STATE OF MISSOURI
DEPARTMENT OF HEALTH AND SENIOR SERVICES

PARAPROFESSIONAL RECOMMENDATION FORM

This form must be completed and sent to your assigned technical assistance (TA) nutritionist prior to hiring a paraprofessional as a competent professional authority (CPA). See **policy 2.4.050**. Please keep the approved form in the employee's file.

LOCAL AGENCY (LA) NAME:

EMPLOYEE NAME:	EMPLOYEE ROLE/TITLE:

WIC WORK HISTORY: *(PARAPROFESSIONALS MUST HAVE WORKED IN WIC FOUR CONSECUTIVE YEARS WITHIN THE PAST SIX YEARS IN WIC TO BE CONSIDERED FOR A CPA ROLE.)*

START DATE:	END DATE:	LA NAME/NUTRITION COORDINATOR

PLEASE PROVIDE THE FOLLOWING INFORMATION:

1. WHAT QUALITIES DOES THIS PERSON POSSESS THAT WILL HELP THEM EXCEL IN THE PROFESSIONAL ROLE?

2. HOW HAS THIS PERSON DEMONSTRATED A COMMITMENT TO WIC PARTICIPANTS AND THE WIC PROGRAM?

3. WHAT SUPPORT WILL THIS PERSON NEED AND WHO WILL PROVIDE THIS SUPPORT?

4. HOW WILL HAVING THIS PERSON IN A PROFESSIONAL ROLE BENEFIT YOUR WIC PROGRAM?

5. HOW WILL THIS IMPACT YOUR LA BUDGET?

NAME OF NUTRITION COORDINATOR SUBMITTING THIS FORM:	DATE:
TA NUTRITIONIST SIGNATURE:	DATE: