinical depression, including postpartum depression. Presence of condition diagnosed, documented or reported by a physician, clinical psychologist or someone working under a physician's orders, or as self reported by applicant/participant/caregiver (P, B, N)
- u. Risk Factor 362 - Developmental, sensory or motor disabilities that restrict the ability to intake, chew or swallow food or require tube feeding to meet nutritional needs. Disabilities include, but are not limited to minimal brain function, feeding problems due to a developmental disability such as pervasive development disorder (PDD) which includes autism, birth injury, head trauma, brain damage and other disabilities. (P, B, N, I, C) May be system assigned for children based upon answers provided to Nutrition Assessment questions within Nutrition Assessment tab in MOWINS.

E. Providing Appropriate [Counseling Guides](#). Refer to the [Nutrition Training Manual](#) for more information. Additional education suggestions are located in the *Implications for WIC Nutrition Services* section of the USDA Regulations and Justification for the risk factors.

1. Counseling and education shall be provided by the CPA.
2. Document counseling contact in MOWINS.

F. Providing Referrals

1. Provide appropriate referral information and document in MOWINS.

Nutrition/Health Volume
Certification Section

Guidelines for Assigning Dietary Risk Factors 401, 411, 425, 427 & 428 (2.04550)
ER# 2.04550

Authority 2015 7CFR 246.7(e)(2)(iii); WIC PM 98-9, Risk Revision 8 WC-05-22-P, WIC Policy Memorandum 98-9 Revision 10: WIC Nutrition Risk Criteria; **Transmittal of Revised WIC Nutrition Risk Criteria November 25, 2013**

Issued 06/07

Revised 11/15

POLICY: Initial nutrition assessment shall be conducted for all participants at every certification appointment at which eligibility was determined. Follow-up nutrition assessment shall be completed within 60 days for non-high-risk participants or 30 days for high-risk participants or sooner as needed. **A nutrition assessment shall be conducted for all infants, children and breastfeeding (fully and mostly) women during every mid-certification. All risk factors shall be assigned as applicable. Risk Factors 401 through 428 shall be assigned to all participants who have been identified with one of the following nutrition-related risk conditions listed in this policy (list is all-inclusive in procedure D).** Procedures for obtaining data, documentation and assigning risk factor must be followed.

PROCEDURES:

A. Obtaining Data

1. Initial nutrition assessment shall be completed at certification (appointment at which eligibility was determined):
 - a. an infant (initial certification) visit
 - b. initial certification of a child and at subsequent certifications
 - c. when an infant changes category to a child
 - d. every certification of a prenatal woman, postpartum (non-breastfeeding) woman, and initial certification of a breastfeeding woman.
2. Follow-up nutrition assessment shall be completed within 60 days for non-high-risk participants or 30 days for high-risk participants or sooner as needed.
3. **Mid-certification nutrition assessment for infants, children and (fully and mostly breastfeeding) shall be accomplished by:**
 - a. **completing the initial nutrition assessment questions and follow-up nutrition questions or**
 - b. **completing the initial nutrition assessment questions and mid-certification nutrition questions or**
 - c. **completing the mid-certification nutrition assessment questions.**

B. Documenting

1. Enter answers to the Nutrition Assessment questions in MOWINS.
2. Refer to the [Health and Nutrition Assessment Handbook \(HNAH\)](#) for additional information.

C. Assessing

1. Risk factor assignment shall be based upon assessment of responses to questions (Nutrition Assessments) in MOWINS.

D. Assigning Risk Factors

1. Dietary Risk Factors 411, 425 or 427 will be auto assigned by the system based upon responses selected in the **initial nutrition assessment questions within the** Nutrition Assessment tab. WIC Certifiers can only assign 411, 425, and 427.
2. The CPA/Nutritionist staff shall assign the following Risk Factors - refer to the [Risk Factor Detail Guide](#) for additional information on each of the following risk factors. **Additional risk factors shall be assigned based upon information obtained during the nutrition assessment. Priority assignment for each risk factor is found in ER #2.03200.**

- a. Risk Factor 401 - Failure to Meet Dietary Guidelines for Americans (Women and Children 2 years of age and older). **Women and children two years of age and older who meet the income, categorical, and residency eligibility requirements may be presumed to be at nutrition risk for *failure to meet Dietary Guidelines for Americans [Dietary Guidelines]*. Based on an individual's estimated energy needs, the *failure to meet Dietary Guidelines* risk criterion is defined as consuming fewer than the recommended number of servings from one or more of the basic food groups (grains, fruits, vegetables, milk products, and meat or beans).**

Note: The *Failure to meet Dietary Guidelines for Americans* risk criterion can only be used when a complete nutrition assessment has been completed **and no other risk criteria have been identified. This includes assessing for risk #425, *Inappropriate Nutrition Practices for Children* or risk #427, *Inappropriate Nutrition Practices for Women*.**

This is a presumptive risk factor and can only be assigned by the CPA when a completed nutrition assessment (which includes counseling) has been completed and if no other risk factors are assigned at the initial certification or re-certification visit.

- b. Risk Factor 411 - Inappropriate Nutrition Practices for Infants. **Routine use of feeding practices that may result in impaired nutrient status, disease, or health problems. These practices, with examples, are outlined in the USDA policy statement for risk factor 411. Refer to "Attachment to 411-Justification and References" for this criterion.**
- c. Risk Factor 425 - Inappropriate Nutrition Practices for Children. **Routine use of feeding practices that may result in impaired nutrient status, disease, or health problems. These practices, with examples, are outlined in the USDA policy**

statement for risk factor 425. Refer to “Attachment to 425-Justification and References” for this criterion.

- d. Risk Factor 427 - Inappropriate Nutrition Practices for Women. Routine nutrition practices that may result in impaired nutrient status, disease, or health problems. These practices, with examples, are outlined in the USDA policy statement for risk factor 427. Refer to “Attachment to 427-Justification and References” for this criterion.
- e. Risk Factor 428 - Dietary Risk Associated with Complementary Feeding Practices. (Infants 4 to 12 months and Children 12 through 23 months). An infant or child who has begun to or is expected to begin to 1) consume complementary foods and beverages, 2) eat independently, 3) be weaned from breast milk or infant formula, or 4) transition from a diet based on infant/toddler foods to one based on the *Dietary Guidelines for Americans*, is at risk of inappropriate complementary feeding. A complete nutrition assessment, including for risk #411, Inappropriate Nutrition Practices for Infants, or #425, Inappropriate Nutrition Practices for Children, must be completed prior to assigning this risk.

This is a presumptive/predisposing risk factor that is to be assigned at every certification and recertification by the CPA when a completed nutrition assessment (which includes counseling) has been completed.

*Notes:

- Risk Factor 428 may be assigned with 411 or 425.

- E. Providing Appropriate Counseling (See [Counseling Guides](#) for suggested counseling). Refer to the [Nutrition Training Manual](#) for more information. Additional education suggestions are located in the *Implications for WIC Nutrition Services* section of the USDA Regulations and Justification for each risk factor.
 - 1. Counseling and education shall be provided by the CPA.
 - 2. Document counseling contact in MOWINS.
- F. Providing Referrals
 - 1. Provide appropriate referral information and document in MOWINS.

Missouri WIC Program Risk Factor Summary Sheet for Participants

To be considered eligible for the Missouri WIC program the applicant/participant must exhibit at least one risk factor.

Risk Factor Codes	Risk Factors	Pregnant (P) Priority	Breastfeeding (B) Priority	Postpartum (N) Priority	Infant (I) Priority	Child (C) Priority
101	Underweight (Women)	1	1	6		
103	Underweight or At Risk of Underweight (Infants and Children)				1	3
111	Overweight (Women)	1	1	6		
113	Obese (Children 2-5 years of age)					3 (2-5)
114	Overweight or At Risk of Overweight (Infants and Children)				1	3
115	High Weight-for-Length (Infants and Children <24 months of age)				1	3 (<2)
121	Short Stature or At Risk of Short Stature (Infants and Children)				1	3
131	Low Maternal Weight Gain	1				
132	Maternal Weight Loss during Pregnancy	1				
133	High Maternal Weight Gain	1	1	6		
134	Failure to Thrive				1	3
135	Inadequate Growth				1	3
141	Low Birth Weight and Very Low Birth Weight				1	3 (<2)
142	Prematurity				1	3 (<2)
151	Small for Gestational Age				1	3 (<2)
153	Large for Gestational Age				1	
201	Low Hematocrit/Low Hemoglobin	1	1	6	1	3
211	Elevated Blood Lead Levels	1	1	6	1	3
301	Hyperemesis Gravidarum	1				
302	Gestational Diabetes	1				
303	History of Gestational Diabetes	1	1	6		
304	History of Preeclampsia	1	1	6		
311	History of Preterm Delivery	1	1	6		
312	History of Low Birth Weight	1	1	6		
321	History of Spontaneous Abortion, Fetal or Neonatal Loss	1	1	6		
331	Pregnancy at a Young Age	1	1	6		
332	Closely Spaced Pregnancies	1	1	6		
333	High Parity and Young Age	1	1	6		
334	Lack of or Inadequate Prenatal Care	1				
335	Multi-fetal Gestation	1	1	6		
338	Pregnant Woman Currently Breastfeeding	1				
339	History of Birth with Nutrition Related Congenital or Birth Defect	1	1	6		
341	Nutrient Deficiency Diseases	1	1	6	1	3
342	Gastrointestinal Disorders	1	1	6	1	3
343	Diabetes Mellitus	1	1	6	1	3
344	Thyroid Disorders	1	1	6	1	3
345	Hypertension and Prehypertension	1	1	6	1	3
346	Renal Disease	1	1	6	1	3
347	Cancer	1	1	6	1	3
348	Central Nervous System Disorders	1	1	6	1	3
349	Genetic and Congenital Disorders	1	1	6	1	3
351	Inborn Errors of Metabolism	1	1	6	1	3
352	Infectious Diseases	1	1	6	1	3
353	Food Allergies	1	1	6	1	3
354	Celiac Disease	1	1	6	1	3
355	Lactose Intolerance	1	1	6	1	3

Refer to the Risk Factors Definitions Table regarding risk-factor criteria.

Missouri WIC Program Risk Factor Summary Sheet for Participants

To be considered eligible for the Missouri WIC program the applicant/participant must exhibit at least one risk factor.

Risk Factor Codes	Risk Factors	Pregnant (P) Priority	Breastfeeding (B) Priority	Postpartum (N) Priority	Infant (I) Priority	Child (C) Priority
356	Hypoglycemia	1	1	6	1	3
357	Drug Nutrient Interactions	1	1	6	1	3
358	Eating Disorders	1	1	6		
359	Recent Major Surgery, Trauma, Burns	1	1	6	1	3
360	Other Medical Conditions	1	1	6	1	3
361	Depression	1	1	6		
362	Developmental, Sensory or Motor Disabilities Interfering with the Ability to Eat	1	1	6	1	3
363	Pre-Diabetes		1	6		
371	Maternal Smoking	1	1	6		
372	Alcohol and Illegal Drug Use	1	1	6		
381	Oral Health Conditions	1	1	6	1	3
401	Failure to Meet Dietary Guidelines for Americans	4	4	6		5 (≥ 2)
411	Inappropriate Nutrition Practices for Infants				4	
425	Inappropriate Nutrition Practices for Children					5
427	Inappropriate Nutrition Practices for Women	4	4	6		
428	Dietary Risk Associated with Complementary Feeding Practices				4 (4 -12 mo.)	5 (< 2)
501	Possibility of Regression		7	7		7
502	Transfer of Certification	1	1	6	1	3
601	Breastfeeding Mother of Infant at Nutritional Risk		1			
602	Breastfeeding Complications or Potential Complications (Women)		1			
603	Breastfeeding Complications or Potential Complications (Infants)				1	
701	Infant Up to 6 Months Old of WIC Mother or of a Woman Who Would Have Been Eligible During Pregnancy				2 (up to 6 mo.)	
702	Breastfeeding Infant of Woman at Nutritional Risk				1	
801	Homelessness	7	7	7	7	7
802	Migrancy	7	7	7	7	7
902	Woman or Infant/Child of Primary Caregiver with Limited Ability to Make Feeding Decisions and/or Prepare Food				4	5
904	Environmental Tobacco Smoke (ETS) Exposure	1	1	6	1	3

Refer to the Risk Factors Definitions Table regarding risk-factor criteria.