



REVIEWER: _____

DATE: _____

AGENCY: _____

SITE: _____

	1	2	3	4	5
Participant Name and ID # (list)					
Category					
Date of Birth (list)					
FAMILY INFORMATION					
Family ID# (list)					
Phone Number					
Education Level					
CLIENT REGISTRATION					
Mothers ID on infant/child record					
Eligibility					
Documentation of Income					
Ethnicity Recorded					
CERT ACTION					
Cert Start –End (extended?) <i>246.7(g)(3)</i>					
Previous Cert (extended?)					
Category- correct category					
CNW (Not EODADM)					
MEDICAL 246.7(E)					
Date (within 60 days of cert)					
Height- correct coding					
Weight- correct coding					
HGB- correct coding					
HGB – correct intervals for age and category					
Notes, if applicable					

√ = Complete, done correctly

N/A = Not applicable

X = Incorrectly done or not done



**Arizona WIC Program
Chart Review**

HEALTH					
Assigned Risks (List) 246.7(e)					
Health History-Complete					
Immunizations					
Tobacco					
Infant Condition					
Nutrition Questionnaire					
CARE PLAN 246.11(E)(5)					
Goals Tailored					
Rights and Obligations (79)					
WIC Rules and Regulations (57)					
Lead Screening					
Mandatory Referrals (51 or MR)					
High Risk referred to nutritionist (appointment made)					
High Risk participant seen by nutritionist					
HISTORY FIELD					
Appropriate Nutrition Ed.					
# of Nutrition Education Contacts dates per Certification 2 Ed contacts per cert period documented (chart review) 246.11(e)(2) (check number of topics)					
Goals related to documented Nut Ed for each cert period					
FOOD PACKAGE					
Tailoring of Package- profile and check					
Formula Approval					
Appropriate package					
Appropriate pickup interval					

√ = Complete, done correctly

N/A = Not applicable

X = Incorrectly done or not done



**Arizona WIC Program
Chart Review**

NOTES:	
Participant Name and ID #	Explanation of Findings

√ = Complete, done correctly

N/A = Not applicable

X = Incorrectly done or not done