

Crossroads-02 System Outage Form for Nutrition

- Purpose:** To gather nutrition data manually when Crossroads is disabled in accordance with ADM 13.0-C.
- Reference:** ADM 13.0-C
- Procedure:** Local agency personnel shall enter the information listed on the form and transfer the information to Crossroads when access is restored.
- Issuance:** To be used when Crossroads is disabled.
- Retention:** Forms shall be destroyed once information is entered into Crossroads.

Crossroads-02 System Outage Form for Nutrition

Participant Name: _____ **Date:** _____

Anthropometrics		
	Inches	8th
Height		
	Pounds	Ounces
Weight		
Hemoglobin		
Health History Forms-completed	Yes	No
Food Packages		
Infants:		
Are you breastfeeding your baby?	Yes	No
Are you supplementing with formula?	Yes	No
If so, number of ounces per formula feeding		
Number of times per day		
Did you ever breastfeed your baby?	Yes	No
How many weeks?		
Women/Children:		
Is this a Special Needs Package?	Yes	No
Do you want cheese?	Yes	No
Do you want peanut butter?	Yes	No
Nutrition Ed. Class	Date:	Time:

Participant Signature: _____