

Cert Form#	USDA #	Certification form Risk Criterion	USDA Definition and Cutoff Value	Category/ Priority Pregnant	Category/ Priority Breastfeeding	Category/ Priority Postpartum										
1	101	Pre-pregnancy or postpartum underweight (BMI <18.5)	Pre-pregnancy or current postpartum Body Mass Index (BMI) <18.5.	I	I	VI										
2	111	Pre-pregnancy or postpartum overweight (BMI ≥25)	Pre-pregnancy or current post partum Body Mass Index (BMI) of ≥25. Note: Breastfeeding and Postpartum Women less than 6 Months Postpartum risk is based on pre-pregnancy BMI.	I	I	VI										
3	131	Low maternal weight gain	<p>Defined as:</p> <p>1. A low rate of gain such that in the 2nd and 3rd trimesters, for singleton pregnancies: -Underweight women gain less than 1 pound per week; -Normal weight women gain less than .8 pounds per week; -Overweight women gain less than .5 pounds per week and; -Obese women gain less than .4 pounds per week.</p> <p>2. Low weight gain at any point in pregnancy, such that using a National Academies of Sciences, Medicine, and Engineering (NASEM - formerly known as the Institute of Medicine)-based weight gain grid, a pregnant woman’s weight plots at any point beneath the bottom line of the appropriate weight gain range for her respective prepregnancy weight category as follows (1,2)</p> <table border="0"> <thead> <tr> <th>Prepregnancy Weight Groups Definition (BMI)</th> <th>Total Weight Gain Range (lbs)</th> </tr> </thead> <tbody> <tr> <td>Underweight <18.5</td> <td>28-40</td> </tr> <tr> <td>Normal Weight 18.5 to 24.9</td> <td>25-35</td> </tr> <tr> <td>Overweight 25.0 to 29.9</td> <td>15-25</td> </tr> <tr> <td>Obese 30.0</td> <td>11-20</td> </tr> </tbody> </table> <p>See Justification for information on Multi-fetal pregnancies. Maternal Weight Loss during Pregnancy 132 is now included in this risk criterion.</p> <p>*Any Weight Loss During Pregnancy</p>	Prepregnancy Weight Groups Definition (BMI)	Total Weight Gain Range (lbs)	Underweight <18.5	28-40	Normal Weight 18.5 to 24.9	25-35	Overweight 25.0 to 29.9	15-25	Obese 30.0	11-20	I		
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4	133	High maternal weight gain	<p>Defined as:</p> <p>1. A high rate of gain such that in the 2nd and 3rd trimesters, for singleton pregnancies: * Underweight women gain more than 1.3 pounds per week; * Normal weight women gain more than 1 pound per week; * Overweight women gain more than .7 pounds per week and; * Obese women gain more than .6 pounds per week.</p> <p>2. High weight gain at any point in pregnancy, such that using an IOM 2009 based weight gain grid, a pregnant woman's weight plots at any point above the top line of the appropriate weight range for her respective prepregnancy weight category:</p> <table border="0"> <tr> <td>Prepregnancy Weight Groups Definition (BMI)</td> <td>Cut-off value (lbs)</td> </tr> <tr> <td>Underweight <18.5</td> <td>> 40</td> </tr> <tr> <td>Normal Weight 18.5 to 24.9</td> <td>> 35</td> </tr> <tr> <td>Overweight 25.0 to 29.9</td> <td>> 25</td> </tr> <tr> <td>Obese 30.0</td> <td>> 20</td> </tr> </table> <p>Breastfeeding or Non-Breastfeeding Women (most recent pregnancy only): total gestational weight gain exceeding the upper limit of the IOM's recommended range based on Body Mass Index (BMI) for singleton pregnancies (see above).</p>	Prepregnancy Weight Groups Definition (BMI)	Cut-off value (lbs)	Underweight <18.5	> 40	Normal Weight 18.5 to 24.9	> 35	Overweight 25.0 to 29.9	> 25	Obese 30.0	> 20	I	I	VI
Prepregnancy Weight Groups Definition (BMI)	Cut-off value (lbs)															
Underweight <18.5	> 40															
Normal Weight 18.5 to 24.9	> 35															
Overweight 25.0 to 29.9	> 25															
Obese 30.0	> 20															
5	201	Anemia	As stated on the certification form. Hemoglobin or hematocrit concentration below the 95% confidence interval (i.e. below .025 percentile) for healthy, well nourished individuals of the same age and stage of pregnancy.	I	I	VI										
6	211	Elevated blood lead level	Elevated blood lead level: $\geq 5\mu\text{g}/\text{dl}$ within the past 12 months. Cut off value is the current published guidance from Centers for Disease Control and Prevention (CDC).	I	I	VI										
7	341	Nutrient Deficiency or Disease	Diagnosis of nutritional deficiencies or a disease (treated or untreated) caused by insufficient dietary intake of macro and micronutrients. Diseases including but not limited to: Protein Energy Malnutrition (PEM), Scurvy, Rickets, Beri-Beri, Hypocalcemia, Ostomalacia, Vit K Deficiency, Pellagra, Cheilosis, Menkes disease and Xerophthalmia.	I	I	IV										
8	342	Gastrointestinal disorder(s)	**Disease(s) or condition(s) that interfere with the intake or absorption of nutrients. The conditions include but are not limited to: stomach or intestinal disorders, small bowel enterocolitis and syndrome, malabsorption syndromes, inflammatory bowel disease, including ulcerative colitis or Crohn's disease, liver disease, pancreatitis, gallbladder disease and gastroesophageal reflux (GERD) and post-bariatric surgery.	I	I	IV										

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9	349	Nutritionally significant genetic or congenital disorder	**Genetic or congenital disorder: 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.	I	I	IV
9	351	Nutritionally significant genetic or congenital disorder	**Inborn errors of metabolism. Generally refers to gene mutations or gene deletions that alter metabolism in the body, including but not limited to: phenylketonuria, (PKU), maple syrup urine disease, galactosemia, hyperlipoproteinemia, homocystinuria, tyrosinemia, histidinemia, urea cycle disorders, glutaric aciduria, methylmalonic acidemia, glycogen storage disease, galactokinase deficiency, fructoaldolase deficiency, proprionic acidemia, hypermethionemia, and medium-chain acyl-CoA dehydrogenase (MCAD).	I	I	IV
10	352a and 352b	Nutrition related infectious disease (Acute and Chronic)	Infectious Disease (Acute and Chronic). Diseases caused by growth of pathogenic microorganisms that affect nutritional status. Acute- Includes but not limited to: tuberculosis, pneumonia, meningitis, parasitic infections, hepatitis, bronchiolitis (3 episodes in 6 mos). For Acute conditions the infectious disease must be present within the past 6 months. Chronic- including but not limited to HIV (Human Immunodeficiency Virus) infection, AIDS (Acquired Immunodeficiency Syndrome).	I	I	VI
11	343	Nutrition related non-infectious chronic disease	**Diagnosis of Diabetes mellitus	I	I	IV
11	344	Nutrition related non-infectious chronic disease	**Thyroid disorders. Hypothyroidism (insufficient levels of thyroid hormone produced or defect in receptor) or hyperthyroidism (high levels of thyroid hormone secreted). Congenital Hyperthyroidism, Congenital Hypothyroidism, Postpartum Thyroiditis.	I	I	IV
11	345	Nutrition related non-infectious chronic disease	**Hypertension (chronic) and Prehypertension. Now, includes pregnancy- induced hypertension. Use #18 for History of Preeclampsia.	I	I	IV
11	346	Nutrition related non-infectious chronic disease	**Any renal disease Including pyelonephritis, persistent proteinuria but excluding urinary tract infections (UTI) involving the bladder.	I	I	IV
11 34	347	Nutrition related non-infectious chronic disease	**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.	I	I	IV

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11	353	Nutrition related non-infectious chronic disease	**Food allergies. An adverse immune response to a food or a hypersensitivity that causes adverse immunologic reaction. <i>See revised RISC write-up for updated justification, addition of Implications for WIC Nutrition Services section and updated references.</i>	I	I	IV
11	354	Nutrition related non-infectious chronic disease	**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. (1). CD is also known as Celiac Sprue, Gluten Enteropathy, Non tropical Sprue. <i>See revised RISC write-up for updated justification, addition of Implications for WIC Nutrition Services section and updated references.</i>	I	I	IV
11	355	Nutrition related non-infectious chronic disease	**Lactose intolerance is the syndrome of one or more of the following: diarrhea, abdominal pain, flatulence, and/or bloating, that occurs after lactose ingestion when there is insufficient production of the enzyme lactase to digest lactose. If not diagnosed by a physician, the symptoms must be well documented by the competent professional authority. Documentation should indicate the cause to be dairy products and the avoidance of dairy products eliminates symptoms. <i>See revised RISC write-up for updated justification, addition of Implications for WIC Nutrition Services section and updated references.</i>	I	I	IV
11	356	Nutrition related non-infectious chronic disease	**Diagnosis of Hypoglycemia.	I	I	IV
12	348	Other nutrition related medical conditions	**Central nervous system disorders. Conditions that affect energy requirements and may affect the individual's ability to feed self; that alter nutritional status metabolically, mechanically, or both. Includes but is not limited to: epilepsy, cerebral palsy (CP), neural tube defects (NTD) such as: spina bifida or myelomeningocele, Parkinson's disease, and multiple sclerosis (MS).	I	I	VI
12	357	Other nutrition related medical conditions	Drug nutrient interaction. 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.	I	I	VI
12	358	Other nutrition related medical conditions	**Eating disorders. Anorexia nervosa, 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, alternate patterns of starvation; use of drugs such as appetite suppressants, thyroid preparations or diuretics; self-induced marked weight loss.	I	I	VI

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12	359	Other nutrition related medical conditions	**Recent major surgery, trauma, burns (including C-sections) severe enough to compromise nutritional status. Any occurrence: Within past (≤ 2) months may be self reported. More than two (>2) months must have the continued need for nutritional support diagnosed by a physician or a health care provider working under the orders of a physician.	I	I	VI
12	360	Other nutrition related medical conditions	**Other medical conditions. Diseases or conditions with nutritional implications 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. Including: juvenile rheumatoid arthritis (JRA), lupus erythematosus, cardiorespiratory diseases, heart disease, cystic fibrosis, persistent asthma (moderate or severe) requiring daily medication.	I	I	VI
12	361	Other nutrition related medical conditions	**Presence of clinical depression. May also be diagnosed by a psychologist.	I	I	VI
12	362	Other nutrition related medical conditions	Developmental delays, sensory or motor delays interfering with the ability to eat. Developmental, sensory or motor disabilities that restrict the ability to chew, or swallow food or require tube feeding to meet nutritional needs. Includes but not limited to: minimal brain function; feeding problems due to developmental delays; birth injury; head trauma; brain damage; other disabilities.	I	I	VI
12	363	Other nutrition related medical conditions	**Pre-Diabetes. Impaired fasting glucose (IFG) and/or impaired glucose tolerance (IGT) are referred to as pre-diabetes. These conditions are characterized by hyperglycemia that does not meet the diagnostic criteria for diabetes mellitus.		I	VI
13	371	Smoking by a pregnant, breastfeeding or postpartum woman	Maternal Smoking. Any daily smoking of tobacco products.	I	I	IV

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14	372	Alcohol and Substance Use	<p>Alcohol and Substance Use For Pregnant Women:</p> <ul style="list-style-type: none"> • Any alcohol use. • Any illegal substance use and/or abuse of prescription medications. • Any marijuana use in any form. <p>For Breastfeeding and Non-Breastfeeding Postpartum Women:</p> <ul style="list-style-type: none"> • Alcohol Use (1): <u>High Risk Drinking</u>: Routine consumption of >8 drinks per week or >4 drinks on any day. <u>Binge Drinking</u>: Routine consumption of >4 drinks within 2 hours. <p>Note: A serving or standard sized drink is: 12 oz. beer; 5 oz. wine; or 1½ fluid ounces 80 proof distilled spirits (e.g., gin, rum, vodka, whiskey, cordials or liqueurs).</p> <ul style="list-style-type: none"> • Any illegal substance use and/or abuse of prescription medications. • Any marijuana use in any form (<u>breastfeeding women only</u>). 	I	I	IV
15	381	Oral health conditions	<p>Oral Health Conditions. Must be diagnosed by a physician or health care provider working under the orders of a physician or by adequate documentation by the CPA.</p> <p>Dental caries, often referred to as "cavities" or "tooth decay". Periodontal diseases, which are infections that affect the tissues and bone that support the teeth. Classified by severity- major stages are gingivitis and periodontitis. For more information can be found at: https://www.perio.org/consumer/types-gum-disease.html. Tooth loss, and/or ineffectively replaced teeth or oral infections which impair the ability to ingest food in adequate quantity or quality.</p>	I	I	VI
16	301	Hyperemesis gravidarum	Hyperemesis Gravidarum (HG) is defined as severe and persistent nausea and vomiting during pregnancy which may cause more than 5% weight loss and fluid and electrolyte imbalances (1). This nutrition risk is based on a chronic condition, not single episodes. HG is a clinical diagnosis, made after other causes of nausea and vomiting have been excluded. Presence of condition 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 for more information about self-reporting a diagnosis.	I	I	
17	302	Gestational Diabetes	**Diagnosed presence of gestational diabetes	I		
17	303	History of Gestational Diabetes	**History of diagnosed gestational diabetes mellitus (GDM)	I	I	VI
18	304	History of Preeclampsia	**History of diagnosed preeclampsia. Preeclampsia is defined as pregnancy-induced hypertension (>140mm Hg systolic or 90mm Hg diastolic) with proteinuria developing usually after the twentieth week of gestation.	I	I	IV

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19	311.01 311.02	History of Preterm or Early term Delivery	History of preterm and/or early term delivery is defined as follows (1, 2): <ul style="list-style-type: none"> • Preterm (311.01): Delivery of an infant born ≤36 6/7 weeks. • Early Term (311.02): Delivery of an infant born ≥37 0/7 and ≤38 6/7 weeks. Pregnant women: Any history of preterm delivery. Breastfeeding and postpartum: Most recent pregnancy.	I	I	VI
20	312	History of low birth weight (<2500 gms or 5.5 pounds) delivery	History of low birth weight: Birth of an infant weighing <5lbs 8oz (<2500gms) <u>Pregnant women</u> : any history of low birth weight; <u>Breastfeeding /non-breastfeeding</u> : most recent pregnancy	I	I	IV
21	321	History of spontaneous abortion, fetal or neonatal death	**History of spontaneous abortion, fetal or neonatal death. Spontaneous abortion (SAB), the spontaneous termination of a gestation at <20 weeks gestation or <500grams; or fetal death, the spontaneous termination of a gestation at ≥ 20 weeks, or neonatal death, the death of an infant within 0-28 days of life. <u>Pregnant women</u> : any history of fetal or neonatal death or ≥2 spontaneous abortions; <u>Breastfeeding women</u> : most recent pregnancy in which there was a multifetal gestation with one or more fetal or neonatal deaths but with one or more infants still living; <u>Non-breastfeeding</u> : most recent pregnancy	I	I	IV
22	331	Age at conception < 17 years of age	Pregnancy at a young age: Conception ≤17 years of age. Pregnant women : current pregnancy; Breastfeeding/ non-breastfeeding : most recent pregnancy	I	I	IV
23	332	Short Interpregnacy Interval*	Conception at <18 months postpartum. Live birth(s); does not include miscarriages or stillbirths. Pregnant women : Current pregnancy Breastfeeding/ non-breastfeeding : Most recent pregnancy which resulted in live birth	I	I	VI
24	333	High parity and young age	Women age < 20 years at date of conception who have had 3 or more previous pregnancies of at least 20 weeks duration, regardless of birth outcome. Pregnant women : current pregnancy; Breastfeeding/ non-breastfeeding : most recent pregnancy	I	I	VI

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25	334	Prenatal care beginning after the first trimester	Lack of or inadequate prenatal care: Care beginning after the 1st trimester (after 13th wk) or based on an Inadequate Prenatal Care Index published in a peer reviewed article such as the one by Kessner e.g.; First prenatal visit in the third trimester (7-9 months) or: <table border="0"> <tr> <td>Weeks of gestation</td> <td>Number of prenatal visits</td> </tr> <tr> <td>14-21</td> <td>0 or unknown</td> </tr> <tr> <td>22-29</td> <td>1 or less</td> </tr> <tr> <td>30-31</td> <td>2 or less</td> </tr> <tr> <td>32-33</td> <td>3 or less</td> </tr> <tr> <td>34 or more</td> <td>4 or less</td> </tr> </table>	Weeks of gestation	Number of prenatal visits	14-21	0 or unknown	22-29	1 or less	30-31	2 or less	32-33	3 or less	34 or more	4 or less			
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34 or more	4 or less																	
26	335	Multifetal gestation	More than one fetus in current pregnancy. Breastfeeding/ non-breastfeeding: most recent pregnancy	I	I	VI												
27	336	Fetal Growth Restriction	**Fetal Growth Restriction (FGR) (replaces the term Intrauterine Growth Retardation (IUGR)), may be diagnosed by a physician with serial measurements of fundal height, abdominal girth and can be confirmed with ultrasonography. FGR is usually defined as a fetal weight < 10 th percentile for gestational age.	I														
28	337	History of birth of a large for gestational age infant (> 9 pounds or > 4000 grams)	**Any history of giving birth to an infant weighing greater than or equal to 9 lbs. (4000 grams). Breastfeeding/Non-breastfeeding women: Most recent pregnancy, or history of giving birth to an infant weighing greater than or equal to 9 lbs. (4000 grams)	I	I	VI												
29	339	History of birth with nutrition-related congenital or birth defect	**A woman who has given birth to an infant who has a congenital or birth defect linked to inappropriate nutritional intake, e.g., inadequate zinc, folic acid, excess vitamin A.	I		VI												
30	338	Pregnant woman currently breastfeeding	Pregnant woman current breastfeeding	I														
31	601	Breastfeeding mother of an infant at nutritional risk	In CT-WIC, this risk is split into 2: 602.01 Breastfeeding mother of an infant at nutritional risk, Non-Dietary and 602.02 Breastfeeding mother of an infant at nutritional risk, Dietary. Infant and mother must be at the same priority level.	I, II, IV	I, II, IV													
32	602	Breastfeeding complications or potential complications	Breastfeeding complications or potential complications. Any of the following complications of breastfeeding: a. severe breast engorgement; b. recurrent plugged ducts; c. mastitis; d. flat or inverted nipples; e. cracked, bleeding or sore nipples; f. age ≥ 40 years; g. no milk at 4 days postpartum; h. tandem nursing (breastfeeding 2 siblings who aren't twins)	I	I													

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33		Dietary risks	The conditions or behaviors below fall under dietary risk factors and should be specified on the certification form.			
	401	Failure to meet USDA/DHHS Dietary Guidelines for Americans (DGAs)	This risk is an assumption of not meeting DGAs when no other Nutrition Risk Criteria (NRC) has been identified. A complete nutrition assessment must be conducted to screen out other dietary NRC #427 before assigning this risk. The Food Guide Pyramid was the Dietary Guidelines (DG) icon at the time the 2002 IOM Committee on Dietary Risk Assessment in the WIC Program report. The DG icon changed to MyPlate in 2011. Although the icon has changed, the Findings and the Supporting Research are still applicable to this criterion. <i>See revised RISC write-up for updated justification, addition of Implications for WIC Nutrition Services section, updated references and Clarification section for more information.</i>	IV	IV	
	427		Inappropriate Nutrition Practices for Women are listed below as subsets of USDA Risk #427	IV	IV	
	427.1	Consuming dietary supplements with potentially harmful consequences.	Examples of dietary supplements which when ingested in excess of recommended dosages, may be toxic or have harmful consequences: Single or multiple vitamins; mineral supplements; and herbal or botanical supplements or teas.	IV	IV	VI
	427.2	Consuming a diet very low in calories and/or essential nutrients or impaired caloric intake or absorption of essential nutrients following bariatric surgery.	Examples include strict vegan diet; low carbohydrate, high-protein diet; macrobiotic diet and any other diet restricting calories and or essential nutrients.	IV	IV	VI
	427.3	Compulsively ingesting non-food items (pica)	Examples of non-food items: ashes; baking soad; burnt matches; carpet fibers; chalk; cigarettes; clay; dust; large quantities of ice and/or freezer frost; paint chips; soil and laundry starch or cornstarch.	IV	IV	VI
	427.4	Inadequate vitamin/mineral supplementation recognized as essential by national public health policy	Consumption of less than 27 mg of supplemental iron per day by pregnant woman. Consumption of less than 150 µg of supplemental iodine per day by pregnant and breastfeeding women. Consumption of less than 400 mcg of folic acid from fortified foods and/or supplements daily by non-pregnant woman.	IV	IV	VI

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	427.5	Pregnant women ingesting foods that could be contaminated with pathogenic microorganisms.	Raw fish or shellfish, including oysters, clams, mussels, and scallops; Refrigerated smoked seafood, unless it is an ingredient in a cooked dish, such as a casserole; Raw or undercooked meat or poultry; Hot dogs, luncheon meats (cold cuts), fermented and dry sausage and other deli-style meat or poultry products unless reheated until steaming hot; Refrigerated pâté or meat spreads; Unpasteurized milk or foods containing unpasteurized milk; Soft cheeses such as feta, Brie, Camembert, blue-veined cheeses and Mexican style cheese such as queso blanco, queso fresco, or Panela unless labeled as made with pasteurized milk; Raw or undercooked eggs or foods containing raw or lightly cooked eggs including certain salad dressings, cookie and cake batters, sauces, and beverages such as unpasteurized eggnog; Raw sprouts (alfalfa, clover, and radish); or Unpasteurized fruit or vegetable juices.	IV		
34	501	Possible regression in the nutritional status if removed from the program	Possibility of regression. A participant who has been previously certified eligible for the Program may be considered to be at nutritional risk in the next certification period if the CPA determines there is a possibility of regression in nutritional status without the benefits that the WIC program provides. Possible regression is limited to be used one time following a certification period. For breastfeeding women, assign to previous priority or its equivalent in new category.		I, VI	IV, VI
	502	Transfer of Certification	In CT-WIC, this risk is split into 6 risks: 502.01, 502.02, 502.03, 502.04, 502.05 and 502.06. Transfer. A person with a current valid Verification of Certification (VOC) document from another State or local agency. The VOC is valid through the end of the certification period, even if the participant does not meet the receiving agency's nutritional risk, priority or income criteria, or the certification extends beyond the receiving agency's certification period for that category, and shall be accepted as proof of eligibility for program benefits. If the receiving local agency has waiting lists for participation, the transferring participant shall be placed on the list ahead of all other waiting applicants.		N/A	N/A

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35	801	Homelessness or Migrancy	Homelessness. A woman who lacks a fixed and regular nighttime residence; or whose primary nighttime residence is: a supervised publicly or privately owned shelter (including a welfare hotel, a congregate shelter, or a shelter for victims of domestic violence) designed to provide temporary living accommodations; an institution that provides a temporary residence for individuals intended to be institutionalized; a temporary accommodation of not more than 365 days in the residence of another individual; a public or private place not designed as a sleeping place for human beings.	IV	IV	VI
35	802	Homelessness or Migrancy	Migrancy. Categorically eligible women who are members of families which contain at least one individual whose principal employment is in agriculture on a seasonal basis, who has been so employed within the last 24 months, and who establishes, for the purposes of such employment, a temporary abode.	IV	IV	VI
36	901	Other nutritional risks	Recipient of abuse. Battering within the last 6 months as self-reported, or as documented by a social worker or on other appropriate documents, or as reported through consultation with a social worker, HCP or other personnel. "Battering" usually refers to violent physical assaults on women.	IV	IV	VI
36 C1	902	Other nutritional risks	Woman with Limited Ability to Make Feeding Decisions and/or Prepare Food. Assessed to have limited ability to make decisions around feeding and/or prepare food. This includes women who are ≤ 17 years of age; have an intellectual disability or have mental illness, such as diagnosed clinical depression; physically disabled to a degree which restricts or limits food preparation; currently abuses drugs/alcohol or misuses prescription medications, or has a history of abuse.	IV	IV	VI
36	903	Other nutritional risks	Foster care. Entering or moving within the foster care system during the previous 6 months; or moving from multiple foster care homes within the previous 6 months.	IV	IV	VI
36	904	Other nutritional risks	Environmental Tobacco Smoke Exposure (ETS) Also known as secondary, passive or second-hand smoke. Defined as exposure to tobacco smoke products INSIDE the home. This definition is based on the CDC (PedNSS) and (PNSS) questions to determine ETS exposure.	I	I	VI
			<p>**Presence of disease diagnosed by a physician or as self-reported by applicant/participant or caregiver. OR Reported or documented by a physician, or someone working under a physician's orders.</p> <p>Self-reporting of a diagnosis by a medical professional should not be confused with self diagnosis, where a person claims to have or have had a medical condition without any reference to a professional diagnosis.</p>			