

RISK MANUAL SUMMARY

Updated November, 2016

RF#	Definition & Priorities by Category
101	Underweight (Women)
	<ul style="list-style-type: none"> ▪ PG: pre-pregnancy BMI <18.5 ▪ BF < 6 months: pre-pregnancy or current BMI <18.5 ▪ BF ≥ 6 months: current BMI <18.5 ▪ NBF: pre-pregnancy or current BMI <18.5 <p>PG¹ I BF² I NBF³ III^a</p>
103	Underweight or At Risk of Becoming Underweight (I and C)
	<p><u>Underweight</u> 0-2 years: ≤2.3th wt/length 2-5 years: ≤5th BMI for age</p> <p><u>At Risk of Underweight</u> 0-2 years: 2.3[%] through 5% wt/length 2-5 years: 6[%] through 10% BMI for age</p> <p>H ≤ 2.3%, I and C < 24 months ≤ 5th % for C 2-5 years</p> <p>I⁴ I C⁵ III</p>
111	Overweight (Women)
	<ul style="list-style-type: none"> ▪ PG: pre-pregnancy BMI ≥25 ▪ BF < 6 months: pre-pregnancy BMI ≥25 ▪ BF ≥ 6 months: current BMI ≥25 ▪ NBF: pre-pregnancy BMI ≥25 <p>PG I BF I NBF III^a</p>
113	Obese (Children 2-5 years)
	<p>≥95% BMI or ≥95% wt/ht and 2 to 5 years of age</p> <p>C III (2-5 years)</p>
114	Overweight and At Risk of Overweight (I and C)

^a State chose Priority III from USDA allowed Priorities (III, IV, V, VI)

	<p><u>Overweight</u> 2-5 years: $\geq 85\%$ and $< 95\%$ BMI or weight/height</p> <p><u>At Risk of Overweight</u> I: Obese biological mother (BMI ≥ 30)* <ul style="list-style-type: none"> • at baby's conception, or • any time in her first trimester C: Obese biological mother (BMI ≥ 30)* <ul style="list-style-type: none"> • at time of certification, or • pre-pregnant weight if pregnant or delivered in the last 6 months I/C: Obese biological father (BMI ≥ 30)* at time of certification <i>*Parent must be present at certification; height & weight may be self-reported, or measurements can be taken at the appointment.</i></p> <p>I I C III</p>
114	Overweight and At Risk of Overweight (I and C)
	<p><u>Overweight</u> 2-5 years: $\geq 85\%$ and $< 95\%$ BMI or weight/height</p> <p><u>At Risk of Overweight</u> I: Obese biological mother (BMI ≥ 30)* <ul style="list-style-type: none"> • at baby's conception, or • any time in her first trimester C: Obese biological mother (BMI ≥ 30)* <ul style="list-style-type: none"> • at time of certification, or • pre-pregnant weight if pregnant or delivered in the last 6 months I/C: Obese biological father (BMI ≥ 30)* at time of certification <i>*Parent must be present at certification; height & weight may be self-reported, or measurements can be taken at the appointment.</i></p> <p>I I C III</p>
115	High Weight-for-Length (Infant and 1 year old Child)
	<p>0-24 months: $\geq 95\%$ weight/length</p> <p>I I C III</p>

121	Short Stature or At Risk of Short Stature (Infants and Children)															
	<p>Short Stature 0-2 years: $\leq 2.3^{\text{th}}$ length/age 2-5 years: $\leq 5^{\text{th}}$ stature/age</p> <p>At Risk of Short Stature 0-2 years: $\geq 2.3\%$ through 5% length/age 2-5 years: 6% through 10% stature/age</p> <p>I I C III</p>															
131	Low Maternal Weight Gain															
	<p>Low Weight Gain at 13 weeks of pregnancy:</p> <ul style="list-style-type: none"> • Underweight/Normal Weight/Overweight: < 2.2 lb • Obese Category: < 1.1 lb <p>Low Weight Gain at any point in pregnancy (on system's weight gain grid) or Pregnant 2nd and 3rd trimesters, singleton pregnancies:</p> <ul style="list-style-type: none"> ▪ Underweight <1 lb./week ▪ Normal/OW gain <0.8 lb./week ▪ Overweight gain < .5 lb./week ▪ Obese women gain <.4 lb./week <p style="text-align: center;">Or</p> <p>Low weight gain at any point in pregnancy, such that using an Institute of Medicine (IOM) 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 pre-pregnancy weight category as follows:</p> <p>Pre-pregnancy</p> <table border="1"> <thead> <tr> <th>Weight Groups:</th> <th>Definition</th> <th>Total Weight Gain Range (lbs)</th> </tr> </thead> <tbody> <tr> <td>Underweight</td> <td>BMI <18.5</td> <td>28-40</td> </tr> <tr> <td>Normal Weight</td> <td>BMI 18.5 to 24.9</td> <td>25-35</td> </tr> <tr> <td>Overweight</td> <td>BMI 25.0 to 29.9</td> <td>15-25</td> </tr> <tr> <td>Obese</td> <td>BMI ≥ 30</td> <td>11-20</td> </tr> </tbody> </table> <p>change BMI Table for Determining Weight Classification for Women 7/09</p> <p>PG I</p>	Weight Groups:	Definition	Total Weight Gain Range (lbs)	Underweight	BMI <18.5	28-40	Normal Weight	BMI 18.5 to 24.9	25-35	Overweight	BMI 25.0 to 29.9	15-25	Obese	BMI ≥ 30	11-20
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132	Maternal Weight Loss During Pregnancy															
	<ul style="list-style-type: none"> ▪ Any weight loss below pregravid weight during 1st trimester or ▪ ≥ 2 pounds (≥ 1 kg) in the 2nd or 3rd trimesters (14-40 weeks of gestation) <p>PG I</p>															
133	High Maternal Weight Gain															

	<ul style="list-style-type: none"> ▪ PG: singleton pregnancies, Underweight > 1.3 lbs/wk; Normal > 1 lb/wk; Overweight >.7 lbs/wk; Obese >.6 lbs/wk ▪ BF/NBF: (<i>most recent pregnancy only</i>) total gestational weight gain exceeds recommended range based on pre-pregnancy BMI as follows: <table border="1" style="margin-left: 40px;"> <thead> <tr> <th><u>Pre-pregnancy Weight Groups:</u></th> <th><u>Definition</u></th> <th><u>Cut-off Value</u></th> </tr> </thead> <tbody> <tr> <td>Underweight</td> <td>BMI <18.5</td> <td>>40 lbs</td> </tr> <tr> <td>Normal Weight</td> <td>BMI 18.5 to 24.9</td> <td>>35 lbs</td> </tr> <tr> <td>Overweight</td> <td>BMI 25.0 to 29.9</td> <td>>25 lbs</td> </tr> <tr> <td>Obese</td> <td>BMI ≥30</td> <td>>20 lbs</td> </tr> </tbody> </table> <p>change BMI Table for Determining Weight Classification for Women 7/09 PG I BF I NBF III^b</p> 	<u>Pre-pregnancy Weight Groups:</u>	<u>Definition</u>	<u>Cut-off Value</u>	Underweight	BMI <18.5	>40 lbs	Normal Weight	BMI 18.5 to 24.9	>35 lbs	Overweight	BMI 25.0 to 29.9	>25 lbs	Obese	BMI ≥30	>20 lbs																				
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134 H	Failure To Thrive																																			
	<p>Diagnosed by a physician. Indicators used in diagnosis:</p> <ul style="list-style-type: none"> ▪ Consistently below wt/age <3% ▪ Weight <80% of ideal weight for ht/age ▪ Progressive fall-off in weight to below 3rd %, or ▪ Decrease in expected rate of growth along the child's previously defined growth curve irrespective of its relationship to the 3rd %+ <p>See "Guidelines for Growth Charts and Gestational Age Adjustment for LBW and VLBW Infants" (FNS 98-9 Revision 7, April 2004)</p> <p>I I C III</p>																																			
135	Inadequate Growth																																			
	<p>Inadequate rate of weight gain as defined below:</p> <p>A. Infants from birth to 1 month</p> <ul style="list-style-type: none"> ▪ Excessive weight loss after birth ▪ Not back to birth weight by 2 weeks of age <p>B. Infants from birth to 6 months: Based on 2 weights taken at least 1 month apart, infant's actual weight gain is less than the calculated expected minimal weight gain based on the table:</p> <table border="1" style="margin-left: 40px;"> <thead> <tr> <th><u>Age</u></th> <th colspan="4"><u>Average Weight Gain</u></th> </tr> </thead> <tbody> <tr> <td>Birth-1mo</td> <td>18gm/day</td> <td>4½ oz/wk</td> <td>19 oz/mo</td> <td>1lb 3 oz/mo</td> </tr> <tr> <td>1-2mo</td> <td>25gm/day</td> <td>6 ¼ oz/wk</td> <td>27 oz/mo</td> <td>1 lb 11oz/mo</td> </tr> <tr> <td>2-3mo</td> <td>18gm/day</td> <td>4 ½ oz/wk</td> <td>19 oz/mo</td> <td>1 lb 3oz/mo</td> </tr> <tr> <td>3-4mo</td> <td>16gm/day</td> <td>4 oz/wk</td> <td>17oz/mo</td> <td>1 lb 1 oz/mo</td> </tr> <tr> <td>4-5mo</td> <td>14gm/day</td> <td>3 ½ oz/wk</td> <td>15oz/mo</td> <td></td> </tr> <tr> <td>5-6mo</td> <td>12gm/day</td> <td>3 oz/wk</td> <td>13 oz/mo</td> <td></td> </tr> </tbody> </table>	<u>Age</u>	<u>Average Weight Gain</u>				Birth-1mo	18gm/day	4½ oz/wk	19 oz/mo	1lb 3 oz/mo	1-2mo	25gm/day	6 ¼ oz/wk	27 oz/mo	1 lb 11oz/mo	2-3mo	18gm/day	4 ½ oz/wk	19 oz/mo	1 lb 3oz/mo	3-4mo	16gm/day	4 oz/wk	17oz/mo	1 lb 1 oz/mo	4-5mo	14gm/day	3 ½ oz/wk	15oz/mo		5-6mo	12gm/day	3 oz/wk	13 oz/mo	
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	<p>C. Infants & Children from 6 months to 59 months of age:</p> <ul style="list-style-type: none"> <p>Option I: Based on 2 weights taken at least 3 months apart, infant’s actual weight gain is less than the calculated expected minimal weight gain based on the table:</p> <table border="1"> <thead> <tr> <th><u>Age</u></th> <th colspan="4"><u>Average Weight Gain</u></th> </tr> </thead> <tbody> <tr> <td>6-12mo</td> <td>9g/day</td> <td>2¼ oz/wk</td> <td>9½ oz/mo</td> <td>3 lb 10oz/6mo</td> </tr> <tr> <td>12-59mo</td> <td>2½g/day</td> <td>0.6 oz/wk</td> <td>2.7 oz/mo</td> <td>1 lb/6mo</td> </tr> </tbody> </table> <p>Option II: A low rate of weight gain over a six (6) month period as defined by the following chart.</p> <table border="1"> <thead> <tr> <th><u>Column 1</u></th> <th><u>Column 2</u></th> </tr> <tr> <th><u>Age in months at end of 6 month interval</u></th> <th><u>Weight gain per 6 month interval in pounds</u></th> </tr> </thead> <tbody> <tr> <td>6</td> <td>≤ 7</td> </tr> <tr> <td>9</td> <td>≤ 5</td> </tr> <tr> <td>12</td> <td>≤ 3</td> </tr> <tr> <td>18-60</td> <td>≤ 1</td> </tr> </tbody> </table> <p>I C I III</p>	<u>Age</u>	<u>Average Weight Gain</u>				6-12mo	9g/day	2¼ oz/wk	9½ oz/mo	3 lb 10oz/6mo	12-59mo	2½g/day	0.6 oz/wk	2.7 oz/mo	1 lb/6mo	<u>Column 1</u>	<u>Column 2</u>	<u>Age in months at end of 6 month interval</u>	<u>Weight gain per 6 month interval in pounds</u>	6	≤ 7	9	≤ 5	12	≤ 3	18-60	≤ 1
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141 H	Low Birth Weight (LBW) and Very Low Birth Weight (VLBW)																											
	<p>LBW Birth weight ≤5 lbs. 8 oz. (≤2500 g) VLBW Birth weight ≤3 lbs. 5 oz. (≤1500 g)</p> <p>For infants and children < 24 months of age. H < 5[#] Infants only</p> <p>See “Guidelines for Growth Charts and Gestational Age Adjustment for LBW and VLBW Infants” (FNS 98-9 Revision 7, April 2004)</p> <p>I C I III < 24 months old</p>																											
142 H	Prematurity																											
	<p>Birth at ≤37 weeks gestation (infants and children <24 months old)</p> <p>H is Infants only</p> <p>See “Guidelines for Growth Charts and Gestational Age Adjustment for LBW and VLBW Infants” (FNS 98-9 Revision 7, April 2004)</p> <p>I C I III < 24 months old</p>																											

151 H	Small for Gestational Age
	<p>For infants and children < 24 months old: Presence of small for gestational age 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> <p>H is Infants only</p> <p>See "Guidelines for Growth Charts and Gestational Age Adjustment for LBW and VLBW Infants" (FNS 98-9 Revision 7, April 2004)</p> <p>I I C III < 24 months old</p>
152	Low Head Circumference
	<p>≤ 2.3 % head circumference for age as plotted on the Center for Disease Control Birth to 24 months gender specific growth charts.</p> <p>For premature infants and children with a history of prematurity up to 2 years of age, assignment of the risk factor will be based on adjusted gestational age.</p> <p>See "Guidelines for Growth Charts and Gestational Age Adjustment for LBW and VLBW Infants" Corrected Revision 11.</p> <p>I I C III</p>
153	Large for Gestational Age
	<p>Birth weight ≥ 9 pounds (≥4000 g)</p> <p>Presence of large for gestational age 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> <p>I I</p>
201 H	Low Hematocrit/Low Hemoglobin
	<p>1st trimester (0-13 weeks): Hgb <11.0 Hct <33%</p> <p>2nd trimester (14-26 weeks): Hgb <10.5 Hct <32%</p> <p>3rd trimester (27-40 weeks): Hgb <11.0 Hct <33%</p> <p>Postpartum: Hgb <12.0 Hct <36%</p> <p>Infants/Children:</p> <p>6-24 months: Hgb <11.0 Hct <32.9%</p> <p>Children 2-5: Hgb <11.1 Hct <33%</p> <p>*Alaska WIC has chosen not to adjust for smoking or altitude.</p> <p>H is HGB <9 gms/dl or Hct <30%</p> <p>PG I BF I</p>

	I NBF C	I III^c III
211	Elevated Blood Lead Levels	
	Blood lead level ≥ 5 $\mu\text{g}/\text{deciliter}$ within the past 12 months. PG I BF I I I NBF III, IV, V or VII C III	
301	Hyperemesis Gravidarum	
	Severe nausea/vomiting to extent that the pregnant woman becomes dehydrated and acidotic. PG I	
302 H	Gestational Diabetes	
	Any degree of glucose/carbohydrate intolerance with onset or first recognition during pregnancy Presence of gestational diabetes 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. PG I	
303	History of Gestational Diabetes	
	History of diagnosed gestational diabetes Presence of gestational diabetes 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. <ul style="list-style-type: none"> ▪ PG: any history of gestational diabetes ▪ BF/NBF: most recent pregnancy PG I BF I NBF III (Applies to footnote c)	
304	History of Preeclampsia	
	Presence of condition diagnosed by a physician as self reported by the applicant/participant/caregiver; or as reported or documented by a physician or someone working under a physician's orders. PG & BF I NBF III (Applies to footnote c)	
311	History of Preterm Delivery (Women)	

^c State chose Priority III from USDA allowed Priorities (III, IV, V, VI)

	<p>Birth of an infant at ≤ 37 weeks gestation</p> <ul style="list-style-type: none"> ▪ PG: any history of preterm delivery ▪ BF/NBF: most recent pregnancy <p>PG I BF I NBF III (Applies to footnote <i>c</i>)</p>
312	History of Low Birth Weight (LBW)
	<p>Birth of an infant weighing ≤ 5 lb. 8 oz (≤ 2500 grams)</p> <ul style="list-style-type: none"> ▪ PG: any history of LBW ▪ BF/NBF: most recent pregnancy <p>PG I BF I NBF III^d</p>
321	History of Spontaneous Abortion, Fetal or Neonatal Loss
	<p>Spontaneous termination of a gestation at < 20 weeks gestation or < 500 grams. Fetal death is the spontaneous termination of a gestation at ≥ 20 weeks. Neonatal death is the death of an infant within 0-28 days of life.</p> <ul style="list-style-type: none"> ▪ PG: any history of fetal or neonatal loss ▪ BF: most recent pregnancy with one or more infants still living. ▪ NBF: most recent pregnancy <p>PG I BF I NBF III (Applies to footnote <i>d</i>)</p>
331 H	Pregnancy at a Young Age
	<p>Conception ≤ 17 years of age</p> <ul style="list-style-type: none"> ▪ PG: current pregnancy ▪ BF/NBF: most recent pregnancy <p>HR is ≤ 15 yrs (PG/BF only)</p> <p>PG I BF I NBF III (Applies to footnote <i>d</i>)</p>
332	Short Interpregnancy Interval
	<p>Conception before 18 months postpartum</p> <ul style="list-style-type: none"> ▪ PG: current pregnancy ▪ BF/NBF: most recent pregnancy <p>PG I BF I NBF III (Applies to footnote <i>d</i>)</p>
333	High Parity and Young Age

^d State chose Priority III from USDA allowed Priorities (III, IV, V, VI)

	<p>Women under age 20, at conception, who have had ≥ 3 previous pregnancies of at least 20 weeks duration, regardless of birth outcome</p> <ul style="list-style-type: none"> ▪ PG: current pregnancy ▪ BF/NBF: most recent pregnancy <p>PG I BF I NBF III (Applies to footnote <i>d</i>)</p>												
334	Lack of or Inadequate Prenatal Care												
	<p>Prenatal care beginning after the 1st trimester (13th week) or based on an Inadequate Prenatal Care Index of:</p> <p>First prenatal visit in third trimester (7-9 months) or:</p> <table border="0"> <thead> <tr> <th><u>Weeks of gestation</u></th> <th><u>Number of prenatal visits</u></th> </tr> </thead> <tbody> <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> </tbody> </table> <p>PG I</p>	<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
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335 H	Multifetal Gestation												
	<p>More than one (>1) fetus in a current pregnancy or the most recent pregnancy of BF/NBF women.</p> <p>HR is PG and BF only</p> <p>PG I BF I NBF III (Applies to footnote <i>e</i>)</p>												
336	Fetal Growth Restriction (FGR)												
	<p>FGR is usually defined as a fetal weight < 10th % for gestational age. Diagnosed by a physician with serial measurements of fundal height, abdominal girth and can be confirmed with ultrasonography</p> <p>PG I</p>												
337	History of Birth of a Large for Gestational Age Infant												
	<ul style="list-style-type: none"> ▪ PG: Any history of giving birth to an infant weighing ≥ 9 lbs. (4000 grams) ▪ BF/NBF: Most recent pregnancy or history of giving birth to an infant weighing ≥ 9 lbs. (4000 grams) ▪ Diagnosed by a physician, self reported or as reported or documented by a physician, or someone working under physician's orders. <p>PG I BF I NBF III (Applies to footnote <i>e</i>)</p>												
338	Pregnant Woman Currently Breastfeeding												

	Breastfeeding woman now pregnant PG I
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. <ul style="list-style-type: none"> ▪ PG: any history of birth with nutrition-related congenital or birth defect ▪ BF/NBF: most recent pregnancy PG I BF I NBF III^e
341	Nutrient Deficiency Diseases
	Diagnosis of nutritional deficiencies or disease caused by insufficient dietary intake of macro and micro-nutrients. Diseases include but are not limited to: <ul style="list-style-type: none"> ▪ Protein Energy Malnutrition ▪ Scurvy ▪ Rickets ▪ Beri Beri ▪ Hypocalcaemia ▪ Osteomalacia ▪ Vitamin K Deficiency ▪ Pellagra ▪ Cheilosis ▪ Menkes Disease ▪ Xerophthalmia PG I BF I NBF III (Applies to footnote <i>f</i>) I I C III
342	Gastro-Intestinal Disorders
	Diseases or conditions that interfere with the intake or absorption of nutrients. Includes, but is not limited to: <ul style="list-style-type: none"> ▪ Gastroesophageal reflux disease (GERD) ▪ Peptic Ulcer ▪ Post-Bariatric surgery ▪ Short Bowel syndrome ▪ Inflammatory Bowel disease, including ulcerative colitis or Crohn's disease ▪ Liver disease ▪ Pancreatitis ▪ Biliary Tract diseases

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	PG I BF I I I NBF III^f C III
343	Diabetes Mellitus
	<p>A group of metabolic diseases characterized by inappropriate hyperglycemia resulting from defects in insulin secretion, insulin action or both. Presence of diabetes mellitus 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> <p>PG I BF I I I NBF III (Applies to footnote) C III</p>
344	Thyroid Disorders
	<p>Hypothyroidism, hyperthyroidism, congenital hyperthyroidism, congenital hypothyroidism, postpartum thyroiditis. Other thyroid conditions may qualify.</p> <p>PG I BF I I I NBF III (Applies to footnote) C III</p>
345 H	Hypertension and Prehypertension
	<p>Presence of hypertension or prehypertension 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> <p>PG I BF I I I NBF III (Applies to footnote) C III</p>
346	Renal Disease, excluding UTI
	<p>PG I BF I I I NBF III (Applies to footnote) C III</p>
347 H	Cancer

^f State chose Priority III from USDA allowed Priorities (III, IV, V, VI)

	PG I BF I I I NBF III (Applies to footnote) C III
348	Central Nervous System Disorders
	<p>Conditions which effect energy requirements and may affect ability to feed self that alter nutritional status metabolically or mechanically. Including but not limited to:</p> <ul style="list-style-type: none"> ▪ Epilepsy ▪ Cerebral Palsy (CP) ▪ Neural Tube Defects (NTD) such as: Spina bifida Myelomeningocele ▪ Parkinson’s Disease ▪ Multiple Sclerosis <p style="text-align: center;"> PG I BF I I I NBF III (Applies to footnote) C III </p>
349	Genetic and Congenital Disorders
	<p>Hereditary or congenital condition that causes physical or metabolic abnormality altering nutritional status metabolically or mechanically. Including but not limited to:</p> <ul style="list-style-type: none"> ▪ Cleft Lip or Palate ▪ Down’s Syndrome ▪ Thalassemia Major ▪ Sickle Cell Anemia (not sickle cell trait) ▪ Muscular Dystrophy <p style="text-align: center;"> PG I BF I I I NBF III (Applies to footnote) C III </p>
351 H	Inborn Errors of Metabolism
	<p>Including, but not limited to:</p> <ul style="list-style-type: none"> • Amino Acid Disorders • Organic Acid Metabolism Disorders • Fatty Acid Oxidation Disorders • Lysosomal Storage Diseases • Urea Cycle Disorders • Peroxisomal Disorders • Mitrochondrial Disorders <p>For a more complete list, see:</p>

	<p>http://dhss.alaska.gov/dpa/Documents/dpa/programs/nutri/downloads/Admin/Manuals/risk-codes/351_Inborn%20Errors%20of%20Metabolism_2001.04.pdf</p> <p>PG I BF I I I NBF III[§] C III</p>
352	Infectious Diseases
	<p>Caused by growth of pathogenic microorganisms in the body severe enough to affect nutritional status. Includes, but is not limited to:</p> <ul style="list-style-type: none"> ▪ Tuberculosis ▪ Pneumonia ▪ Meningitis ▪ Parasitic Infections ▪ Hepatitis ▪ Bronchitis (3 episodes in last 6 months) ▪ HIV (Human Immunodeficiency Virus infection) ▪ AIDS (Acquired Immunodeficiency Syndrome) <p>PG I BF I I I NBF III (Applies to footnote) C III</p>
353	Food Allergies
	<p>Adverse health effects arising from a specific immune response that occurs reproducibly on exposure to a given food.</p> <p>(HR applies up to 1 year after initial certification)</p> <p>PG I BF I I I NBF III (Applies to footnote) C III</p>
354 H	Celiac Disease

	<p>Inflammatory condition of the small intestine precipitated by the ingestion of wheat in individuals with certain genetic make-up.</p> <p>Also known as:</p> <ul style="list-style-type: none"> ▪ Celiac Sprue ▪ Gluten Enteropathy ▪ Non-tropical Sprue <p>PG I BF I I I NBF III (Applies to footnote) C III</p>
355	Lactose Intolerance
	<p>The syndrome of one or more of the following: diarrhea, abdominal pain, flatulence, and/or bloating that occurs after lactose ingestion.</p> <p>PG I BF I I I NBF III (Applies to footnote <i>e</i>) C III</p>
356	Hypoglycemia
	<p>PG I BF I I I NBF III (Applies to footnote) C III</p>
357	Drug-Nutrient Interactions
	<p>Use of prescription, over the counter drugs or medications that have been shown to interfere with nutrient intake or utilization, to an extent that nutritional status is compromised.</p> <p>PG I BF I I I NBF III (Applies to footnote) C III</p>
358	Eating Disorders

	<p>Anorexia nervosa and bulimia are characterized by a disturbed sense of body image and morbid fear of becoming fat. Symptoms include 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>PG I BF I NBF III^g</p>
359	Recent Major Surgery, Trauma, Burns
	<p>Major surgery (including C-sections), trauma or burns severe enough to compromise nutritional status.</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 continued need for nutritional support diagnosed by physician/provider <p>PG I BF I I I NBF III (Applies to footnote <i>h</i>) C III</p>
360 H	Other Medical Conditions
	<p>Diseases or conditions with nutritional implications not included in any of the other medical conditions. Must be severe enough to affect nutritional status.</p> <p>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>PG I BF I I I NBF III^h C III</p>

^g State chose Priority III from USDA allowed Priorities (III, IV, V, VI)

^h State chose Priority III from USDA allowed Priorities (III, IV, V, VI)

361	Depression (not HR)
	<p>Presence of clinical depression diagnosed by a physician, psychologist, or documented.</p> <p>PG I BF I NBF III (Applies to footnote <i>i</i>) C III</p>
362	Developmental, Sensory or Motor Delays Interfering with the Ability to Eat
	<p>Developmental, sensory or motor disabilities that restrict the ability to intake, chew or swallow food or require tube feeding to meet nutritional needs. Disabilities include, but are not limited to:</p> <ul style="list-style-type: none"> ▪ Minimal brain function ▪ Feeding problems due to developmental disability such as pervasive development disorder including autism ▪ Birth injury ▪ Head trauma ▪ Brain damage <p>(HR applies up to 1 year after initial certification)</p> <p>PG I BF I I I NBF III (Applies to footnote <i>i</i>) C III</p>
363	Pre-Diabetes
	<p>Impaired Fasting Glucose (IFG) and/or Impaired Glucose Tolerance (IGT) are referred to as Pre-Diabetes. Conditions are characterized by hyperglycemia that does not meet the diagnostic criteria for diabetes mellitus. Presence of Pre-Diabetes 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> <p>BF I NBF III (Applies to footnote <i>i</i>)</p>
371	Maternal Smoking

	<p>Any daily smoking of tobacco products, i.e., cigarettes, pipes, or cigars. Only women who continue to smoke after conception are eligible.</p> <p>PG I BF I NBF III (Applies to footnote <i>i</i>)</p>
372	Alcohol and Illegal Drug Use
	<p>PG: Any alcohol use or any illegal drug use BF/NBF:</p> <ul style="list-style-type: none"> ▪ Routine current use of ≥ 2 drinks per day ▪ Binge Drinking: ≥ 5 drinks on the same occasion on at least one day in the past 30 days; or ▪ Heavy Drinking: ≥ 5 drinks on the same occasion on five or more days in the past 30 days; or ▪ Any illegal drug use <p>PG I BF I NBF III (Applies to footnote <i>i</i>)</p>
381	Oral Health Conditions
	<p>PG I BF I I I NBF IIIⁱ C III</p>
382 H	Fetal Alcohol Syndrome (FAS)
	<p>FAS is based on the presence of retarded growth, a pattern of facial abnormalities, and abnormalities of the central nervous system, including mental retardation. (HR applies up to 1 year after initial certification)</p> <p>I I C III</p>
401	Failure to Meet <i>Dietary Guidelines for Americans</i> (women & children)

ⁱ State chose Priority III from USDA allowed Priorities (III, IV, V, VI)

	<p>Presumed nutritional risk based on <i>failure to meet Dietary Guidelines for Americans</i>. Defined as consuming fewer than recommended servings from one or more basic food groups (grain, fruit, vegetables, dairy, meat/bean).</p> <p>Requires:</p> <ul style="list-style-type: none"> • Be age 2yrs or older • Nutrition assessment has been completed (including assessed for risk #425 & #427) • No other risk factors have been identified (including #425 or #427) <p>PG IV BF IV NBF VI C ≥ 2 V</p>
411	Inappropriate Nutrition Practices for Infants
	<p>Routine feeding practices that may result in impaired nutrient status, disease, or health problems.</p> <p>I IV</p>
411.01	<p>Routinely using substitute for breast milk or formula as primary nutrient source during first year of life.</p> <p>Examples:</p> <ul style="list-style-type: none"> ▪ Low iron formula without iron supplementation. ▪ Cow/goat/sheep’s milk (whole, reduced fat, low-fat, skim), evaporated or sweetened condensed milk. ▪ Imitation or substitute milks (such as rice- or soy-based beverages, non-dairy creamer), or other “homemade concoctions”.
411.02	<p>Routinely using bottles or cups improperly.</p> <ul style="list-style-type: none"> ▪ Using bottle to feed juice. ▪ Feeding sugar-containing fluids (e.g. soda/soft drinks, gelatin water, corn syrup, sweetened tea). ▪ Allowing infant to fall asleep/put to bed with bottle at naps/bedtime. ▪ Allowing infant use bottle without restriction (e.g. walking around with bottle) or as pacifier. ▪ Propping bottle when feed. ▪ Allowing infant to carry and drink throughout day from training cup. ▪ Adding food (cereal or solids) to bottle.
411.03	<p>Routinely offering complementary* foods or substances inappropriate in type or timing.</p> <p>Examples:</p> <ul style="list-style-type: none"> ▪ Adding sweets (e.g. sugar, honey, syrups) to beverages (including water), prepared food, or on pacifier. ▪ Any food other than breast milk or formula before 4 months old. <p><i>*Complementary food is any food/beverage other than breast milk or infant</i></p>

	<i>formula.</i>
411.04	<p>Routinely using feeding practices that disregard developmental needs/stage of the infant.</p> <ul style="list-style-type: none"> ▪ Inability to recognize, insensitivity to, or disregarding infant’s hunger/satiety cues (e.g., forcing certain type/amount of food/beverage, or ignoring hunger cues). ▪ Feeding inappropriate consistency/size/shape that put infants at choking risk. ▪ Not supporting need for independence with self-feeding (e.g. spoon feeding infant ready to finger feed) ▪ Feeding inappropriate textures for developmental stage (e.g. pureed/liquid food when ready for mashed/chopped/finger foods).
411.05	<p>Feeding foods that could be contaminated with harmful microorganisms/toxins.</p> <p>Examples potentially harmful foods:</p> <ul style="list-style-type: none"> ▪ Unpasteurized fruit/vegetable juice. ▪ Unpasteurized dairy products (e.g. soft cheese: feta, Brie, Camembert, blue-veined, Mexican-style). ▪ Honey (added to liquid/solid foods, in cooking, part of processed foods, on pacifier, etc.). ▪ Raw/undercooked meat/fish/poultry/egg. ▪ Raw vegetable sprouts (alfalfa, clover, bean, radish) ▪ Deli meats/hot dogs/processed meats (avoid unless heated until steaming hot).
411.06	<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.
411.07	<p>Routinely limiting frequency of nursing (exclusively breastfed infant) when breast milk is sole source of nutrients.</p> <p>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. ▪ Less than 6 feedings in 24 hours if between 2 and 6 months of age.
411.08	<p>Routinely feeding diet very low in calories/essential nutrients.</p> <p>Examples:</p> <ul style="list-style-type: none"> ▪ Vegan diet. ▪ Macrobiotic diet. ▪ Other diets very low in calories/essential nutrients.

411.09	<p>Routinely using inappropriate sanitation in preparation, handling, and storage of expressed breast milk or formula.</p> <p>Examples of inappropriate sanitation:</p> <ul style="list-style-type: none"> ▪ Limited or no access to: <ul style="list-style-type: none"> <input type="checkbox"/> Safe water supply (documented by officials), <input type="checkbox"/> Heat source for sterilization, <input type="checkbox"/> Refrigerator or freezer for storage. ▪ Failure to properly prepare/handle/store bottles or storage containers of expressed breast milk or formula.
411.10	<p>Feeding dietary supplements with potentially harmful consequences.</p> <p>Examples of dietary supplements, which when fed in excess may be harmful:</p> <ul style="list-style-type: none"> ▪ Single or multi-vitamins. ▪ Mineral supplements. ▪ Herbal or botanical supplements/remedies/teas.
411.11	<p>Routinely not providing dietary supplements recognized as essential by national public healthy policy when infant’s diet alone cannot meet nutrient requirements.</p> <ul style="list-style-type: none"> ▪ Infants 6 mo or older ingesting less than 0.25 mg fluoride daily when the water supply contains less than 0.3 ppm fluoride. ▪ Infants who are exclusively breastfed, or are ingesting less than 1 liter (or 1 quart) per day of vitamin D-fortified formula, and are not taking a supplement of 400 IU of vitamin D.
425	<p>Inappropriate Nutrition Practices for Children</p>
	<p>Routine feeding practices that may result in impaired nutrient status, disease, or health problems.</p> <p>C V</p>
425.01	<p>Routine feeding inappropriate beverages as primary milk source.</p> <p>Examples of inappropriate primary milk source:</p> <ul style="list-style-type: none"> • Non-fat or reduced-fat milks (only 12 to 24 mo of age) or sweetened condensed milk. • Imitation or substitute milks (e.g. inadequately/unfortified rice or soy-beverages, non-dairy creamer), or other “homemade concoctions.”

425.02	<p>Routinely feeding child any sugar-containing fluids.</p> <p>Examples of sugar-containing fluids:</p> <ul style="list-style-type: none"> • Soda/soft drinks. • Gelatin water. • Corn syrup solutions. • Sweetened tea.
425.03	<p>Routinely using nursing bottles/cups/pacifiers improperly.</p> <ul style="list-style-type: none"> • Using bottle to feed: <ul style="list-style-type: none"> ○ Fruit juice, or ○ Diluted cereal or other solid foods. • Allowing child to fall asleep/put to bed with bottle at nap/bedtime. • Allowing child use bottle without restriction (e.g. waking around with bottle) or as pacifier. • Using bottle beyond 14 mo. • Using pacifier dipped in sweets (e.g. sugar, honey, syrup). • Allowing child to carry and drink throughout day from training cup.
425.04	<p>Routinely using feeding practices that disregard developmental needs/stage of the child.</p> <ul style="list-style-type: none"> ▪ Inability to recognize, insensitivity to, or disregarding child’s hunger/satiety cues (e.g., forcing to eat certain type/amount of food/beverage or ignoring hunger cues). ▪ Feeding inappropriate consistency/size/shape that put child at choking risk. ▪ Not supporting need for independence with self-feeding (e.g. spoon feeding child ready to finger/utensil feed) ▪ Feeding inappropriate textures for developmental stage (e.g. pureed/liquid food when ready for mashed/chopped/finger foods).
425.05	<p>Feeding foods that could be contaminated with harmful microorganisms/toxins.</p> <p>Examples potentially harmful foods:</p> <ul style="list-style-type: none"> • Unpasteurized fruit/vegetable juice. • Unpasteurized dairy products (e.g. soft cheese: feta, Brie, Camembert, blue-veined, Mexican-style). • Raw/undercooked meat/fish/poultry/egg. • Raw vegetable sprouts (alfalfa, clover, bean, radish) • Deli meats/hot dogs/processed meats (avoid unless heated until steaming hot).
425.06	<p>Routinely feeding diet very low in calories/essential nutrients.</p> <p>Examples:</p> <ul style="list-style-type: none"> ▪ Vegan diet.

	<ul style="list-style-type: none"> ▪ Macrobiotic diet. ▪ Other diets very low in calories/essential nutrients.
425.07	<p>Feeding dietary supplements with potentially harmful consequences.</p> <p>Examples of dietary supplements, which are harmful in excess of recommended:</p> <ul style="list-style-type: none"> • Single or multi-vitamins. • Mineral supplements. • Herbal or botanical supplements/remedies/teas.
425.08	<p>Routinely not providing dietary supplements recognized as essential by national public healthy policy when child’s diet alone cannot meet nutrient requirements.</p> <ul style="list-style-type: none"> • Providing child under 36 months less than 0.25 mg of fluoride daily when the water supply contains less than 0.3 ppm fluoride. • Providing child 36-60 months less than 0.50 mg of fluoride daily when the water supply contains less than 0.3 ppm fluoride. • Not providing 400 IU of Vitamin D if a child consumes less than 1 liter (or 1 quart) or vitamin D fortified milk or formula.
425.09	<p>Routine ingestion of nonfood items (pica).</p> <p>Examples of nonfood items:</p> <ul style="list-style-type: none"> • Ashes • Carpet fibers • Cigarettes • Clay • Dust • Foam rubber • Paint chips • Soil • Starch (laundry and cornstarch)
427	<p>Inappropriate Nutrition Practices for Women</p>
	<p>Routine nutrition practices that may result in impaired nutrient status, disease, or health problems.</p> <p>PG IV BF IV NBF VI</p>
427.01	<p>Consuming dietary supplements with potentially harmful consequences.</p> <p>Examples of dietary supplements, which are harmful in excess of recommended:</p> <ul style="list-style-type: none"> • Single or multi-vitamins. • Mineral supplements.

	<ul style="list-style-type: none"> • Herbal or botanical supplements/remedies/teas.
427.02	<p>Consuming diet very low in calories/essential nutrients; or impaired caloric intake/absorption of essential nutrients following bariatric surgery.</p> <ul style="list-style-type: none"> • Strict vegan diet. • Low-carbohydrate, high-protein diet. • Macrobiotic diet. • Any other diet restricting calories/essential nutrients.
427.03	<p>Compulsively ingesting non-food items (pica).</p> <p>Examples of non-food items:</p> <ul style="list-style-type: none"> • Ashes • Baking soda • Burnt matches • Carpet fibers • Chalk • Cigarettes • Clay • Dust • Large quantities of ice/freezer frost • Paint chips • Soil • Starch (laundry and cornstarch)
427.04	<p>Inadequate vitamin/mineral supplementation recognized as essential by national public health policy.</p> <ul style="list-style-type: none"> • Consumption of less than 30 mg to 27 mg of iron as a supplement daily by pregnant woman. • Consumption of less than 150 µg as a 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.
427.05	<p>Pregnant woman ingesting foods that could be contaminated with pathogenic microorganisms</p> <p>Potentially harmful foods:</p> <ul style="list-style-type: none"> • Raw fish/shellfish (includes oyster/clam/muscle/scallops). • Refrigerated smoked seafood (unless is an ingredient in cooked dish). • Raw/undercooked meat/poultry. • Hot dogs, luncheon meats (cold cuts), fermented and dry sausage, other deli-style meat or poultry products unless reheated until hot. • Refrigerated pate or meat spreads. • Unpasteurized milk or foods containing unpasteurized milk. • Soft cheeses (e.g. feta, Brie, Camembert, blue-veined, Mexican style cheese such as queso blanco, queso fresco, or Panela unless labeled as made with pasteurized milk).

	<ul style="list-style-type: none"> • Raw/undercooked eggs/foods containing raw/lightly cooked eggs (includes salad dressings, cookie, cake batters, sauces, beverages such as unpasteurized eggnog). • Raw sprouts (alfalfa, clover, radish). • Unpasteurized fruit/vegetable juices.
428	Dietary Risk Associated with Complementary* Feeding Practices (Infant & Child)
	<p>Infant or child who has begun to/expected to begin to:</p> <ol style="list-style-type: none"> 1) consume complementary* foods/beverages 2) eat independently 3) be weaned from breast milk/infant formula <u>or</u> 4) transition from a diet based on infant/toddler foods to one based on the <i>Dietary Guidelines for Americans</i>, is at risk of inappropriate complementary feeding. <p>* Complementary feeding is the gradual addition of foods/beverages to the diet of infant/child.</p> <p>A complete nutrition assessment including for risk #411 & #425 must be completed prior to assigning this risk.</p> <p>I (4 to 12 months) IV C (12 to 23 months) V</p>
501	Possibility of Regression
	<p>BF IV^j I IV (Applies to footnote k) NBF VI^k C VII^l</p>
502	Transfer of Certification
503	Presumptive Eligibility for Pregnant Women (60 days)
	PG IV
601	Breastfeeding Mother of Infant at Nutritional Risk
	BF I, II, or IV (Must be the same priority as at-risk infant.)
602 H	Breastfeeding Complications (Women)

^j State chose Priority IV from USDA allowed Priorities (I, IV, or VII)

^k State chose Priority VI from USDA allowed Priorities (III, IV, V, VI or VII)

^l State chose Priority VII from USDA allowed Priorities (III, V, or VII)

	<ul style="list-style-type: none"> ▪ Severe breast engorgement ▪ Recurrent plugged ducts ▪ Mastitis ▪ Flat or inverted nipples ▪ Cracked, bleeding or severely sore nipples ▪ Age ≥ 40 years ▪ Failure of milk to come in by 4 days postpartum ▪ Tandem nursing (breastfeeding two siblings who are not twins) <p>BF I</p>
603 H	Breastfeeding Complications for Breastfed Infant
	<p>Breastfed infant with any of the following breastfeeding complications or potential complications:</p> <ul style="list-style-type: none"> ▪ Jaundice ▪ Weak or ineffective suck ▪ Difficulty latching ▪ Inadequate stooling for age and/or less than 6 wet diapers per day <p>I I</p>
701	Infant Up to 6 Months Old of WIC Mother or of a Woman Who Would Have Been Eligible During Pregnancy
	<p>Infant <6 months of age whose mother was a WIC program participant during pregnancy or whose mother's medical records document the woman was at nutritional risk during pregnancy; detectable by biochemical or anthropometric measurements or other documented nutritionally related medical conditions.</p> <p>I II</p>
702	Breastfeeding Infant of Woman at Nutritional Risk
	I I, II or IV (Must be the same priority as at-risk mother)
703	Infant Born of Woman with Mental Retardation or Alcohol or Drug Abuse During Most Recent Pregnancy
	I I
801	Homelessness
	<p>A woman, infant or child who lacks a fixed regular nighttime residence or whose primary residence is:</p> <ul style="list-style-type: none"> ▪ A supervised (public or private) shelter designated to provide temporary living accommodations ▪ An institution that provides temporary residence for individuals intended to be institutionalized

	<ul style="list-style-type: none"> ▪ A temporary accommodation of not more than 365 days in the residence of an individual or ▪ A public or private place not designed for, or ordinarily used as, regular sleeping accommodation for human beings. <p>PG IV (Applies to footnote) BF IV (Applies to footnote) I IV (Applies to footnote) C V (Applies to footnote) NBF VI (Applies to footnote)</p>
802	Migrancy
	<p>Participants who are members of families with at least one individual whose principle employment is in agriculture on a seasonal basis, who has been so employed within the last 24 months, and who establishes, for the purpose of such employment, a temporary abode.</p> <p>PG IV (Applies to footnote) BF IV (Applies to footnote) I IV (Applies to footnote) C V (Applies to footnote) NBF VI (Applies to footnote)</p>
901	Recipient of Abuse
	<p>Battering or child abuse/neglect within the past 6 months.</p> <p>PG IV (Applies to footnote) BF IV (Applies to footnote) I IV (Applies to footnote) C V (Applies to footnote) NBF VI (Applies to footnote)</p>
902	Woman, or Infant/Child of Primary Caregiver with Limited Ability to Make Feeding Decisions and/or Prepare Food
	<p>Examples may include individuals who are:</p> <ul style="list-style-type: none"> ▪ ≤ 17 years of age ▪ Mentally disabled/delayed and/or have a mental illness or depression
903	Foster Care

	<p>Entering the foster care system during the previous 6 months or moving from one foster care home to another foster care home during the previous 6 months.</p> <p>PG IV (Applies to footnote) BF IV (Applies to footnote) I IV (Applies to footnote) C V (Applies to footnote) NBF VI (Applies to footnote)</p>
904	Environmental Tobacco Smoke Exposure (ETS) (Passive, Secondhand or Involuntary Smoke)
	<p>ETS exposure is defined (for WIC eligibility purposes) as exposure to smoke from tobacco products inside the home. ETS is a mixture of the smoke given off by a burning cigarette, pipe, or cigar (sidestream smoke), and the smoke exhaled by smokers (mainstream smoke).</p> <p>PG I BF I I I NBF III (Applies to footnote i) C III</p>

¹ Pregnant Woman

² Breastfeeding Woman

³ Non-Breastfeeding Woman

⁴ Infant

⁵ Children