



Policy 675
Risk Criteria Codes and Descriptions
October 1, 2021 (*Revised*)

POLICY

The competent professional authority (CPA) shall use this list of risk criteria, codes and descriptions when assigning nutrition risks to program applicants.

PURPOSE

To specify and define allowable nutrition risks used in the Oregon WIC Program. To ensure consistent assessment of applicants for nutrition risk assignment throughout the state.

RELEVANT REGULATIONS

7 CFR §246.7 ¶(e)—Nutritional Risk

APPENDICES

Page 675.31 Appendix A WIC Hematocrit and Hemoglobin Values Adjusted for Altitude and Smoking

Page 675.40 Appendix B Altitudes of Oregon Cities

DEFINITIONS

Gestational age adjust: For the preterm or early term infant, adjusting calculation of weight for age and/or length for age based on gestational rather than chronological age.

Homeless person: A person who lacks a fixed and regular nighttime residence, or whose primary nighttime residence is one of the following:

- a. A temporary accommodation of not more than 365 days in the residence of another individual.
- b. A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation (for example cars, park benches, abandoned buildings, or campgrounds).
- c. A supervised publicly or privately operated shelter designed to provide temporary living accommodations (including a hotel, a family shelter or a shelter for victims of domestic violence).
- d. An institution that provides a temporary residence for individuals intended to be institutionalized.

Migrant farm worker: A person whose principal employment is in seasonal agriculture, who has been so employed in the last 24 months and who establishes a temporary abode because of that employment.

Migrant in stream: A migrant farm worker or family member who comes into a clinic service area with the harvest and leaves the clinic service area, often mid-certification, for employment in the harvest of crops in other areas or to return home.

Nutrition risk: A health problem, medical condition, diet deficiency or other issue that can compromise the health of a participant. Identification through assessment of biochemical or anthropometric measurements, dietary intake, feeding behaviors, medical conditions and environmental factors is required for program eligibility.

PROCEDURE

- 1.0 CPAs will use the nutrition risk criteria that Oregon has adopted from national policy to assess and assign participant nutrition risk factors. The USDA risk criteria numbering system is used to document nutrition risks in the data system. **(see next several pages for Nutrition Risk Criteria)**

If you need this in large print or an alternate format, please call 971-673-0040.

This institution is an equal opportunity provider.

POLICY HISTORY

Date	* Major Revision, Minor revision
7/13/2018	Major revision
9/10/2019	Major revision (revised w/ 2019 USDA Nutrition Risks)
10/1/2021	Updated risk codes

The date located at the top of the policy is the implementation date unless an “effective date” is noted on the policy. Policies will become compliance findings 6 months from the implementation date.

Release notes can be found in the corresponding document on the [Policy and Procedure Manual page](#).

***Major Revisions:** Significant content changes made to policy.

Minor Revisions: Minor edits, grammatical updates, clarifications, and/or formatting changes have occurred.

Date of Origin: Date policy was initially released

Nutrition risk criteria allowed for WIC program certification

LEGEND	≤ “less than or equal to”	WP	Woman, pregnant
	≥ “greater than or equal to”	WE	Woman fully breastfeeding
	I Infant (IE, IB, IN)	WB	Woman some or mostly
	C Child	WN	Woman non-breastfeeding

USDA Code	Risk Criterion	Definition and Cutoff *	Participant Category & Priorities
100 Series		ANTHROPOMETRIC - Weight for Height/Length	
101	Underweight (Women)	<ul style="list-style-type: none"> ◆ Pregnant women — prepregnancy Body Mass Index (BMI) <18.5 ◆ Non-breastfeeding women and breastfeeding women who are < 6 months postpartum — prepregnancy or current BMI <18.5. ◆ Breastfeeding women who are ≥ 6 months postpartum — current BMI <18.5. 	WP I WE, WB I WN, VI
103	Underweight (Infants and Children)	<ul style="list-style-type: none"> ◆ Underweight: <ul style="list-style-type: none"> • Birth to < 24months: ≤2% weight for length • 2-5 years: ≤5% BMI for age ◆ At Risk of Underweight: <ul style="list-style-type: none"> • Birth to < 24months: >2% and ≤ 5% weight for length • 2-5 years: >5% and ≤ 10% BMI for age 	I I C III
111	Overweight (Women)	<ul style="list-style-type: none"> ◆ Pregnant women — prepregnancy BMI ≥ 25.0 ◆ Non-breastfeeding women and breastfeeding women who are < 6 months postpartum — prepregnancy BMI ≥ 25. ◆ Breastfeeding women who are ≥ 6 months postpartum — current BMI ≥ 25. 	WP I WE, WB I WN, VI
113	Overweight (Children 2–5 years of age)	≥ 24 months to 5 years: ≥ 95 % BMI for age. Recumbent length measurements may not be used to determine this risk.	C III
114	At Risk of Overweight (Children 2 -5 years of age)	≥24 months to 5 years: ≥ 85% and < 95 % BMI for age. Recumbent length measurements may not be used to determine this risk.	C III

USDA Code	Risk Criterion	Definition and Cutoff *	Participant Category & Priorities
115	High Weight for Length (Infants and Children < 24 months of age)	Birth to < 24 months: ≥ 98% weight for length	II C III
120 Series		ANTHROPOMETRIC - Short Stature	
121	Short Stature (Infants and Children)	Short Stature: <ul style="list-style-type: none"> • Birth to < 24 months: <2% length for age • 2-5 years: ≤5% height for age At Risk of Short Stature: <ul style="list-style-type: none"> • Birth to < 24 months: >2% and ≤ 5% length for age • 2-5 years: > 5% and ≤ 10 % height for age 	II C III
130 Series		ANTHROPOMETRIC - Inappropriate Growth/Weight Gain	
131	Low prenatal weight gain	In the 2 nd and 3 rd trimesters, weight gain for singleton pregnancies: <ul style="list-style-type: none"> ◆ underweight < 1 lbs (16 oz) /week ◆ normal < .8 lbs (12.8 oz) /week ◆ overweight < .5 lbs (8 oz) /week ◆ obese < .4 lbs (6.4 oz) /week OR Weight loss or low weight gain at any point in pregnancy, such that a woman's weight plots at any point beneath the bottom line of the appropriate weight gain range for her respective prepregnancy weight category (underweight, normal, overweight, obese), using IOM-based weight gain grid.	WP I

USDA Code	Risk Criterion	Definition and Cutoff *	Participant Category & Priorities												
		<p><u>Prepregnancy Weight Group</u></p> <p><u>Singleton</u></p> <table border="0"> <tr> <td data-bbox="583 368 919 402">Underweight</td> <td data-bbox="919 368 1339 402">< 18.5</td> <td data-bbox="1339 368 1692 402"><28 lbs</td> </tr> <tr> <td data-bbox="583 402 919 436">Normal</td> <td data-bbox="919 402 1339 436">18.5-24.9</td> <td data-bbox="1339 402 1692 436"><25 lbs</td> </tr> <tr> <td data-bbox="583 436 919 470">Overweight</td> <td data-bbox="919 436 1339 470">25.0-29.9</td> <td data-bbox="1339 436 1692 470"><15 lbs</td> </tr> <tr> <td data-bbox="583 470 919 505">Obese</td> <td data-bbox="919 470 1339 505">≥ 30.0</td> <td data-bbox="1339 470 1692 505"><11 lbs</td> </tr> </table> <p>Use the same assessment for both teens and adults</p> <p>Additional research is needed to establish specific weight gain ranges for multifetal pregnancies.</p>	Underweight	< 18.5	<28 lbs	Normal	18.5-24.9	<25 lbs	Overweight	25.0-29.9	<15 lbs	Obese	≥ 30.0	<11 lbs	
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133	High maternal weight gain	<p>In the 2nd and 3rd trimesters, , weight gain for singleton pregnancies:</p> <ul style="list-style-type: none"> ◆ underweight >1.3 lbs / week ◆ normal >1 lb /week ◆ overweight >.7 lb /week ◆ obese > .6 lbs /week <p>OR</p> <p>High weight gain at any point in pregnancy, such that a woman’s weight plots at any point above the top line of the appropriate weight gain range for her respective prepregnancy weight category (underweight, normal, overweight, obese), using IOM-based weight gain grid.</p> <p>Breastfeeding or Non-breastfeeding postpartum woman, most recent pregnancy total weight gain exceeding:</p>	WP I WE, WB I WN VI												

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		<p><u>Prepregnancy Weight Group</u></p> <p><i>Singleton</i></p> <table> <tr> <td>Underweight</td> <td>< 18.5</td> <td>>40 lbs</td> </tr> <tr> <td>Normal</td> <td>18.5-24.9</td> <td>>35 lbs</td> </tr> <tr> <td>Overweight</td> <td>25.0-29.9</td> <td>>25 lbs</td> </tr> <tr> <td>Obese</td> <td>≥ 30.0</td> <td>>20 lbs</td> </tr> </table> <p>Additional research is needed to establish specific weight gain ranges for multifetal pregnancies</p>	Underweight	< 18.5	>40 lbs	Normal	18.5-24.9	>35 lbs	Overweight	25.0-29.9	>25 lbs	Obese	≥ 30.0	>20 lbs	
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134	Failure to thrive	Presence of failure to thrive diagnosed by a physician as self-reported by applicant/participant/caregiver; or as reported or documented by a physician, or someone working under physician's orders. Base diagnosis of failure to thrive for premature infants on gestational age adjustment.	I I C III												
135	Infant weight loss	<p>A. INFANTS from Birth to 2 weeks of age: Excessive weight loss after birth defined as ≥ 7 % of birth weight.</p> <p>B. INFANTS from 2 weeks to 6 months of age: Any weight loss. Use 2 separate weights taken at least 8 weeks apart. ,</p> <p>USDA name: Slowed/Faltering Growth Pattern</p>	I (< 6 mo.) I												

USDA Code	Risk Criterion	Definition and Cutoff*	Participant Category & Priorities
140 Series		ANTHROPOMETRIC - Low Birth Weight/Preterm Birth	
141	Low birth weight	Birth weight ≤ 5 lbs 8 oz (≤ 2500 g).	I I C III (< 24 mo.)

USDA Code	Risk Criterion	Definition and Cutoff*	Participant Category & Priorities
		For infants and children <24 months of age.	
142	Preterm or Early Term Delivery	<p>Preterm delivery: delivery on or before 36 weeks 6 days gestation. Early term delivery: delivery between 37 weeks 0 days and 38 weeks 6 days gestation.</p> <p>For infants and children <24 months of age.</p>	II C III (< 24 mo.)
150 Series ANTHROPOMETRIC - Other			
151	Small for Gestational Age (SGA)	<p>For infants and children < 24 months of age:</p> <p>Presence as diagnosed by a physician as self-reported by applicant/participant/care giver; or as reported or documented by a physician, or someone working under physician's orders</p>	II C III (< 24 mo.)
152	Low Head Circumference	<p>For infants and children < 24 months of age: \leq 2.3rd percentile head circumference for age</p> <p>Note: premature infants and children with a history of prematurity, base assignment on adjusted for gestational age.</p>	II C III (<24 mo.)
153	Large for Gestational Age (LGA)	<p>Birth weight \geq 9 lbs (\geq 4000g)</p> <p>Presence as diagnosed by a physician as self-reported by applicant/participant/care giver; or as reported or documented by a physician, or someone working under physician's orders.</p>	II

USDA Code	Risk Criterion	Definition and Cutoff*	Participant Category & Priorities																																				
200 Series		BIOCHEMICAL - Hematocrit or Hemoglobin																																					
201	Low Hematocrit / Low Hemoglobin	<p>Hemoglobin or Hematocrit concentration that is below the 95% confidence interval (i.e., below the .025th percentile) for healthy, well-nourished individuals of the same age, sex, and stage of pregnancy.</p> <p><i>Pregnant Women – Nonsmokers</i></p> <table border="1" data-bbox="514 479 1344 625"> <thead> <tr> <th><u>Altitude</u></th> <th><u>1st Trimester</u></th> <th><u>2nd Trimester</u></th> <th><u>3rd Trimester</u></th> <th><u>PP</u></th> </tr> </thead> <tbody> <tr> <td>0–2,999 ft.</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Hgb</td> <td>11.0</td> <td>10.5</td> <td>11.0</td> <td>12.0</td> </tr> <tr> <td>Hct</td> <td>33</td> <td>32</td> <td>33</td> <td>36</td> </tr> </tbody> </table> <p><i>Infants and Children</i></p> <table border="1" data-bbox="514 657 1218 803"> <thead> <tr> <th><u>Altitude</u></th> <th><u>Infants</u></th> <th><u>Children</u></th> <th><u>Children</u></th> </tr> </thead> <tbody> <tr> <td>0–2,999 ft.</td> <td>6 – 12 mos.</td> <td>1 – 2 yr.</td> <td>2 – 5 yr.</td> </tr> <tr> <td>Hgb</td> <td>11.0</td> <td>11.0</td> <td>11.1</td> </tr> <tr> <td>Hct</td> <td>33</td> <td>33</td> <td>33</td> </tr> </tbody> </table> <p>Cut-off values are included in Appendix A. It includes a table of rounded Hematocrit values adapted from CDC for those WIC agencies that obtain hematocrit only in whole-numeric values. See Appendix B for altitude of Oregon cities.</p>	<u>Altitude</u>	<u>1st Trimester</u>	<u>2nd Trimester</u>	<u>3rd Trimester</u>	<u>PP</u>	0–2,999 ft.					Hgb	11.0	10.5	11.0	12.0	Hct	33	32	33	36	<u>Altitude</u>	<u>Infants</u>	<u>Children</u>	<u>Children</u>	0–2,999 ft.	6 – 12 mos.	1 – 2 yr.	2 – 5 yr.	Hgb	11.0	11.0	11.1	Hct	33	33	33	WP I WE, WB I WN VI I I C III
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Hgb	11.0	11.0	11.1																																				
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211	Lead poisoning	Blood lead level of ≥ 5 $\mu\text{g}/\text{deciliter}$ within the past 12 months. Cut off value is the current published guidance from CDC.	WP I, WE, WB I WN VI I I, C III																																				
300 Series		CLINICAL/HEALTH/MEDICAL - Prenatal Conditions																																					
301	Hyperemesis gravidarum	Severe and persistent nausea and vomiting during pregnancy which may cause more than 5 % weight loss and fluid and electrolyte imbalances. This risk is based on a chronic condition, not single episodes. Presence of hyperemesis gravidarum diagnosed by physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under physician’s orders.	WP I																																				

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302	Gestational diabetes	Presence of gestational diabetes diagnosed by a physician as self-reported by applicant/participant/care giver; or as reported or documented by a physician, or someone working under physician's orders.	WP I
303	History of Gestational diabetes	History of diagnosed gestational diabetes. May or may not have been insulin dependent. Any pregnancy (WP), most recent pregnancy only (WE, WB), (WN)	WP I WE, WB I WN VI
304	History of Preeclampsia	History of diagnosed preeclampsia in any past pregnancy for any woman (WP, WE, WB, or WN).	WP I WE, WB I WN VI
310 Series CLINICAL/HEALTH/MEDICAL – History of Low-Birth Weight/Preterm Infant			
311	History of Preterm or Early Term delivery	Birth of an infant at /or before 38 weeks 6 days gestation in any pregnancy for a pregnant woman (WP) or during the most recent pregnancy only for a postpartum woman (WE, WB), (WN)	WP I WE, WB I WN VI
312	History of low birth weight	Birth of an infant weighing ≤ 5 lb 8 oz (≤ 2500 g). Any pregnancy (WP), most recent pregnancy only (WE, WB), (WN)	WP I WE, WB I WN VI
320 Series CLINICAL/HEALTH/MEDICAL - History of Poor Pregnancy Outcome			
321	History of fetal or neonatal loss	A fetal death (death at ≥ 20 weeks gestation) or a neonatal death (0 – 28 days of life). Pregnant (WP): Any history of fetal or neonatal loss. Non-Breastfeeding (WN): most recent pregnancy. Breastfeeding (WE, WB): most recent pregnancy with one or more infants still living.	WP I WE, WB I WN VI
330 Series CLINICAL/HEALTH/MEDICAL - Other Prenatal Risks			
331	Pregnancy at a young age	Conception ≤ 20 years of age. Current pregnancy (WP), most recent pregnancy only (WE, WB), (WN)	WP I WE, WB I WN VI

USDA Code	Risk Criterion	Definition and Cutoff*	Participant Category & Priorities
332	Closely spaced pregnancy	Conception before 18 months postpartum. Current pregnancy (WP), most recent pregnancy only (WE, WB), (WN)	WP I WE, WB I WN VI
334	Lack of or inadequate prenatal care	Prenatal care beginning after the 1 st trimester (after 13 th week) or 1 st prenatal visit in the third trimester (7–9 months) or: <u>Weeks of Gestation</u> <u>Number of Prenatal Visits</u> 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	WP I
335	Multiple fetus pregnancy	> 1 fetus in a current pregnancy (WP) or the most recent pregnancy (WE, WB and WN) USDA name: Multi fetal Gestation.	WP I WE, WB I WN VI
336	Fetal growth restriction (FGR)	Fetal Growth Restriction (FGR) (replaces the term Intrauterine Growth Retardation, IUGR), may be diagnosed by a physician with serial measurement of fundal height, abdominal girth and can be confirmed with ultrasonography. FGR is usually defined as a fetal weight below (<) the 10 th percentile for gestational age. Presence diagnosed by a physician as self-reported by applicant/participant/care giver; or as reported or documented by a physician or someone working under physician's orders.	WP I
337	History of a birth of a large for gestational age infant	History of birth of an infant weighing ≥ 9 lbs (≥ 4000 g) Any pregnancy (WP), most recent pregnancy only (WE, WB and WN).	WP I WE, WB I WN VI
338	Pregnant woman currently breastfeeding	Breastfeeding woman now pregnant.	WP I

USDA Code	Risk Criterion	Definition and Cutoff*	Participant Category & Priorities
339	History of birth with nutrition related congenital 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, or excess vitamin A. Any pregnancy (WP), most recent pregnancy only (WE, WB and WN)	WP I WE, WB I WN VI
340, 350, 360 Series CLINICAL/HEALTH/MEDICAL - Nutrition Related Conditions			
341	Nutrient deficiency or disease	Any currently treated or untreated nutrient or disease Diseases include, but are not limited to: Protein Energy Malnutrition, Scurvy, Rickets, Beriberi, Hypocalcemia, Osteomalacia, Vitamin K Deficiency, Pellagra, Cheilosis, Menkes Disease, Xerophthalmia, etc. Presence diagnosed by a physician as self-reported by applicant/participant/care-giver; or as reported or documented by a physician, or someone working under physician's orders.	WP I WE, WB I WN VI I I C III
342	Gastrointestinal disorders	Diseases or conditions that interfere with the intake or absorption of nutrients. The conditions include but are not limited to: <ul style="list-style-type: none"> • stomach or intestinal ulcers, • small bowel enterocolitis or short bowel syndrome, • malabsorption syndromes, • inflammatory bowel disease, including: ulcerative colitis or Crohn's disease, • liver disease, • pancreatitis, • biliary tract and gall bladder disease. • gastro esophageal reflux disease (GERD) • post bariatric surgery Presence of gastro-intestinal disorders diagnosed by a physician as self-reported by applicant/participant/care giver; or as reported or documented by a physician, or someone working under physician's orders	WP I WE, WB I WN VI I I C III
343	Diabetes mellitus	Presence of diabetes mellitus diagnosed by a physician as self-reported by applicant/participant/care giver; or as reported or documented by a physician, or someone working under physician's orders.	WP I WE, WB I WN VI I I C III

USDA Code	Risk Criterion	Definition and Cutoff*	Participant Category & Priorities
344	Thyroid Disorders	<p>Presence of a thyroid disorder diagnosed, documented or reported by a physician or someone working under a physician's orders or as self-reported by the applicant/participant/caregiver. Thyroid disorders include but are not limited to the following:</p> <ul style="list-style-type: none"> • Hyperthyroidism • Hypothyroidism • Congenital hyperthyroidism • Congenital hypothyroidism • Postpartum thyroiditis 	WP I WE, WB I WN VI I I C III
345	Hypertension and Prehypertension	<p>Hypertension is defined as high blood pressure. Prehypertension is defined as being at high risk for developing hypertension based on blood pressure levels. The diagnosis may include the following conditions:</p> <ul style="list-style-type: none"> ◆ chronic hypertension ◆ preeclampsia ◆ eclampsia ◆ gestational hypertension <p>Diagnosed by a physician as self-reported by applicant/participant/caregiver; or as reported or documented by a physician, or someone working under physician's orders.</p>	WP I WE, WB I WN VI I I C III
346	Renal disease	<p>Any renal disease including pyelonephritis and persistent proteinuria but excluding urinary tract infections (UTI) involving the bladder. Presence of renal disease diagnosed by a physician as self-reported by applicant/participant/caregiver; or as reported or documented by a physician, or someone working under physician's orders.</p>	WP I WE, WB I WN VI I I C III
347	Cancer	<p>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. Presence of cancer diagnosed by a physician as self-reported by applicant/participant/caregiver; or as reported or documented by a physician, or someone working under physician's orders.</p>	WP I WE, WB I WN VI I I C III

USDA Code	Risk Criterion	Definition and Cutoff*	Participant Category & Priorities
348	Central nervous system disorders	<p>Conditions that alter nutrition status metabolically and/or mechanically, which affect energy requirements and may affect the individual's ability to feed him/herself. Includes, but is not limited to:</p> <ul style="list-style-type: none"> • epilepsy • cerebral palsy (CP) • neural tube defects (NTD), such as spina bifida or myelomeningocele. <p>Presence of central nervous system disorders diagnosed by a physician as self-reported by applicant/participant/care giver; or as reported or documented by a physician, or someone working under physician's orders.</p>	WP I WE, WB I WN VI I I C III
349	Genetic and congenital disorders	<p>Hereditary 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:</p> <ul style="list-style-type: none"> • cleft lip or palate • Down's syndrome • Thalassemia • sickle cell anemia (not sickle cell trait) <p>Presence of genetic and congenital disorders diagnosed by a physician as self-reported by applicant/participant/care giver; or as reported or documented by a physician, or someone working under physician's orders.</p>	WP I WE, WB I WN VI I I C III
351	Inborn errors of metabolism	<p>Gene mutations or gene deletions that alter metabolism in the body, including, but not limited to:</p> <ul style="list-style-type: none"> • phenylketonuria (PKU) • maple syrup urine disease • galactosemia • hyperlipoproteinuria • homocystinuria • tyrosinemia • histidinemia • urea cycle disorders • glutaric aciduria • methylmalonic acidemia • glycogen storage disease • galactokinase deficiency • fructoaldolase deficiency • propionic acidemia • hypermethioninemia. 	WP I WE, WB I WN VI I I C III

USDA Code	Risk Criterion	Definition and Cutoff*	Participant Category & Priorities
		Presence of inborn error(s) of metabolism diagnosed by a physician as self-reported by applicant/participant/care giver; or as reported or documented by a physician, or someone working under physician's orders.	
352A	Infectious diseases-Acute	<p>An infectious disease characterized by a single or repeated episode of rapid onset and short duration caused by bacteria, viruses, parasites or fungi. Conditions includes but are not limited to:</p> <ul style="list-style-type: none"> • Hepatitis A • Pneumonia • Meningitis (bacterial/viral) • Parasitic infections • Bronchitis (3 episodes in last 6 months) • Hepatitis E • Listeriosis 	WP I WE, WB I WN VI I I C III
352B	Infectious diseases-Chronic	<p>An infectious disease likely lasting a lifetime requiring long term management of symptoms caused by bacteria, viruses, parasites or fungi. Conditions include but are not limited to:</p> <ul style="list-style-type: none"> • HIV (Human Immunodeficiency Virus infection) • AIDS (Acquired Immunodeficiency Syndrome) • Hepatitis B • Hepatitis C • Hepatitis D <p>The infectious disease must be present within the past six (6) months, and diagnosed by a physician as self-reported by applicant/participant/care giver; or as reported or documented by a physician, or someone working under physician's orders.</p>	

USDA Code	Risk Criterion	Definition and Cutoff*	Participant Category & Priorities
353	Food allergies	An adverse immune response to a food or a hypersensitivity that causes adverse immunologic reaction. Presence of food allergy diagnosed by a physician as self-reported by applicant/participant/care giver; or as reported or documented by a physician, or someone working under physician's orders.	WP I WE, WB I WN VI I I C III
354	Celiac disease	Also known as: Celiac Sprue, Gluten Enteropathy, Non-tropical Sprue Inflammatory condition of the small intestine precipitated by the ingestion of wheat in individuals with certain genetic make-up. Presence of Celiac Disease diagnosed by a physician as self-reported by applicant/participant/care giver; or as reported or documented by a physician or someone working under physician's orders.	WP I WE, WB I WN VI I I C III
355	Lactose Intolerance	Lactose intolerance occurs when there is insufficient production of the enzyme lactase. Lactase is needed to digest lactose. Lactose in dairy products that is not digested or absorbed is fermented in the small intestine producing the following GI disturbances: nausea, diarrhea, bloating, cramps. Lactose intolerance varies among and within individuals and ranges from mild to severe. Presence of lactose intolerance diagnosed by a physician as self-reported by applicant/participant/care giver; or as reported or documented by a physician, or someone working under physician's orders. Documentation should indicate that the ingestion of dairy products causes the above symptoms and the avoidance of such dairy products eliminates them.	WP I WE, WB I WN VI I I C III
356	Hypoglycemia	Presence of hypoglycemia diagnosed by a physician as self-reported by applicant/participant/care giver; or as reported or documented by a physician, or someone working under physician's orders.	WP I WE, WB I WN VI I I C III

USDA Code	Risk Criterion	Definition and Cutoff*	Participant Category & Priorities
357	Drug Nutrient Interactions	Use of prescription or over the counter drugs or medications that are known to interfere with nutrient intake, absorption, distribution, metabolism or excretion to an extent that nutritional status is compromised.	WP I WE, WB I WN VI I I C III
358	Eating Disorders	<p>Eating disorders (anorexia nervosa and bulimia) 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:</p> <ul style="list-style-type: none"> • self-induced vomiting • purgative abuse • alternating periods of starvation • use of drugs such as appetite suppressants, thyroid preparations or diuretics • self-induced marked weight loss <p>Presence of eating disorders diagnosed by a physician as self-reported by applicant/participant/care giver; or as reported or documented by a physician, or someone working under physician's orders.</p>	WP I WE, WB I WN VI
359	Recent major surgery, physical trauma, burns	<p>Major surgery (includes C-sections), physical trauma or burns severe enough to compromise nutritional status.</p> <p>Any occurrence:</p> <ul style="list-style-type: none"> • within the past two (≤ 2) months may be self-reported; • 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. 	WP I WE, WB I WN VI I I C III

USDA Code	Risk Criterion	Definition and Cutoff*	Participant Category & Priorities
360	Other medical conditions	<p>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. Includes, but is not limited to:</p> <ul style="list-style-type: none"> • juvenile rheumatoid arthritis (JRA) • lupus erythematosus • cardiorespiratory diseases • heart disease • cystic fibrosis • persistent asthma (moderate or severe) requiring daily medication <p>Presence of other medical condition(s) diagnosed by a physician as self-reported by applicant/participant/care giver; or as reported or documented by a physician, or someone working under physician's orders.</p>	WP I WE, WB I WN VI I I C III
361	Depression	<p>Presence of clinical depression, including postpartum depression, as diagnosed by a physician, clinical psychologist or someone working under a doctor's orders. Condition can be self-reported by a pregnant or postpartum woman or documented by a health care provider.</p>	WP, I WE, WB I WN IV
362	Developmental delays, sensory or motor delays interfering with the ability to eat	<p>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 disability such as pervasive development disorder (PDD), which includes autism, birth injury, head trauma, brain damage, and other disabilities.</p>	WP I WE, WB I WN VI I I C III
363	Pre-Diabetes	<p>Presence of pre-diabetes diagnosed by a physician as self-reported by applicant/participant/care giver; or as reported or documented by a physician, or someone working under physician's orders for a postpartum woman. (WE, WB, WN).</p>	WE, WB I WN VI

USDA Code	Risk Criterion	Definition and Cutoff*	Participant Category & Priorities
370 Series		CLINICAL/HEALTH/MEDICAL - Substance Abuse	
371	Nicotine and Tobacco Use	Any use of products that contain nicotine and/or tobacco including but not limited to cigarettes, pipes, cigars, electronic nicotine delivery systems (e-cigarettes, vaping devices), hookahs, smokeless tobacco (chewing tobacco, snuff, dissolvables) or nicotine replacement therapies (gums, patches).	WP I WE, WB I WN VI
372	Alcohol and Substance Use	<p>Pregnancy (WP):</p> <ul style="list-style-type: none"> • Any alcohol use • Any illegal substance use • Any abuse of prescription medications • Any marijuana use in any form <p>Breastfeeding (WE, WB) and Non-Breastfeeding Postpartum Women (WN):</p> <ul style="list-style-type: none"> • High risk drinking: Routine consumption of 8 or more drinks per week or 4 or more drinks on any day (a standard sized drink or serving is 12-oz beer, 5-oz wine, 1.5 fluid oz 80 proof distilled spirits such as gin, rum, vodka, whiskey, cordials or liqueurs) • Binge drinking: Routine consumption of 4 or more drinks within 2 hours • Any illegal substance use • Any abuse of prescription medications <p>Breastfeeding (WE, WB)(not WN):</p> <ul style="list-style-type: none"> • Any marijuana use in any form 	WP I WE, WB I WN VI
380 Series		CLINICAL/HEALTH/MEDICAL - Other	
381	Oral Health Conditions	Diagnosis of oral health conditions by a physician or a health care provider working under the orders of a physician or adequate documentation by the CPA. Includes, but is not limited to tooth decay, periodontal disease including gingivitis and periodontitis, tooth loss, oral infections and ineffectively replaced teeth.	WP I WE, WB I WN VI I I C III

USDA Code	Risk Criterion	Definition and Cutoff*	Participant Category & Priorities
382	Fetal Alcohol Spectrum Disorders	<p>Fetal Alcohol Spectrum Disorders are a group of conditions that occur in a person whose mother consumed alcohol while pregnant. Diagnosis may include:</p> <ul style="list-style-type: none"> ◆ Fetal alcohol syndrome ◆ Partial fetal alcohol syndrome ◆ Alcohol related birth defects ◆ Alcohol related neurodevelopmental disorders <p>Diagnosed by a physician as self-reported by applicant/participant/caregiver; or as reported or documented by a physician, or someone working under a physician's orders.</p>	I I C III
383	Neonatal Abstinence Syndrome (NAS)	<p>Drug withdrawal symptoms that occur after delivery when an infant is exposed to drugs during pregnancy. Condition must be present within the first 6 months of birth.</p> <p>Condition must be diagnosed by a physician or health care provider and can be self-reported by the infant's caregiver or as reported by a physician or someone working under a physician's orders.</p>	I 1
400 Series		DIET - Presumed Eligibility	
401	Presumed dietary eligibility for women and children age 2 to 5 years	<p>Women and children age two to five years may be presumed to be at nutrition risk based on inability to meet Dietary Guidelines for Americans as defined by consuming fewer than the recommended number of servings from one or more of the basic food groups.</p> <p>This risk may only be assigned after a complete nutrition assessment has been performed and no other risks have been identified.</p>	WP IV WE, WB IV WN VI C V

411 Series		DIET - Inappropriate Nutrition Practices for Infants	
411.1	Use of substitutes for breast milk or formula	Routinely using substitutes for breast milk or FDA approved iron-fortified formula as the primary nutrient source during the first year of life. Examples of substitutes include but are not limited to: Low iron formula without iron supplementation Cow's milk, goat's milk, sheep's milk, canned evaporated or sweetened condensed milk Imitation or substitute milks such as rice or soy based beverages, non-dairy creamer or other "homemade concoctions"	I IV
411.2	Inappropriate use of bottles or cups	Routinely using nursing bottles or cups improperly. Examples include but are not limited to: <ul style="list-style-type: none"> • Using a bottle to feed juice • Feeding any sugar-containing fluids such as soda, gelatin water, corn syrup solutions, sweetened tea • Allowing the infant to fall asleep or to be put to bed with a bottle at naps or bedtime • Allowing the infant to use a bottle without restriction such as walking around with a bottle or using a bottle as a pacifier • Propping the bottle while feeding • Allowing an infant to carry around and drink throughout the day from a covered training cup • Adding any food such as cereal or other solids to the infant's bottle • 	I IV
411.3	Early introduction of solid foods	Routinely offering complimentary foods (foods or beverages other than breast milk or formula) or other substances that are inappropriate in type or timing. Examples of inappropriate complementary foods include but are not limited to: <ul style="list-style-type: none"> • Introducing any food other than breast milk or iron fortified formula before 6 months of age • Adding sweet agents such as sugar, honey or syrup to any beverage (including water), or to prepared food, or on a pacifier 	I IV
411.4	Inappropriate feeding practices	Routinely using feeding practices that disregard the developmental needs or stage of the infant. Examples include but are not limited to:	I IV

		<ul style="list-style-type: none"> • Inability to recognize, insensitivity to or disregarding the infant's cues for hunger or satiety • Feeding foods of inappropriate consistency, size or shape that put infants at risk for choking • Not supporting an infant's need for growing independence with self-feeding such as solely spoon feeding an infant who is able and ready to finger feed and/or try self-feeding with the appropriate utensils • Feeding infant foods with inappropriate textures based on his/her developmental stage such as feeding primarily pureed foods when an infant is ready and capable of eating mashed, chopped or finger foods. 	
411.5	Feeding potentially harmful foods	<p>Feeding foods to an infant that could be contaminated with harmful microorganisms or toxins. Examples of potentially harmful foods include but are not limited to:</p> <ul style="list-style-type: none"> • Unpasteurized fruit or vegetable juice • Unpasteurized dairy products or soft cheeses such as feta, brie, camembert, blue-veined and Mexican style cheese • Honey added to liquids or solid foods, used in cooking, as part of processed foods or on a pacifier • Raw or undercooked meat, fish, poultry or eggs • Raw vegetable sprouts such as alfalfa, clover, bean, or radish • Deli meats, hotdogs and processed meats unless heated steaming hot • Feeding donor human milk acquired directly from individuals or the internet (does not include sterilized donor milk from milk banks) 	I IV
411.6	Incorrect dilution of formula	<p>Routinely feeding inappropriately diluted formula.</p> <ul style="list-style-type: none"> • Failure to follow manufacturer's dilution instructions including stretching formula for economic reasons • Failure to follow specific instructions accompanying a prescription 	I IV
411.7	Infrequent breastfeeding	<p>Routinely limiting the frequency of nursing of the exclusively breastfed infant when breast milk is the sole source or nutrients. Examples of inappropriate frequency of nursing:</p> <ul style="list-style-type: none"> • Scheduled feedings instead of demand feedings • Less than 8 feedings in 24 hours if less than 2 months of age 	I IV

411.8	Feeding low calorie or low nutrient diets	<p>Routinely feeding a diet very low in calories and/or essential nutrients. Examples include but are not limited to:</p> <ul style="list-style-type: none"> • Vegan diet • Macrobiotic diet • Other diets very low in calories and/or essential nutrients 	I IV
411.9	Improper handling of expressed breast milk or formula	<p>Routinely using inappropriate sanitation in preparation, handling and storage of expressed breast milk or formulas. Examples of inappropriate sanitation include but are not limited to:</p> <ul style="list-style-type: none"> • Limited or no access to a safe water supply, heat source for sterilization and/or refrigerator or freezer for storage • Failure to properly prepare, handle and store bottles or storage containers of expressed breast milk or formula <p>Breast Milk</p> <ul style="list-style-type: none"> • Thawing in a microwave • Refreezing • Adding freshly expressed unrefrigerated breast milk to frozen breast milk • Adding refrigerated breast milk to frozen milk in an amount that is greater than the amount of frozen milk • Feeding thawed breast milk more than 24 hours after thawing • Saving breast milk from a used bottle for another feeding • Failure to clean the breast pump per manufacturer's instruction • Feeding donor human milk acquired directly from individuals or the internet <p>Formula:</p> <ul style="list-style-type: none"> • Storing at room temperature for more than one hour • Failure to store prepared formula per manufacturer's instructions • Using formula in a bottle one hour after the start of a feeding 	I IV
411.10	Inappropriate use of dietary supplements	<p>Feeding dietary supplements with potentially harmful consequences. Examples of dietary supplements which, if fed in excess of recommended dosage, may be toxic or have harmful consequences include but may not be limited to:</p> <ul style="list-style-type: none"> • Single or multi-vitamins • Mineral supplements • Herbal or botanical supplements/remedies/teas 	I IV

411.11	Inadequate fluoride and Vitamin D supplementation	<p>Routinely not providing dietary supplements recognized as essential by national public health policy when an infant's diet alone cannot meet nutrient requirements.</p> <p>Infants who are 6 months of age or older who are ingesting less than 0.25 mg of fluoride daily when the water supply contains less than 0.3ppm fluoride</p> <p>Infants consuming less than one quart of vitamin D fortified formula and not receiving 400 IU Vitamin D supplement</p>	I IV
425 Series			
DIET - Inappropriate Nutrition Practices for Children			
425.1	Use of inappropriate beverages as milk source	<p>Routinely feeding inappropriate beverages as the primary milk source. Examples include but are not limited to:</p> <ul style="list-style-type: none"> • Non-fat or reduced-fat milks between 12 and 24 months of age (unless assigned by a CPA to a child for whom overweight or obesity is a concern) • Sweetened condensed milk • Imitation or substitute milks such as inadequately or unfortified rice or soy based beverages or other "homemade concoctions" • Non-dairy creamer • Unfortified goat's or sheep's milk 	C V
425.2	Feeding sweetened beverages	<p>Routinely feeding a child sugar-containing fluid. Examples of sugar-containing beverages include but are not limited to:</p> <ul style="list-style-type: none"> • Soda • Gelatin water • Corn syrup solutions • Sweetened tea 	C V

425.3	Inappropriate use of bottles or cups	<p>Routinely using nursing bottles, cups or pacifiers improperly. Examples include but are not limited to:</p> <ul style="list-style-type: none"> • Using the bottle for feeding or drinking beyond 14 months of age • Using a bottle to feed juice, diluted cereal or other solids • Allowing the child to fall asleep or to be put to bed with a bottle at naps or bedtime • Allowing the child to use a bottle without restriction such as walking around with a bottle or using a bottle as a pacifier • Allowing a child to carry around and drink throughout the day from a covered training cup 	C V
425.4	Inappropriate feeding practices	<p>Routinely using feeding practices that disregard the developmental needs or stage of the child. Examples include but are not limited to:</p> <ul style="list-style-type: none"> • Inability to recognize, insensitivity to or disregarding the child's cues for hunger or satiety • Feeding foods of inappropriate consistency, size or shape that put children at risk for choking • Not supporting a child's need for growing independence with self-feeding such as solely spoon feeding a child who is able and ready to finger feed and/or try self-feeding with the appropriate utensils • Feeding a child foods with inappropriate textures based on his/her developmental stage such as feeding primarily pureed or liquid foods when the child is ready and capable of eating mashed, chopped or appropriate finger foods 	C V
425.5	Feeding potentially harmful foods	<p>Feeding foods to a child that could be contaminated with harmful microorganisms. Examples of potentially harmful foods for a child include but are not limited to:</p> <ul style="list-style-type: none"> • Unpasteurized fruit or vegetable juice • Unpasteurized dairy products or soft cheeses such as feta, brie, camembert, blue-veined and Mexican style cheese • Raw or undercooked meat, fish, poultry or eggs 	C V

		<ul style="list-style-type: none"> • Raw vegetable sprouts such as alfalfa, clover, bean, or radish • Deli meats, hotdogs & processed meats unless heated until steaming hot 	
425.6	Feeding low calorie or low nutrient diets	<p>Routinely feeding a diet very low in calories and/or essential nutrients. Examples include but are not limited to:</p> <ul style="list-style-type: none"> • Vegan diet • Macrobiotic diet • Other diets very low in calories and/or essential nutrients 	C V
425.7	Inappropriate use of dietary supplements	<p>Feeding dietary supplements with potentially harmful consequences. Examples of dietary supplements which, if fed in excess of recommended dosage, may be toxic or have harmful consequences include but may not be limited to:</p> <ul style="list-style-type: none"> • Single or multi-vitamins • Mineral supplements • Herbal or botanical supplements/remedies/teas • 	C V
425.8	Inadequate fluoride and Vitamin D supplementation	<p>Routinely not providing dietary supplements recognized as essential by national public health policy when a child's diet alone cannot meet nutrient requirements.</p> <p>Providing children under 36 months of age less than 0.25 mg of fluoride daily when the water supply contains less than 0.3 ppm fluoride</p> <p>Providing children 36 to 60 months of age less than 0.50 mg of fluoride daily when the water supply contains less than 0.3 ppm fluoride</p> <p>Providing children less than 400 IU Vitamin D supplement if drinking less than one quart Vitamin D fortified milk daily</p>	C V
425.9	Pica	<p>Routine ingestion of non-food items. Examples of inappropriate nonfood items include but are not limited to:</p> <ul style="list-style-type: none"> • Ashes • Carpet fibers • Cigarettes or cigarette butts • Chalk • Clay • Dust • Foam rubber • Paint chips • Soil • Starch (laundry or cornstarch) 	C V

427 Series		DIET - Inappropriate Nutrition Practices for Women	
427.1	Inappropriate use of dietary supplements	<p>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:</p> <ul style="list-style-type: none"> • Single or multi-vitamins • Mineral supplements • Herbal or botanical supplements/remedies/teas 	WP IV WE, WB IV WN VI
427.2	Consuming very low calorie diets	<p>Consuming a diet very low in calories and/or essential nutrients. Examples include but are not limited to:</p> <ul style="list-style-type: none"> • Strict vegan diet • Low-carbohydrate, high protein diet • Macrobiotic diet • Any other diet restricting calories and/or essential nutrients 	WP IV WE, WB IV WN VI
427.3	Pica	<p>Compulsive ingestion of non-food items. Examples of nonfood items include but are not limited to:</p> <ul style="list-style-type: none"> • Ashes • Baking soda • Burnt matches • Carpet fibers • Chalk • Cigarettes • Clay • Dust • Large quantities of ice or freezer frost • Paint chips • Soil • Starch (laundry and cornstarch) 	WP IV WE, WB IV WN VI
427.4	Inadequate iron, iodine or folic acid supplementation	<p>Inadequate vitamin-mineral supplementation recognized as essential by national public health policy.</p> <ul style="list-style-type: none"> • Consumption of less than 27 mg of iron as a supplement daily by pregnant women • Consumption of less than 150 mcg of supplemental iodine per day by pregnant and breastfeeding women. 	WP IV WE, WB IV WN VI

		<ul style="list-style-type: none"> • Consumption of less than 400 mcg of folic acid from fortified foods or supplements daily by non-pregnant women 	
427.5	Eating potentially harmful foods	<p>Pregnant women ingesting foods that could be contaminated with pathogenic microorganisms. Examples of potentially harmful foods include but are not limited to:</p> <ul style="list-style-type: none"> • Raw fish or shellfish • Refrigerated smoked seafood unless it is an ingredient in a cooked dish • Raw or undercooked meat or poultry • Hot dogs, luncheon meat, fermented or dry sausage and other deli style meat or poultry products unless reheated until steaming hot • Refrigerated pate or meat spreads • Unpasteurized milk of foods containing unpasteurized milk • Soft cheeses such as feta, brie, camembert, blue-veined 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 salad dressings, cookie and cake batters, sauces, and beverages such as unpasteurized eggnog • Raw sprouts including alfalfa, clover or bean • Unpasteurized fruit or vegetable juices 	WP IV
428 Series		DIET - Presumed eligibility	
428	Presumed dietary eligibility for infants and children age 4 to 23 months	<p>This risk may only be assigned to infants from 4 to 12 months of age and children 13 to 23 months of age after a complete nutrition assessment has been performed and no other risks have been identified. An infant or child who has begun to consume complementary foods and beverages, to eat independently, to be weaned from breast milk or formula and is transitioning from a diet based on infant/toddler foods to one based on the Dietary Guidelines for Americans is at risk for inappropriate complementary feeding.</p>	I IV C V
500 Series		OTHER RISKS - Transfers	

501	Possibility of Regression	A participant who has previously been certified eligible for the program may be considered to be at nutritional risk in the next certification period if the competent professional authority determines there is a possibility of regression in nutritional status without the benefits that the WIC program provides. Not every nutrition risk criterion lends itself to the possibility of regression. Can only be used one time.	WE, WB IV WN VI I IV C V
502	Transfer of certification	<p>Person with current valid Verification of Certification (VOC) card from another State or local agency. The VOC is valid through the end of the current certification period even if the participant does not meet the receiving agency's nutritional risk, priority or income criteria or the certification period 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 agency is at maximum caseload, the transferring participant must be placed at the top of any waiting list and enrolled as soon as possible.</p> <p>This criterion would be used primarily when the VOC card/document does not reflect another (more specific) nutrition risk condition at the time of transfer or if the participant was initially certified based on a nutrition risk condition not in use by the receiving State agency.</p>	N/A
600 Series OTHER RISKS - Breastfeeding Mother/Infant Dyad			
601	Breastfeeding mother of infant at nutritional risk	A breastfeeding woman whose breastfed infant has been determined to be at nutritional risk.	WP, WE, WB I, II, IV Must be at same priority as at-risk infant
602	Breastfeeding complications or potential complications (woman)	<p>A breastfeeding woman with any of the following complications or potential complications:</p> <ul style="list-style-type: none"> • severe breast engorgement • recurrent plugged ducts • mastitis (fever or flu-like symptoms with localized breast tenderness) • flat or inverted nipples • cracked, bleeding or severely sore nipples • age ≥ 40 years 	WP, WE, WB I

		<ul style="list-style-type: none"> • failure of milk to come in by 4 days postpartum • tandem nursing (breastfeeding two siblings who are not twins). 	
603	Breastfeeding complications or potential complications (infant)	<p>A breastfeeding infant with any of the following complications or potential complications:</p> <ul style="list-style-type: none"> • jaundice • weak or ineffective suck • difficulty latching onto mother's breast • inadequate stooling (for age, as determined by a physician or other health care professional), and/or less than 6 wet diapers per day. 	I I
700 Series OTHER RISKS - Infant of a WIC-eligible Mother			
701	Infant up to 6 months old of WIC mother or of a woman who would have been eligible during pregnancy	An infant < 6 month of age whose mother was a WIC Program participant during pregnancy or whose mother's medical records document that the woman was at nutritional risk during pregnancy because of detrimental or abnormal nutritional conditions detectable by biochemical or anthropometric measurements or other documented nutritionally related medical conditions.	I II
702	Breastfeeding infant of woman at nutritional risk	Breastfeeding infant of woman at nutritional risk.	I I, II, IV Must be at the same priority as at-risk mother.
800 Series OTHER RISKS - Homeless/Migrant			
801	Homelessness	<p>A woman, infant or child who lacks a fixed and regular nighttime residence; or whose primary nighttime residence is:</p> <ul style="list-style-type: none"> • a supervised publicly or privately operated shelter (including a hotel, a family shelter, or a shelter for victims of domestic violence) designed to provide temporary living accommodations 	WP IV WE, WB IV WN VI I IV C V

		<ul style="list-style-type: none"> • 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, or • a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation 	
802	Migrancy	Categorically eligible women, infants and children 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.	WP IV WE, WB IV WN VI I IV C V
900 Series OTHER RISKS - Environmental			
901	Recipient of abuse	<p>Battering or child abuse/neglect within past 6 months as self-reported, reported or as documented by a social worker, health care provider or other appropriate personnel.</p> <p>Child abuse/neglect is “any recent act or failure to act resulting in imminent risk of serious harm, death, serious physical or emotional harm, sexual abuse, or exploitation of an infant or child by a parent or caretaker.”</p> <p>Battering generally refers to violent assaults on women.</p> <p>State law requires the reporting of known or suspected child abuse or neglect. WIC staff must release such information to appropriate State officials.</p>	WP IV WE, WB IV WN VI I IV C V
902	Woman or infant/child of primary caregiver with limited ability to make feeding decisions and/or prepare food	<p>Woman, (pregnant, breastfeeding, or non-breastfeeding) or infant/child whose primary caregiver is assessed to have a limited ability to make appropriate feeding decisions and/or prepare food. Examples include:</p> <ul style="list-style-type: none"> • Documentation or self-report of misuse of alcohol, use of illegal substances, use of marijuana or misuse of prescription medications • Mental illness, including clinical depression, diagnosed by a physician or psychologist as self-reported by a participant or caregiver • Intellectual disability diagnosed by a physician or psychologist as self-reported by the participant or caregiver 	WP IV WE, WB IV WN VI I IV C V

		<ul style="list-style-type: none"> Physical disability to a degree which impairs ability to feed an infant/child or limits food preparation abilities ≤ 17 years of age 	
903	Foster Care	Entering the foster care system during the previous six months or moving from one foster care home to another foster care home during the previous six months. Cannot be used two times in a row while the child remains in the same foster home. It should be used as the sole risk criterion only if careful assessment of the applicant's status indicates that no other risks based on anthropometric, medical or nutritional risk criteria can be identified.	WP IV WE, WB IV WN VI I IV C V
904	Environmental Tobacco Smoke Exposure	Environmental tobacco smoke (ETS) exposure is defined as exposure to smoke from tobacco products or aerosols from electronic nicotine delivery systems inside enclosed areas like home, place of child care, etc. ETS is also known as passive, secondhand or involuntary smoke.	WP I WE, WB I WN VI I I C III

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 Institute of Medicine: WIC Nutrition Risk Criteria: A Scientific Assessment; 1996
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APPENDIX A

WIC HEMATOCRIT VALUES - Adjusted for Altitude and Smoking (1998 CDC Guidelines)

		CATEGORY									
		1 st Trimester	2 nd Trimester	3 rd Trimester	Nonpreg 12 – <15 yrs	Nonpreg 15 – <18 yrs	Nonpreg ≥18 yrs	Infants 0 – <6 mo	Infants 6 – 12 mo	Children 1 – <2 yrs	Children 2 – <5 yrs
		Hct <	Hct <	Hct <	Hct <	Hct <	Hct <	Hct <	Hct <	Hct <	Hct <
ALTITUDE	SMOKING										
No altitude adjustment	Nonsmokers	33.0	32.0	33.0	35.7	35.9	35.7		32.9	32.9	33.0
	Up to	34.0	33.0	34.0	36.7	36.9	36.7				
	1–2 packs/day	34.5	33.5	34.5	37.2	37.4	37.2				
	>2 packs/day	35.0	34.0	35.0	37.7	37.9	37.7				
3000–3999 ft	Nonsmokers	33.5	32.5	33.5	36.2	36.4	36.2		33.4	33.4	33.5
	Up to	34.5	33.5	34.5	37.2	37.4	37.2				
	1–2 packs/day	35.0	34.0	35.0	37.7	37.9	37.7				
	>2 packs/day	35.5	34.5	35.5	38.2	38.4	38.2				
4000–4999 ft	Nonsmokers	34.0	33.0	34.0	36.7	36.9	36.7		33.9	33.9	34.0
	Up to	35.0	34.0	35.0	37.7	37.9	37.7				
	1–2 packs/day	35.5	34.5	35.5	38.2	38.4	38.2				
	>2 packs/day	36.0	35.0	36.0	38.7	38.9	38.7				
5000–5999 ft	Nonsmokers	34.5	33.5	34.5	37.2	37.4	37.2		34.4	34.4	34.5
	Up to	35.5	34.5	35.5	38.2	38.4	38.2				

WIC HEMATOCRIT VALUES - Adjusted for Altitude and Smoking (1998 CDC Guidelines)

		CATEGORY									
		1 st Trimester	2 nd Trimester	3 rd Trimester	Nonpreg 12 – <15 yrs	Nonpreg 15 – <18 yrs	Nonpreg ≥18 yrs	Infants 0 – <6 mo	Infants 6 – 12 mo	Children 1 – <2 yrs	Children 2 – <5 yrs
		Hct <	Hct <	Hct <	Hct <	Hct <	Hct <	Hct <	Hct <	Hct <	Hct <
ALTITUDE	SMOKING										
	1–2 packs/day	36.0	35.0	36.0	38.7	38.9	38.7				
	>2 packs/day	36.5	35.5	36.5	39.2	39.4	39.2				
6000–6999 ft	Nonsmokers	35.0	34.0	35.0	37.7	37.9	37.7		34.9	34.9	35.0
	Up to	36.0	35.0	36.0	38.7	38.9	38.7				
	1–2 packs/day	36.5	35.5	36.5	39.2	39.4	39.2				
	>2 packs/day	37.0	36.0	37.0	39.7	39.9	39.7				
7000–7999 ft	Nonsmokers	36.0	35.0	36.0	38.7	38.9	38.7		35.9	35.9	36.0
	Up to	37.0	36.0	37.0	39.7	39.9	39.7				
	1–2 packs/day	37.5	36.5	37.5	40.2	40.4	40.2				
	>2 packs/day	38.0	37.0	38.0	40.7	40.9	0.7				
8000–8999 ft	Nonsmokers	37.0	36.0	37.0	39.7	39.9	39.7		36.9	36.9	37.0
	Up to	38.0	37.0	38.0	40.7	40.9	40.7				
	1–2 packs/day	38.5	37.5	38.5	41.2	41.4	41.2				
	>2 packs/day	39.0	38.0	39.0	41.7	41.9	41.7				
9000–9999 ft	Nonsmokers	38.0	37.0	38.0	40.7	40.9	40.7		37.9	37.9	38.0
	Up to	39.0	38.0	39.0	41.7	41.9	41.7				

WIC HEMATOCRIT VALUES - Adjusted for Altitude and Smoking (1998 CDC Guidelines)

		CATEGORY									
		1 st Trimester	2 nd Trimester	3 rd Trimester	Nonpreg 12 – <15 yrs	Nonpreg 15 – <18 yrs	Nonpreg ≥18 yrs	Infants 0 – <6 mo	Infants 6 – 12 mo	Children 1 – <2 yrs	Children 2 – <5 yrs
		Hct <	Hct <	Hct <	Hct <	Hct <	Hct <	Hct <	Hct <	Hct <	Hct <
ALTITUDE	SMOKING										
	1–2 packs/day	39.5	38.5	39.5	42.2	42.4	42.2				
	>2 packs/day	40.0	39.0	40.0	42.7	52.9	42.7				
10,000 ft or more	Nonsmokers	39.0	38.0	39.0	41.7	41.9	41.7		38.9	38.9	39.0
	Up to	40.0	39.0	40.0	42.7	42.9	42.7				
	1–2 packs/day	40.5	39.5	40.5	43.2	43.4	43.2				
	>2 packs/day	41.0	40.0	41.0	43.7	43.9	43.7				

WIC HEMOGLOBIN Values - Adjusted for Altitude and Smoking (1998 CDC Guidelines)

		CATEGORY									
		1 st Trimester	2 nd Trimester	3 rd Trimester	Nonpreg 12 – <15 yrs	Nonpreg 15 – <18 yrs	Nonpreg ≥18 yrs	Infants 0 – <6 mo	Infants 6 – 12 mo	Children 1 – <2 yrs	Children 2 – <5 yrs
		Hgb <	Hgb<	Hgb<	Hgb <	Hgb <	Hgb<	Hgb <	Hgb <	Hgb <	Hgb <
ALTITUDE	SMOKING										
No altitude adjustment	Nonsmokers	11.0	10.5	11.0	11.8	12.0	12.0		11.0	11.0	11.1
	Up to	11.3	10.8	11.3	12.1	12.3	12.3				
	1–2 packs/day	11.5	11.0	11.5	12.3	12.5	12.5				
	>2 packs/day	11.7	11.2	11.7	12.5	12.7	12.7				
3000–3999 ft	Nonsmokers	11.2	10.7	11.2	12.0	12.2	12.2		11.2	11.2	11.3
	Up to	11.5	11.0	11.5	12.3	12.5	12.5				
	1–2 packs/day	11.7	11.2	11.7	12.5	12.7	12.7				
	>2 packs/day	11.9	11.4	11.9	12.7	12.9	12.9				
4000–4999 ft	Nonsmokers	11.3	10.8	11.3	12.1	12.3	12.3		11.3	11.3	11.4
	Up to	11.6	11.1	11.6	12.4	12.6	12.6				
	1–2 packs/day	11.8	11.3	11.8	12.6	12.8	12.8				
	>2 packs/day	12.0	11.5	12.0	12.8	13.0	13.0				
5000–5999 ft	Nonsmokers	11.5	11.0	11.5	12.3	12.5	12.5		11.5	11.5	11.6
	Up to	11.8	11.3	11.8	12.6	12.8	12.8				
	1–2 packs/day	12.0	11.5	12.0	12.8	13.0	13.0				
	>2 packs/day	12.2	11.7	12.2	13.0	13.2	13.2				

WIC HEMOGLOBIN Values - Adjusted for Altitude and Smoking (1998 CDC Guidelines)

		CATEGORY									
		1 st Trimester	2 nd Trimester	3 rd Trimester	Nonpreg 12 – <15 yrs	Nonpreg 15 – <18 yrs	Nonpreg ≥18 yrs	Infants 0 – <6 mo	Infants 6 – 12 mo	Children 1 – <2 yrs	Children 2 – <5 yrs
		Hgb <	Hgb<	Hgb<	Hgb <	Hgb <	Hgb<	Hgb <	Hgb <	Hgb <	Hgb <
ALTITUDE	SMOKING										
6000–6999 ft	Nonsmokers	11.7	11.2	11.7	12.5	12.7	12.7		11.7	11.7	11.8
	Up to	12.0	11.5	12.0	12.8	13.0	13.0				
	1–2 packs/day	12.2	11.7	12.2	13.0	13.2	13.2				
	>2 packs/day	12.4	11.9	12.4	13.2	13.4	13.4				
7000–7999 ft	Nonsmokers	12.0	11.5	12.0	12.8	13.0	13.0		12.0	12.0	12.1
	Up to	12.3	11.8	12.3	13.1	13.3	13.3				
	1–2 packs/day	12.5	12.0	12.5	13.3	13.5	13.5				
	>2 packs/day	12.7	12.2	12.7	13.5	13.7	13.7				
8000–8999 ft	Nonsmokers	12.3	11.8	12.3	13.1	13.3	13.3		12.3	12.3	12.3
	Up to	12.6	12.1	12.6	13.4	13.6	13.6				
	1–2 packs/day	12.8	12.3	12.8	13.6	13.8	13.8				
	>2 packs/day	13.0	12.5	13.0	13.8	14.0	14.0				
9000–9999 ft	Nonsmokers	12.6	12.1	12.6	13.4	13.6	13.6		12.6	12.6	12.7
	Up to	12.9	12.4	12.9	13.7	13.9	13.9				
	1–2 packs/day	13.1	12.6	13.1	13.9	14.1	14.1				
	>2 packs/day	13.3	12.8	13.3	14.1	14.3	14.3				

WIC HEMOGLOBIN Values - Adjusted for Altitude and Smoking (1998 CDC Guidelines)

		CATEGORY									
		1 st Trimester	2 nd Trimester	3 rd Trimester	Nonpreg 12 – <15 yrs	Nonpreg 15 – <18 yrs	Nonpreg ≥18 yrs	Infants 0 – <6 mo	Infants 6 – 12 mo	Children 1 – <2 yrs	Children 2 – <5 yrs
		Hgb <	Hgb<	Hgb<	Hgb <	Hgb <	Hgb<	Hgb <	Hgb <	Hgb <	Hgb <
ALTITUDE	SMOKING										
10,000 ft or more	Nonsmokers	13.0	12.5	13.0	13.8	14.0	14.0		13.0	13.0	13.1
	Up to	13.3	12.8	13.3	14.1	14.3	14.3				
	1–2 packs/day	13.5	13.0	13.5	14.3	14.5	14.5				
	>2 packs/day	13.7	13.2	13.7	14.5	14.7	14.7				

ROUNDED WIC HEMATOCRIT Values - Adjusted for Altitude and Smoking (ADAPTED FROM 1998 CDC Guidelines)

		CATEGORY									
		1 st Trimester	2 nd Trimester	3 rd Trimester	Nonpreg 12 – <15 yrs	Nonpreg 15 – <18 yrs	Nonpreg ≥18 yrs	Infants 0 – <6 mo	Infants 6 – 12 mo	Children 1 – <2 yrs	Children 2 – <5 yrs
		Hct <	Hct <	Hct <	Hct <	Hct <	Hct <	Hct <	Hct <	Hct <	Hct <
ALTITUDE	SMOKING										
No altitude adjustment	Nonsmokers	33	32	33	36	36	36		33	33	33
	Up to	34	33	34	37	37	37				
	1–2 packs/day	35	34	35	38	38	38				
	>2 packs/day	35	34	35	38	38	38				
3000–3999 ft	Nonsmokers	34	33	34	37	37	37		34	34	34
	Up to	35	34	35	38	38	38				
	1–2 packs/day	35	34	35	38	38	38				
	>2 packs/day	36	35	36	39	39	39				
4000–4999 ft	Nonsmokers	34	33	34	37	37	37		34	34	34
	Up to	35	34	35	38	38	38				
	1–2 packs/day	36	35	36	39	39	39				
	>2 packs/day	36	35	36	39	39	39				
5000–5999 ft	Nonsmokers	35	34	35	38	38	38		34	35	35
	Up to	36	35	36	39	39	39				
	1–2 packs/day	36	35	36	39	39	39				
	>2 packs/day	37	36	37	40	40	40				
6000–6999 ft	Nonsmokers	35	34	35	38	38	38		35	35	35

ROUNDED WIC HEMATOCRIT Values - Adjusted for Altitude and Smoking (ADAPTED FROM 1998 CDC Guidelines)

		CATEGORY									
		1 st Trimester	2 nd Trimester	3 rd Trimester	Nonpreg 12 – <15 yrs	Nonpreg 15 – <18 yrs	Nonpreg ≥18 yrs	Infants 0 – <6 mo	Infants 6 – 12 mo	Children 1 – <2 yrs	Children 2 – <5 yrs
		Hct <	Hct <	Hct <	Hct <	Hct <	Hct <	Hct <	Hct <	Hct <	Hct <
ALTITUDE	SMOKING										
	Up to	36	35	36	39	39	39				
	1–2 packs/day	37	36	37	40	40	40				
	>2 packs/day	37	36	37	40	40	40				
7000–7999 ft	Nonsmokers	36	35	36	39	39	39		36	36	36
	Up to	37	36	37	40	40	40				
	1–2 packs/day	38	37	38	41	41	41				
	>2 packs/day	38	37	38	41	41	41				
8000–8999 ft	Nonsmokers	37	36	37	40	40	40		37	37	37
	Up to	38	37	38	41	41	41				
	1–2 packs/day	39	38	39	42	42	42				
	>2 packs/day	39	38	39	42	42	42				
9000–9999 ft	Nonsmokers	38	37	38	41	41	41		38	38	38
	Up to	39	38	39	42	42	42				
	1–2 packs/day	40	39	40	43	43	43				
	>2 packs/day	40	39	40	43	43	43				
10,000 ft or more	Nonsmokers	39	38	39	42	42	42		39	39	39
	Up to	40	39	40	43	43	43				

ROUNDED WIC HEMATOCRIT Values - Adjusted for Altitude and Smoking (ADAPTED FROM 1998 CDC Guidelines)

		CATEGORY									
		1 st Trimester	2 nd Trimester	3 rd Trimester	Nonpreg 12 – <15 yrs	Nonpreg 15 – <18 yrs	Nonpreg ≥18 yrs	Infants 0 – <6 mo	Infants 6 – 12 mo	Children 1 – <2 yrs	Children 2 – <5 yrs
		Hct <	Hct <	Hct <	Hct <	Hct <	Hct <	Hct <	Hct <	Hct <	Hct <
ALTITUDE	SMOKING										
	1–2 packs/day	41	40	41	44	44	44				
	>2 packs/day	41	40	41	44	44	44				

APPENDIX B

Altitudes of Oregon Cities

Altitudes of Oregon Cities		
TOWN	COUNTY	ALTITUDE
ALTITUDE 1000-2999		
Antelope	Wasco	2631
Condon	Gilliam	2844
Cove	Union	2893
Culver	Jefferson	2633
Dayville	Grant	2348
Detroit	Marion	1600
Elgin	Union	2670
Fossil	Wheeler	2654
Grass Valley	Sherman	2269
Heppner	Morrow	1955
Imbler	Union	2732
Island City	Union	2743
La Grande	Union	2788
Madras	Jefferson	2242
Metolius	Jefferson	2530
Mitchell	Wheeler	2777
Monument	Grant	2000
Nyssa	Malheur	2178
Oakridge	Lane	1209
Ontario	Malheur	2140
Prineville	Crook	2868
Rhododendron	Clackamas	1680
Sandy	Clackamas	1000
Spray	Tillamook	1772
Summerville	Union	2705
Union	Union	2789
Vale	Malheur	2243
Wallowa	Wallowa	2923
ALTITUDE 3000 - 3999		
Baker City	Baker	3449
Bend	Deschutes	3623
Canyon City	Grant	3194
Enterprise	Wallowa	3757
Government Camp	Clackamas	3888
Haines	Baker	3333
Halfway	Baker	3333

Altitudes of Oregon Cities		
TOWN	COUNTY	ALTITUDE
John Day	Grant	3083
Long Creek	Grant	3754
Lostine	Wallowa	3200
North Powder	Union	3256
Prairie City	Grant	3539
Redmond	Deschutes	3007
Shaniko	Wasco	3340
Sisters	Deschutes	3182
Ukiah	Umatilla	3400
ALTITUDE 4000 - 4999		
Beatty	Klamath	4359
Bly	Klamath	4360
Bonanza	Klamath	4200
Burns	Harney	4148
Chiloquin	Klamath	4200
Christmas Valley	Lake	4315
Fort Klamath	Klamath	4200
Granite	Grant	4680
Hines	Harney	4155
Jordan Valley	Malheur	4389
Joseph	Wallowa	4191
Klamath Falls	Klamath	4120
Lakeview	Lake	4800
LaPine	Deschutes	4233
Malin	Klamath	4100
Merrill	Klamath	4064
Paisley	Lake	4369
Seneca	Grant	4666
Silver Lake	Lake	4345
Sumpter	Baker	4388
Unity	Baker	4029