

Clermont County
Public Health
Prevent. Promote. Protect.

This institution is an equal opportunity provider.



Clermont County WIC Facts

TARGET POPULATION

Women
(Pregnant, postpartum up to 6 months, and breastfeeding up to 1 year)

Infants & Children
(up to the age of 5 years old)

BENEFITS

Nutrition Education
from registered dietitians

Breastfeeding Help
from trained staff

Healthy Foods
tailored for each participant

Referrals
to other services

Now easier than ever!
Food benefits are loaded onto a card!



Ohio WIC Program Income Guidelines
185% of poverty level; guidelines change July 1st annually.

CLERMONT COUNTY WIC ADDRESS

2400 Clermont Center Dr Suite 200, Batavia, OH 45103

WIC OFFICE MAINLINE (513) 732-7329

WIC OFFICE FAX (513) 735-8430

Available Monday through Friday from 8:30AM to 4:30PM.

24 HOUR BREASTFEEDING HOTLINE (513) 515-2650

Available after clinic hours, on weekends, and on holidays.



WIC

Referrals

Let's Work Together!

Our team of dedicated and well-trained staff work hard to help children have a good start to life. We would like to collaborate with you to ensure consistent messages are conveyed between our offices. In order to receive WIC benefits, one must be recertified every 6 months and those at high risk must be seen every 3 months. Because of this continued contact, WIC staff can make a large positive impact on participant's nutrition status. Let's work together to ensure each woman, infant and child has what he/she needs to succeed.

WHEN TO REFER TO WIC

Any pregnant/postpartum woman, infant, or child that meet the income guidelines. Especially...

Patients with low iron

Patients with breastfeeding issues

Infants, children, or pregnant women struggling to gain weight (slow growth/underweight)

Children at risk for OR at a high weight for height (>85th percentile)

Women pregnant at a young age

Patients with inborn errors of metabolism OR other conditions that may affect nutritional status

Infants born early and/or with a low birth weight

MAKE WIC A PART OF YOUR TOOLKIT

To refer to WIC, complete the attached Clermont County WIC Referral Form and fax to 513-735-8430





Clermont County WIC Referral Form

Please fax completed form to 513-735-8430

OR

Mail to 2400 Clermont Center Dr Suite 200, Batavia, OH 45103

DATE:

Referring Agency Information

Name:		
Agency:		Phone:
Address:		Fax:
City:	State:	ZIP:

Mother/Infant/Child Being Referred

Name:		DOB:
Parent/Guardian:		EDC date:
Address:		Phone:
City:	State:	ZIP:

Reason for referral and other pertinent medical information:

--	--	--	--

Height*	Weight*	BMI	Hbg*
---------	---------	-----	------

** Indicate date taken if different than the above date; values more than 30 days old will not be accepted to use at WIC appointment.*

Consent for Sharing Information

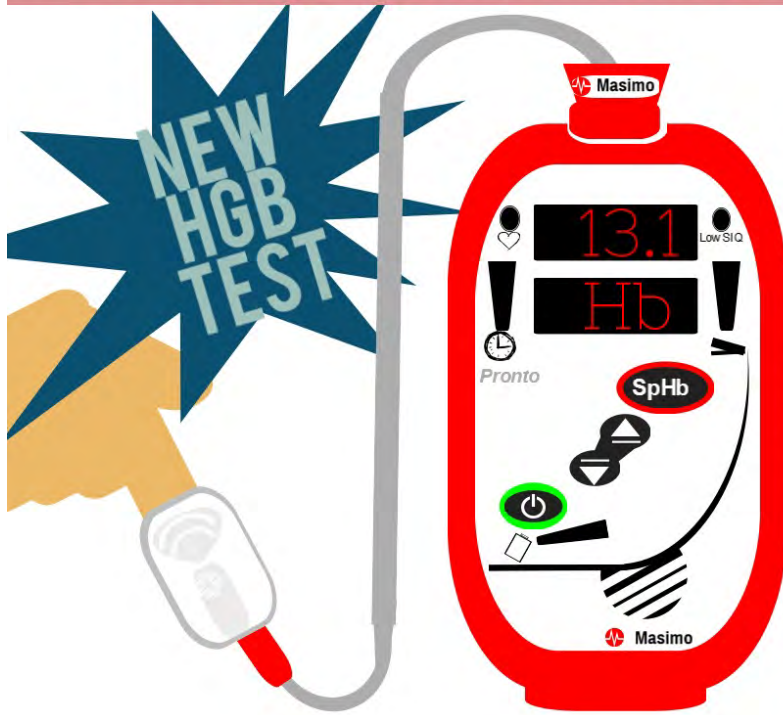
You are not required to consent to sharing any of the above information, but may wish to for the well being of yourself or your children. If you decide not to consent, your refusal will not in any way affect the services you receive from this agency. Any information that is shared will be kept confidential.

A signature below indicates you give permission to share the information included on this form with Clermont County WIC.

Signature (Parent/guardian's signature if under 18 years old):
--

Signature of referring Health Professional:

WIC Referrals



CHECKING IRON

All Ohio WIC projects are now completing non-invasive hemoglobin tests on participants over the age of 2 years old using a system developed by Masimo Corporation! The Masimo hemoglobin system consists of a reusable finger sensor and a non-invasive pulse carbon oxygen Oximeter. The Oximeter emits multiple light wavelengths through the finger sensor and provides a spot checking hemoglobin (SpHb). Benefits for using this new system include a quieter and more relaxed WIC environment and a reduction of overall medical supply costs.

WHEN DO WE REFER TO AN MD?

	Hgb Level (Less than or equal to)
Pregnant	10.0
Postpartum	11.0
Infant	10.0
Children	10.0

At WIC, hemoglobin is checked every 6 months or every 3 months when values are low

WHAT DO WE TALK ABOUT DURING THE APPOINTMENT?

Increasing high iron foods:

- Meat/Poultry/Fish/Eggs
- Nuts/Beans
- Fortified Grains
- Dark Leafy Greens
- Dried Fruits

Limit cow's milk intake to 2-3 cups per day.

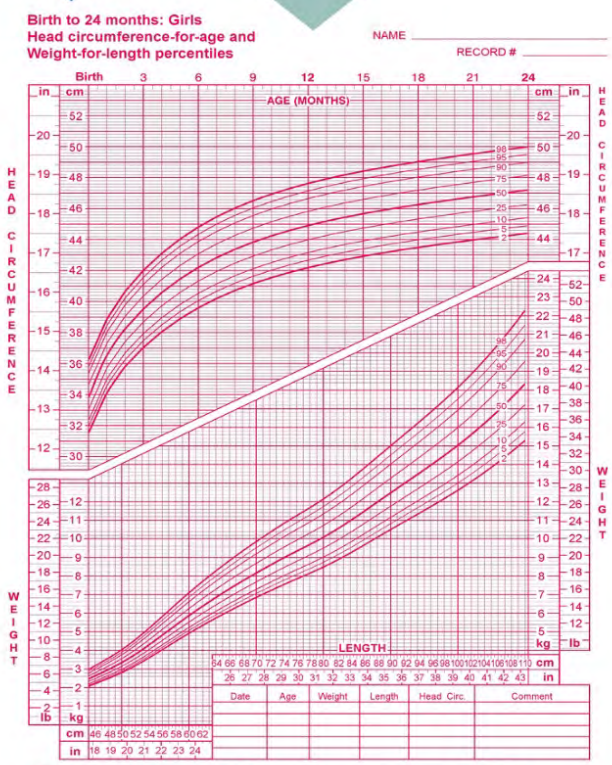
Consume iron rich foods with Vitamin C rich foods.

WIC Referrals

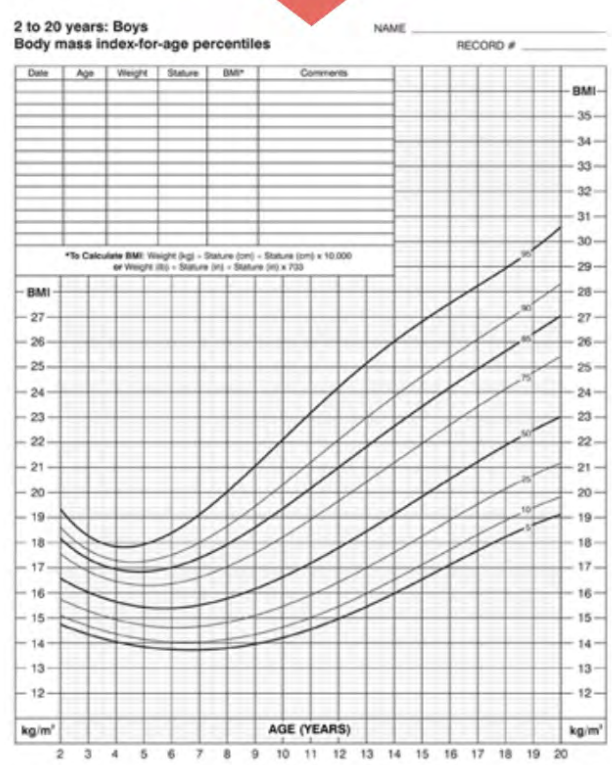
CHECKING WEIGHT

Children under two are plotted on the World Health Organization's (WHO) weight-for-length growth chart.

Children over two are plotted on the Center for Disease Control's (CDC) BMI-for-age growth chart.



Published by the Centers for Disease Control and Prevention, November 1, 2009
SOURCE: WHO Child Growth Standards (<http://www.who.int/childgrowth/>)



Published May 30, 2000 (modified 10/16/00)
SOURCE: Developed by the National Center for Health Statistics in collaboration with the National Center for Chronic Disease Prevention and Health Promotion (2000). <http://www.cdc.gov/growthcharts/>



WHEN DO WE REFER TO THE DOCTOR?

High Weight for Height

When a child greater than 2 years old is over the 95th percentile.

Slow Growth

Birth to 1 mo.	< 19 oz. wt. gained/mo.
1-2 mo.	< 27 oz. wt. gained/mo.
2-3 mo.	< 19 oz. wt. gained/mo.
3-4 mo.	< 17 oz. wt. gained/mo.
4-5 mo.	< 15 oz. wt. gained/mo.
5-6 mo.	< 12 oz. wt. gained/mo.
6-12 mo.	< 9.5 oz. wt. gained/mo.
>12 mo.	< 2.7 oz. wt. gained/mo.

WHAT DO WE TALK ABOUT DURING THE APPOINTMENT?

High Weight for Height

- Health Risks Associated with a High BMI
- MyPlate
 - Limit High Cal. Drinks
 - Limit Snacking
 - Portion Control
 - Increase Activity
 - Limit Screen Time

Slow Growth

- Increase High Calorie, High Protein Foods

Please see attached referral form.

Ohio Department of Health

WIC Interagency Referral and Follow-Up Form

Date	Referred to	FAX
------	-------------	-----

Referring Agency Information

Name		Clinic
Agency		Phone
Address		FAX
City	State	ZIP

Participant Information

Participant name		Birthdate
Parent/Guardian		EDC date
Address		Phone
City	State	ZIP

Hgb*	Hct*	Reason for referral and other pertinent medical information
Height*	Weight*	
BMI		

*Indicate date taken if different than the above date.

Consent for Sharing Information

You are not required to consent to sharing any of the above information, but may wish to for the well being of yourself or children. If you decide not to consent, your refusal will not in any way affect the services you receive from WIC. Any information that is shared will be kept confidential.

A signature below indicates you **give permission** to share the information included on this form with the "referred to" agency listed above.

Participant, parent, or guardian signature
--

Response from Physician, Health Clinic or Human Services Agency

Please complete, send one copy to the referring agency address, and retain one copy for your files.

Action taken

Signed	Date
--------	------

In accordance with Federal law and Department of Agriculture (USDA) policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

WIC Facts

Ohio WIC Program Profile

Caseload and Average Monthly Benefits per participant can be found at <http://www.fns.usda.gov/pd/wic-program>

Program is 100% federally funded.

Operates in all 88 counties of Ohio



WIC - an Effective Health Care Program

WIC participation improves the length of pregnancy, improves birth weight, reduces late fetal deaths, improves the diet of women and children, increases head circumference of infants, and increases vocabulary scores in children.

http://www.odh.ohio.gov/~media/ODH/ASSETS/Files/ns/wic_nutrition/wicfacts.ashx

Proven Cost-Effective

"WIC lowers medical costs by improving prenatal care, improving length of pregnancy, and increasing birth weight."

"Every dollar invested in WIC for pregnant women produced Medicaid savings of \$1.92 in Florida to \$4.21 in Minnesota."

http://www.odh.ohio.gov/~media/ODH/ASSETS/Files/ns/wic_nutrition/wicfacts.ashx



TRACK RECORD

Improves pregnancy outcomes.

How?

Provides or refers to support services necessary for full-term pregnancies.

Reduces infant mortality.

How?

Reduces the incidence of low birth weight.

Provides infants and children with a healthy start.

How?

Combats poor and/or inadequate diet.



WIC Foods



Beans or Peanut Butter

Women and children over the age of 18 months have the choice between beans/peanut butter. Both are a shelf stable source of protein and iron.



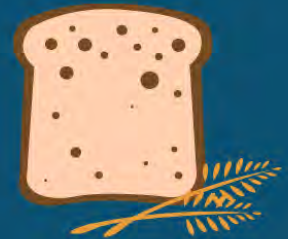
Eggs

Women and children over the age of 12 months receive 1 to 2 cartons of eggs. Eggs provide protein, fat, and several key vitamins and minerals.



Cereal & Whole Grains

All women receive cereal, but only pregnant and breastfeeding women receive whole grains. All children over the age of one receive both cereal and whole grains. Both are great sources of fiber, vitamins, and minerals.



Milk

Children 1 to 2 years of age receive whole milk (to provide fat for brain development) and all other women and children receive 1%, 1/2% or skim milk. Milk is a great source of Calcium and Vitamin D.



Juice

All women and children over the age of 12 months receive 100% unsweetened juice. Juice contains many essential vitamins, such as vitamin C, that may be lacking if a diet is low in fruits or vegetables.



Fruits and Vegetables

Women and children over the age of 12 months receive fresh, frozen, or canned fruits and vegetables. This helps provide essential vitamins and minerals only found in fruits and vegetables.



Fish and Cheese

Only offered to exclusively breastfeeding mothers to help promote breastfeeding and support intake of fat needed for milk production.



Each food package is tailored by a registered dietitian to fit the participant's needs.

WIC Formula



The only formulas that do not require a prescription are Gerber Good Start Gentle, Soothe, and Soy.

Blank prescriptions can be found at www.ccpohio.org



Recommended Formula Intake

Age	Total in 24 hours
0 to 1 month	16 to 20 ounces
1 to 2 months	18 to 24 ounces
2 to 4 months	24 to 28 ounces
4 to 6 months	28 to 32 ounces
6 to 12 months	24 to 32 ounces

Please see sample prescriptions on next two pages.

Cannot provide Similac for Spit-Up if overfeeding.

A valid Medical Diagnosis must be provided to issue any formula other than Gerber Good Start Gentle, Soothe, or Soy!

Symptoms of a diagnosis (ie. gas, formula intolerance, vomit, diarrhea, etc) will not be accepted. Valid diagnoses include, but are not limited to, GERD, lactose intolerance, milk allergy, failure to thrive, and neonatal abstinence syndrome.



Infant cereal and baby food is also provided to WIC infants between 6 months and 1 year old.

WIC Prescriptions



Medical diagnosis must be federally approved and warrant the use of prescribed formula. Symptoms such as vomiting, diarrhea, formula intolerance, etc. are NOT federally approved.

Federally approved diagnoses include, but are not limited to, GERD, FTT, milk allergy, and lactose intolerance.

Amount of formula must be in ounces per day.

Please do not write in formulas. If a formula is not listed, WIC cannot provide it.

If an infant, child, or adult is unable to eat any food provided by WIC, please complete section C. Medical diagnosis must warrant omitting the food item.

If a child 2 years old or greater requires whole milk, please complete section C. Medical Diagnosis must warrant addition of whole milk.

PLEASE COMPLETE ALL HIGHLIGHTED AREAS OF PRESCRIPTION.

Ohio WIC Prescribed Formula and Food Request Form

All requests are subject to WIC approval and provision based on program policy and procedure. Medical documentation is federally required to issue special formulas. Please complete sections A-D of this form in full.

A. Required Patient Information

Patient's Name: _____ Date of Birth: _____

Parent/Caregiver's Name: _____ Weeks Born Early (if applicable): _____

Medical Diagnosis/Condition: _____
(Medical diagnosis must be specific and correlate to the requested formula.)

B. Required Special Formula Information

Amount of formula to be provided per DAY (must be measurable): _____

Special Instructions/Comments: _____

Intended length of use: 1 month 2 months 3 months 4 months 5 months 6 months (maximum)

Has a trial with Gerber Good Start Gentle, Gerber Good Start Soy, or Gerber Good Start Soothe been completed?: Yes No

If "No," please indicate why: _____

Infants

<input type="checkbox"/> Alfamino Infant	<input type="checkbox"/> Enfamil Nutramigen	<input type="checkbox"/> Pregestimil	<input type="checkbox"/> Similac NeoSure
<input type="checkbox"/> EleCare for Infants	<input type="checkbox"/> Enfamil Nutramigen w/ Enflora LGG	<input type="checkbox"/> Pur.Amino DHA/ARA	<input type="checkbox"/> Similac PM 60/40
<input type="checkbox"/> Enfamil AR	<input type="checkbox"/> Neocate Infant w/ DHA & ARA	<input type="checkbox"/> Similac Alimentum	
<input type="checkbox"/> Enfamil EnfACare	<input type="checkbox"/> Neocate Nutra (≥ 6 mo. age)	<input type="checkbox"/> Similac Human Milk Fortifier	
<input type="checkbox"/> Enfamil Gentlease (RTF only)			

Children

<input type="checkbox"/> Alfamino Junior	<input type="checkbox"/> Compleat Pediatric Reduced Calorie	<input type="checkbox"/> Nutren Junior with Fiber	<input type="checkbox"/> PediaSure Peptide
<input type="checkbox"/> Boost Breeze	<input type="checkbox"/> Elecare Junior	<input type="checkbox"/> PediaSure	<input type="checkbox"/> PediaSure Peptide 1.5 Cal
<input type="checkbox"/> Boost Kid Essentials 1.0 Cal (retail)	<input type="checkbox"/> EO28 Splash	<input type="checkbox"/> PediaSure Enteral	<input type="checkbox"/> Peptamen Junior
<input type="checkbox"/> Boost Kid Essentials 1.5 Cal	<input type="checkbox"/> Neocate Junior	<input type="checkbox"/> PediaSure with Fiber	<input type="checkbox"/> Peptamen Junior with Fiber
<input type="checkbox"/> Boost Kid Essentials with Fiber 1.5 Cal	<input type="checkbox"/> Neocate Jr. w/ Prebiotics	<input type="checkbox"/> PediaSure with Fiber Enteral	<input type="checkbox"/> Peptamen Junior with Prebio
<input type="checkbox"/> Bright Beginnings Soy Pediatric Drink	<input type="checkbox"/> Neocate Splash Unflavored	<input type="checkbox"/> PediaSure 1.5 Cal	<input type="checkbox"/> Peptamen Junior 1.5 Cal
<input type="checkbox"/> Carnation Breakfast Essentials	<input type="checkbox"/> Nutren Junior	<input type="checkbox"/> PediaSure 1.5 Cal with Fiber	<input type="checkbox"/> Super Soluble Duocal
<input type="checkbox"/> Compleat Pediatric			

Women

Boost Boost Breeze Carnation Breakfast Essentials Ensure Super Soluble Duocal

For PKU and Metabolic Needs: WIC collaborates with the Ohio Metabolic Formula Program which supplies certain metabolic formulas prescribed by an Ohio Department of Health (ODH) approved metabolic service provider. A separate form must be completed. Please contact your WIC office for more information.

C. Required Supplemental Food Information

WIC Health Professional will issue age appropriate supplemental food unless indicated below.

No WIC supplemental foods: provide formula only.

Issue a modified food package **OMITTING** the supplemental foods checked below:

Infants (6-11 months): Infant cereal Infant fruits and vegetables

Children and Women: Milk Juice Breakfast cereal Whole grains Fruits and vegetables

Beans Peanut butter Eggs Cheese Fish (fully breastfeeding women only)

It is medically warranted for this patient to receive the following foods in addition to special formula:

Whole milk Whole low lactose/lactose free milk Cheese

D. Required Health Care Provider Information

Health Care Provider's Name (please print): _____ Phone: _____

Health Care Provider's Signature: _____ Date: _____

(Effective 11/16/09) 384 This institution is an equal opportunity provider. ODH 3989.23

Only physicians, nurse practitioners, or physician's assistants may sign off on this form.