### “A” (Anthropometric) Codes

<table>
<thead>
<tr>
<th>Code #</th>
<th>Code Name (* Requires Physician Diagnosis Before Code can be Assigned)</th>
<th>Description/Cut-off</th>
<th>Icon</th>
</tr>
</thead>
<tbody>
<tr>
<td>101</td>
<td>Underweight (Women)</td>
<td></td>
<td>HR</td>
</tr>
<tr>
<td></td>
<td>• Pregnant Women and Non-Breastfeeding Women: Prepregnancy BMI &lt;18.5</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Breastfeeding Women Less than 6 Months Postpartum: Prepregnancy BMI &lt;18.5</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Breastfeeding Women 6 Months Postpartum or More: Current BMI &lt;18.5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>111</td>
<td>Overweight (Women)</td>
<td></td>
<td>HR</td>
</tr>
<tr>
<td></td>
<td>• Pregnant Women, Non-Breastfeeding Women, and Breastfeeding Women less than 6 Months Postpartum: Prepregnancy BMI ≥25</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Breastfeeding Women 6 Months Postpartum or More: Current BMI ≥25</td>
<td></td>
<td></td>
</tr>
<tr>
<td>131</td>
<td>Low Maternal Weight Gain</td>
<td>• 2nd and 3rd Trimesters: Singleton pregnancy exceeds the adequate grid range corresponding to the woman’s weight category (See table in Nutrition Risk Manual)</td>
<td>MR</td>
</tr>
<tr>
<td></td>
<td>• At any Point in the Pregnancy: Low weight gain at any point in pregnancy, such that using a National Academies of Sciences, Medicine, and Engineering (NASEM)-based weight gain grid, a pregnant woman’s weight plots at any point beneath the bottom line of the appropriate weight gain range for her respective prepregnancy weight category (See table in Nutrition Risk Manual)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>133</td>
<td>High Maternal Weight Gain</td>
<td>• Pregnant Women: A high rate of weight gain in the 2nd and 3rd trimesters for singleton pregnancies when plotted according to the woman’s weight category (See table in Nutrition Risk Manual) OR high weight gain at any point in pregnancy such that using the National Academies of Sciences, Medicine, and Engineering (NASEM)-based weight gain grid, a pregnant woman’s weight plots at any point plots above the top line of the appropriate weight gain range for her respective prepregnancy weight category. (See table in Nutrition Risk Manual)</td>
<td>MR</td>
</tr>
<tr>
<td></td>
<td>• Breastfeeding and Non-Breastfeeding Women (Most Recent Pregnancy Only): Total gestational weight gain exceeding the upper limit of the National Academies of Sciences, Medicine, and Engineering (NASEM) recommended range based on BMI for singleton pregnancies (See table in Nutrition Risk Manual)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**WIC Code Cheat Sheets - Pregnant**
Effective October 1, 2022

**“B” (Biochemical/Blood Work) Codes**

<table>
<thead>
<tr>
<th>Code #</th>
<th>Code Name</th>
<th>Description/Cut-off</th>
<th>Icon</th>
</tr>
</thead>
<tbody>
<tr>
<td>201.1</td>
<td>Low Hemoglobin</td>
<td>Low Hemoglobin (Within the &quot;Nutritionist&quot; range)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• High Risk: <a href="#">Very Low Hemoglobin Value</a></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Medium Risk: <a href="#">Nutritionist Range</a></td>
<td></td>
</tr>
<tr>
<td>201.2</td>
<td>Low Hemoglobin</td>
<td>Low Hemoglobin</td>
<td></td>
</tr>
<tr>
<td>211</td>
<td>Elevated Blood Lead Levels</td>
<td>Blood lead level of ≥5 µg/deciliter within the past 12 months</td>
<td>M</td>
</tr>
</tbody>
</table>

**“C” (Clinical/Health and Medical) Codes**

<table>
<thead>
<tr>
<th>Code #</th>
<th>Code Name (* Requires Physician Diagnosis Before Code can be Assigned)</th>
<th>Description/Cut-off</th>
<th>Icon</th>
</tr>
</thead>
<tbody>
<tr>
<td>301</td>
<td>Hyperemesis Gravidarum*</td>
<td>Severe and persistent nausea during pregnancy which may cause more than 5% weight loss and electrolyte imbalances</td>
<td>HR M</td>
</tr>
<tr>
<td>302</td>
<td>Gestational Diabetes*</td>
<td>Any degree of glucose/carbohydrate intolerance with onset or first recognition during pregnancy</td>
<td>HR M</td>
</tr>
<tr>
<td>303</td>
<td>History of Gestational Diabetes*</td>
<td>History of diagnosed gestational diabetes mellitus (GDM)</td>
<td>MR M</td>
</tr>
<tr>
<td>304</td>
<td>History of Preeclampsia*</td>
<td>History of diagnosed preeclampsia</td>
<td>MR M</td>
</tr>
<tr>
<td>311</td>
<td>History of Preterm or Early Term Delivery</td>
<td>History of preterm and/or early term delivery is defined as follows:</td>
<td>M</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Preterm: Delivery of an infant born &lt;36 6/7 weeks.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Early Term: Delivery of an infant born &gt;37 0/7 and &lt;38 6/7 weeks</td>
<td></td>
</tr>
<tr>
<td>312</td>
<td>History of Low Birth Weight</td>
<td>• Pregnant Women: The birth of an infant weighing ≤ 5 lb. 8 oz. (≤ 2500 grams) during any previous pregnancy.</td>
<td>M</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Breastfeeding and Non-Breastfeeding Women: The birth of an infant weighing ≤ 5 lb. 8 oz. (≤ 2500 grams) during the most recent pregnancy</td>
<td></td>
</tr>
<tr>
<td>321</td>
<td>History of Spontaneous Abortion, Fetal or Neonatal Loss*</td>
<td>• Pregnant Women: Any history of fetal or neonatal death or 2 or more spontaneous abortions.</td>
<td>M</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Breastfeeding participants - Most recent pregnancy in which there was a multifetal gestation with one or more fetal or neonatal deaths but with one or more infants still living.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Non-Breastfeeding participants - Spontaneous abortion, fetal or neonatal loss in most recent pregnancy.</td>
<td></td>
</tr>
<tr>
<td>331</td>
<td>Pregnancy at a Young Age</td>
<td>• Pregnant Women: Conception ≤ 20 years of age during current pregnancy</td>
<td>M</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Breastfeeding / Non-Breastfeeding Women: Conception ≤ 20 years of age during most recent pregnancy</td>
<td></td>
</tr>
</tbody>
</table>

*HR = High Risk  MR = Med Risk  **HANDS assigned codes**  M = Manually Assigned/Staff Assigned Pg. 2
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Details</th>
</tr>
</thead>
</table>
| 332  | Short Interpregnancy Interval | - Pregnant Women: Interpregnancy interval of less than 18 months from the date of a live birth to the conception of the subsequent pregnancy during the current pregnancy  
- Breastfeeding / Non-Breastfeeding Women: Interpregnancy interval of less than 18 months from the date of a live birth to the conception of the subsequent pregnancy during the most recent pregnancy |
| 334  | Lack of or Inadequate Prenatal Care | - Prenatal Care beginning after 1<sup>st</sup> trimester OR  
- Inadequate prenatal care as follows:  
  o 14-21 Weeks – 0 or Unknown Visits  
  o 22-29 Weeks – 1 or Less Visits  
  o 30-31 Weeks – 2 or Less Visits  
  o 32-33 Weeks – 3 or Less Visits  
  o 34 or More Weeks – 4 or Less Visits |
| 335  | Multi-fetal Gestation | - Pregnant Women: More than one fetus in the current pregnancy  
- Breastfeeding / Non-Breastfeeding Women: More than one fetus in the most recent pregnancy |
| 336  | Fetal Growth Restriction* | Fetal Growth Restriction (FGR) is usually defined as a fetal weight <10th percentile for gestational age |
| 337  | History of Birth of a Large for Gestational Age Infant* | - Pregnant women: Any history of giving birth to an infant weight greater than or equal to 9 lbs. (4000 grams)  
- Breastfeeding / Non-Breastfeeding Women: Most recent pregnancy, or history of giving birth to an infant weighing greater than or equal to 9 lbs. (4000 grams) |
| 338  | Pregnant Woman Currently Breastfeeding | Pregnant woman who is currently breastfeeding |
| 339  | History of Birth with Nutrition Related Congenital or Birth Defect* | - Pregnant Women: Any history of birth with a nutrition-related congenital or birth defect  
- Breastfeeding / Non-Breastfeeding Women: Birth with a nutrition-related congenital or birth defect during the most recent pregnancy |
| 341  | Nutrient Deficiency or Disease* | Any currently treated or untreated nutrient deficiency or disease. Including, but not limited to:  
- Protein Energy Malnutrition  
- Scurvy  
- Rickets  
- Beriberi  
- Hypocalcemia  
- Osteomalacia  
- Vitamin K Deficiency  
- Pellagra  
- Xerophthalmia  
- Iron Deficiency |

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### Gastrointestinal Disorders*
Disease(s) and/or condition(s) that interferes with the intake or absorption of nutrients. The diseases and/or conditions include, but are not limited to:
- Gastroesophageal reflux disease (GERD)
- Post-bariatric surgery
- Inflammatory bowel disease, including ulcerative colitis or Crohn’s disease
- Pancreatitis
- Peptic ulcer
- Short bowel syndrome
- Liver disease
- Biliary tract disease

### Diabetes Mellitus*
A group of metabolic diseases characterized by inappropriate hyperglycemia resulting from defects in insulin secretion, insulin action or both

### Thyroid Disorders*
Thyroid dysfunctions that occur in pregnant and postpartum women, during fetal development, and in childhood are caused by the abnormal secretion of thyroid hormones. The medical conditions include, but are not limited to, the following:
- Hyperthyroidism
- Hypothyroidism
- Congenital Hyperthyroidism
- Congenital Hypothyroidism
- Postpartum Thyroiditis

### Hypertension and Prehypertension*
- Hypertension is defined as high blood pressure
- Prehypertension is defined as being at high risk for developing hypertension

### Renal Disease*
Any renal disease including pyelonephritis and persistent proteinuria, but excluding urinary tract infections (UTI) involving the bladder

### Cancer*
A chronic disease whereby populations of cells have acquired the ability to multiply and spread without the usual biologic restraints. The current condition, or the treatment for the condition, must be severe enough to affect nutritional status

### Central Nervous System Disorders*
Conditions which affect energy requirements, ability to feed self, or alter nutritional status metabolically, mechanically, or both. These include, but are not limited to:
- Epilepsy
- Cerebral Palsy
- Neural Tube Defects (NTDs) such as spina bifida
- Parkinson’s
- Multiple Sclerosis

### Genetic and Congenital Disorders*
Hereditary or congenital condition at birth that causes physical or metabolic abnormality. The current condition must alter nutrition status metabolically, mechanically, or both. May include, but is not limited to:
- Cleft lip or palate
- Down’s syndrome
- Thalassemia major
- Sickle cell anemia (not sickle cell trait)
- Muscular dystrophy

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HR = High Risk  MR = Med Risk  ⚡️ = HANDS assigned codes  M = Manually Assigned/Staff Assigned  Pg. 4
<table>
<thead>
<tr>
<th>Code</th>
<th>Condition</th>
<th>Description</th>
</tr>
</thead>
</table>
| 351    | Inborn Errors of Metabolism*     | Inherited metabolic disorders caused by a defect in the enzymes or their co-factors that metabolize protein, carbohydrate, or fat. Inborn errors of metabolism (IEM) generally refer to gene mutations or gene deletions that alter metabolism in the body, including but not limited to:  
  - Amino Acid Disorders  
  - Organic Acid Metabolism Disorders  
  - Fatty Acid Oxidation Disorders  
  - Lysosomal Storage Diseases  
  - Urea Cycle Disorders  
  - Carbohydrate Disorders  
  - Peroxisomal Disorders  
  - Mitochondrial Disorders |
| 352.1  | Infectious Diseases - Acute*     | A disease which is characterized by a single or repeated episode of relatively rapid onset and short duration. These diseases and/or conditions include, but are not limited to:  
  - Hepatitis A  
  - Hepatitis E  
  - Meningitis (Bacterial/Viral)  
  - Parasitic Infections  
  - Listeriosis, Pneumonia  
  - Bronchitis (3 episodes in past 6 months) |
| 352.2  | Infectious Diseases - Chronic*   | Conditions likely lasting a lifetime and require long-term management of symptoms. These diseases and/or conditions include, but are not limited to:  
  - Human Immunodeficiency Virtus (HIV)  
  - Acquired Immunodeficiency Syndrome (AIDS)  
  - Hepatitis D  
  - Hepatitis B  
  - Hepatitis C |
| 353    | Food Allergies*                  | Adverse health effects arising from a specific immune response that occurs reproducibly on exposure to a given food |
| 354    | Celiac Disease*                  | Celiac Disease (CD) is an autoimmune disease precipitated by the ingestion of gluten (a protein in wheat, rye, and barley) that results in damage to the small intestine and malabsorption of the nutrients from food. CD is also known as:  
  - Celiac Sprue  
  - Gluten-sensitive Enteropathy  
  - Non-tropical Sprue |
| 355    | Lactose Intolerance*             | Syndrome of one or more of the following:  
  - Diarrhea  
  - Abdominal pain  
  - Flatulence, and/or bloating, that occurs after lactose ingestion |
| 356    | Hypoglycemia*                    | Low Blood Sugar |
| 358    | Eating Disorders*                | Eating disorders (anorexia nervosa and bulimia), are characterized by a disturbed sense of body image and morbid fear of becoming fat. |
| 359    | Recent Major Surgery, Physical Trauma, Burns | Major surgery (including cesarean sections), physical trauma or burns severe enough to compromise nutritional status. |
### WIC Code Cheat Sheets - Pregnant

**Effective October 1, 2022**

<table>
<thead>
<tr>
<th>Code</th>
<th>Condition Description</th>
<th>Details</th>
</tr>
</thead>
</table>
| 360  | Other Medical Conditions* | 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. This includes, but is not limited to:  
- Juvenile Rheumatoid Arthritis (JRA)  
- Lupus Erythematosus  
- Cardio Respiratory Diseases  
- Heart Disease  
- Cystic Fibrosis  
- Persistent Asthma (moderate or severe) requiring daily medication |
| 361  | Depression* | Presence of clinical depression, including postpartum depression |
| 362  | Developmental, Sensory or Motor Disabilities Interfering with the Ability to Eat | 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:  
- Minimal brain function  
- Feeding problems due to a developmental disability such as pervasive development disorder (PDD) which includes autism  
- Birth injury  
- Head trauma  
- Brain damage  
- Other disabilities |
| 371  | Nicotine and Tobacco Use | Any use of products that contain nicotine and/or tobacco. Examples: cigarettes, pipes, cigars, e-cigarettes, vaping devices, hookahs, smokeless tobacco (chewing tobacco, snuff, dissolvables), or nicotine replacement therapies (gums, patches). |
| 372  | Alcohol and Substance Use | Pregnant Women:  
- Any alcohol use  
- Any illegal substance use and/or abuse of prescription medications  
- Any marijuana use in any form  
- Breastfeeding and Non-Breastfeeding Postpartum Women:  
  - Alcohol Use:  
    - High Risk Drinking: Routine consumption of >8 drinks per week or >4 drinks on any day.  
    - Binge Drinking: Routine consumption of >4 drinks within 2 hours.  
    - Note: A serving or standard sized drink is: 12 oz. beer; 5 oz. wine; or 1½ fluid ounces 80 proof distilled spirits (e.g., gin, rum, vodka, whiskey, cordials or liqueurs).  
  - Any illegal substance use and/or abuse of prescription medications.  
  - Any marijuana use in any form (breastfeeding women only) |
| 381  | Oral Health Conditions* |  
- Dental caries  
- Periodontal disease  
- Tooth loss |

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Page 6
### Fetal Alcohol Spectrum Disorders*

Fetal alcohol spectrum disorders (FASDs) are a group of conditions that can occur in a person whose mother consumed alcohol during pregnancy. FASDs is an overarching phrase that encompasses a range of possible diagnoses, including:

- Fetal alcohol syndrome (FAS)
  - Partial fetal alcohol syndrome (pFAS)
  - Alcohol-related birth defects (ARBD)
  - Alcohol-related neurodevelopmental disorder (ARND)
  - Neurobehavioral disorder associated with prenatal alcohol exposure (ND-PAE)

### “D” (Dietary) Codes

<table>
<thead>
<tr>
<th>Code #</th>
<th>Code Name</th>
<th>Description/Cut-off</th>
<th>Icon</th>
</tr>
</thead>
<tbody>
<tr>
<td>401</td>
<td>Failure to Meet Dietary Guidelines for Americans</td>
<td>Women and children two years of age and older who meet the income, categorical, and residency eligibility requirements may be presumed to be at nutrition risk for failure to meet Dietary Guidelines for Americans [Dietary Guidelines]. Based on an individual’s estimated energy needs, the failure to meet Dietary Guidelines risk criterion is defined as consuming fewer than the recommended number of servings from one or more of the basic food groups (grains, fruits, vegetables, milk products, and meat or beans). Note: The Failure to meet Dietary Guidelines for Americans risk criterion can only be used when a complete nutrition assessment has been completed and no other risk criteria have been identified. This includes assessing for risk #427, Inappropriate Nutrition Practices for Women.</td>
<td>M</td>
</tr>
<tr>
<td>427.1</td>
<td>Consuming dietary supplements with potentially harmful consequences</td>
<td>• Single or multi-vitamins&lt;br&gt;• Mineral supplements and&lt;br&gt;• Herbal or botanical supplements/remedies/teas</td>
<td>M</td>
</tr>
<tr>
<td>427.2</td>
<td>Consuming a diet very low in calories and/or essential nutrients; or impaired caloric intake or absorption of essential nutrients following bariatric surgery</td>
<td>• Strict vegan diet&lt;br&gt;• Low-carbohydrate, high-protein diet&lt;br&gt;• Macrobiotic diet&lt;br&gt;• Any other diet restricting calories and/or essential nutrients</td>
<td>MR</td>
</tr>
<tr>
<td>427.3</td>
<td>Compulsively ingesting non-food items (pica)</td>
<td>• Ashes&lt;br&gt;• Baking soda&lt;br&gt;• Burnt matches&lt;br&gt;• Carpet fibers&lt;br&gt;• Chalk&lt;br&gt;• Cigarettes&lt;br&gt;• Clay&lt;br&gt;• Dust&lt;br&gt;• Large quantities of ice and/or freezer frost&lt;br&gt;• Paint chips&lt;br&gt;• Soil and&lt;br&gt;• Starch (laundry and cornstarch)</td>
<td>M</td>
</tr>
</tbody>
</table>
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<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Criteria</th>
</tr>
</thead>
</table>
| 427.4 | Inadequate vitamin/mineral supplementation recognized as essential by national public health policy | - Consumption of less than 27 mg of iron as a supplement daily by pregnant woman  
- Consumption of less than 150 μg of supplemental iodine per day by pregnant and breastfeeding women  
- Consumption of less than 400 mcg of folic acid from fortified foods and/or supplements daily by nonpregnant woman |

| 427.5 | Pregnant woman ingesting foods that could be contaminated with pathogenic microorganisms. | - Raw fish or shellfish, including oysters, clams, mussels, and scallops  
- Refrigerated smoked seafood, unless it is an ingredient in a cooked dish, such as a casserole  
- Raw or undercooked meat or poultry  
- Hot dogs, luncheon meats (cold cuts), fermented and dry sausage and other deli-style meat or poultry products unless reheated until steaming hot  
- Refrigerated pâté or meat spreads  
- Unpasteurized milk or foods containing unpasteurized milk  
- Soft cheeses such as feta, Brie, Camembert, blue-veined cheeses and Mexican style cheese such as queso blanco, queso fresco, or Panela unless labeled as made with pasteurized milk  
- Raw or undercooked eggs or foods containing raw or lightly cooked eggs including certain salad dressings, cookie and cake batters, sauces, and beverages such as unpasteurized eggnog  
- Raw sprouts (alfalfa, clover, and radish) or  
- Unpasteurized fruit or vegetable juices |

| 601 | Breastfeeding Mother of Infant at Nutritional Risk | A breastfeeding woman whose breastfed infant has been determined to be at nutritional risk. |

| 602 | Breastfeeding Complications or Potential Complications (Women) | A breastfeeding woman with any of the following complications or potential complications for breastfeeding:  
- 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  
- Failure of milk to come in by 4 days postpartum  
- Tandem nursing (breastfeeding two siblings who are not twins) |

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## WIC Code Cheat Sheets - Pregnant
Effective October 1, 2022

### “E” (Environmental) Codes

<table>
<thead>
<tr>
<th>Code #</th>
<th>Code Name</th>
<th>Description/Cut-off</th>
<th>Icon</th>
</tr>
</thead>
<tbody>
<tr>
<td>801</td>
<td>Homelessness</td>
<td>A woman, infant or child who lacks a fixed and regular nighttime residence; or whose primary nighttime residence is:&lt;br&gt;• A supervised publicly or privately-operated shelter (including a welfare hotel, a congregate shelter, or a shelter for victims of domestic violence) designed to provide temporary living accommodations&lt;br&gt;• An institution that provides a temporary residence for individuals intended to be institutionalized&lt;br&gt;• A temporary accommodation of not more than 365 days in the residence of another individual&lt;br&gt;• A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings</td>
<td>![Icon]</td>
</tr>
<tr>
<td>802</td>
<td>Migrancy</td>
<td>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.</td>
<td>![Icon]</td>
</tr>
<tr>
<td>901</td>
<td>Recipient of Abuse</td>
<td>Battering or child abuse/neglect within past 6 months&lt;br&gt;• &quot;Battering&quot; generally refers to violent physical assaults on women&lt;br&gt;• Child abuse/neglect: &quot;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&quot;</td>
<td>![Icon]</td>
</tr>
<tr>
<td>902</td>
<td>Woman or Infant/Child of Primary Caregiver with Limited Ability to Make Appropriate Feeding Decisions and/or Prepare Food</td>
<td>A woman or an infant/child whose primary caregiver is assessed to have a limited ability to make appropriate feeding decisions and/or prepare food. Examples include, but are not limited to, a woman or an infant/child of caregiver with the following:&lt;br&gt;• Documentation or self-report of misuse of alcohol, use of illegal substances, use of marijuana, or misuse of prescription medications&lt;br&gt;• Mental illness, including clinical depression diagnosed, documented, or reported by a physician or psychologist or someone working under a physician’s orders, or as self-reported by applicant/participant/caregiver&lt;br&gt;• Intellectual disability diagnosed, documented, or reported by a physician or psychologist or someone working under a physician’s orders, or as self-reported by applicant/participant/caregiver&lt;br&gt;• Physical disability to a degree which impairs ability to feed infant/child or limits food preparation abilities&lt;br&gt;• ≤ 17 years of age</td>
<td>![Icon]</td>
</tr>
<tr>
<td>903</td>
<td>Foster Care</td>
<td>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.</td>
<td>![Icon]</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Details</td>
<td></td>
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<td>-------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>904</td>
<td>Environmental Tobacco Smoke Exposure</td>
<td>Environmental tobacco smoke (ETS) exposure is defined (for WIC eligibility purposes) as exposure to smoke from tobacco products inside enclosed areas, like the home, place of child care, etc. ETS is also known as secondhand, passive, or involuntary smoke. The ETS definition also includes the exposure to the aerosol from electronic nicotine delivery systems.</td>
<td></td>
</tr>
</tbody>
</table>

**Legends:**

- **HR** = High Risk
- **MR** = Med Risk
- **HANDS** assigned codes
- **M** = Manually Assigned/Staff Assigned