



2 INCOME/CATEGORICAL ELIGIBILITY
2.5 Priority System

Effective: 12/01/95

Revised: 06/01/11

Changes in bold

POLICY: ROSIE applies a priority level to all WIC participants based on risk factors identified during nutrition assessments at certification appointments. In the event of waiting lists, preference for enrollment is given to higher priority individuals regardless of date of application as compared to participants of lower priority.

PROCEDURE:

A. IDENTIFICATION OF ALL RISK FACTORS

The competent professional authority (CPA) **or bilingual certifier** must complete a nutrition assessment during the WIC applicant's certification appointment. This includes identifying all possible risk factors (note: a number of risk factors are auto-determined from data entered in ROSIE).

B. PRIORITY ASSIGNED BY ROSIE

Based on the risk factors identified during the certification process, **ROSIE** will automatically determine the highest possible priority level for each participant. The Priority System below lists the six priority levels and gives an overview of the types of risk factors included in each level. **For detailed information on the specific risk factors included in each priority level, see "ROSIE Risk Codes" in ROSIE Help, Reference and Guidance, Nutrition and Health.**

Overview of Priority System: **(Note: A, B and C subpriority levels were deleted)**

Priority 1 - Pregnant women, breastfeeding women and infants with at least one hematological, anthropometric, or medical risk factor; women breastfeeding a Priority 1 infant; breastfed infants of Priority 1 mothers; and **prenatal and breastfeeding woman and infant transfers (from out of state) with unknown risk factors.**

Priority 2 - Infants whose mothers were on WIC prenatally or who could have been on WIC with a Priority 1 risk factor, and women breastfeeding Priority 2 infants.

Priority 3 - Children with at least one hematological, anthropometric, or medical risk factor; and **child transfers (from out of state) with unknown risk factors.**

Priority 4 – Pregnant women, breastfeeding women and infants with a dietary risk factor; women breastfeeding priority 4 infants; breastfed infants of Priority 4 mothers; infants who are homeless, migrants, victims of abuse/battering, or in foster care; and infants with primary caregivers who have a limited ability to make feeding decisions or prepare food.



Priority 5 – Children with dietary risk factors; children who are homeless, migrants, victims of abuse/battering, or in foster care; children who have primary caregivers who have a limited ability to make feeding decisions or prepare food; postpartum nonbreastfeeding women with specific hematological, anthropometric, medical or dietary risk factors (see ROSIE Risk Codes); postpartum nonbreastfeeding women with limited ability to make feeding decisions or prepare food; and **postpartum nonbreastfeeding woman transfers (from out of state) with unknown risk factors**.

Priority 6 - Postpartum nonbreastfeeding women with specific hematological, anthropometric, medical, or dietary risk factors (see ROSIE Risk Codes); and postpartum nonbreastfeeding women who are homeless, migrants, victims of abuse/battering, or in foster care.

(Note: The Federal WIC Regulations include a Priority 7, but since all participants in Wisconsin would be placed in a higher priority level, priority 7 is not needed.)

C. INFANTS OF WIC MOTHERS

Infants of WIC moms who were enrolled shortly after birth without going through the full certification process must have the risk factors updated when full eligibility assessment is done. (See 2.7 Certification of Infants of WIC Mothers using *Quick Certs* for additional information)