



Today's Date \_\_\_\_\_

	<input type="checkbox"/> Boy or <input type="checkbox"/> Girl		_____ lbs _____ oz _____ in"
<b>Last Name</b>	<b>First Name</b>	<b>Middle Initial</b>	<b>Birth Date</b>
<b>Your Name:</b> _____		<b>Relationship to Child:</b> _____	
<b>If Infant is on Medicaid, please provide the Medicaid number or Infant's SSN:</b> _____			
<b>Is this baby Hispanic or Latino?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			
<b>Select at least one of the following:</b>			
<input type="checkbox"/> American Indian/Alaska Native		<input type="checkbox"/> Asian <input type="checkbox"/> White	
<input type="checkbox"/> Black/African American		<input type="checkbox"/> Native Hawaiian/Pacific Islander	
My baby's birth weight was less than 5 lbs. 9 oz		<input type="checkbox"/> No <input type="checkbox"/> Yes	<b>141</b>
My baby was born at 37 weeks or less		<input type="checkbox"/> No <input type="checkbox"/> Yes	<b>142</b> How many weeks did your pregnancy last? _____
My baby weighed more than 9 pounds at birth		<input type="checkbox"/> No <input type="checkbox"/> Yes	<b>153</b>
My baby's immunizations are up to date		<input type="checkbox"/> No <input type="checkbox"/> Yes	

**WIC helps families with healthy food and nutrition choices.**

What concerns, if any, do you have about what, how or how much your baby eats?

**342, 411.04**

1. At what Birthing Facility was the Infant born? \_\_\_\_\_

2. Please, tell us if your baby sees a doctor, dietitian or health care provider for medical reasons, ex: hypertension, pre-hypertension, diabetes, fetal alcohol syndrome, small for gestational age, gastrointestinal disorders or anemia. **151, 152, 201, 341-357, 359, 360, 362, 382**

**Describe:** \_\_\_\_\_

3. If your baby was in the hospital in the last 3 months, please, tell us why. **359**

4. Has your baby been screened or referred for lead poisoning?  No  Yes **211**

5. Please, describe any teething problems your baby may be having. \_\_\_\_\_ **381**

6. Does your baby have any food intolerances or food allergies?  No  Yes **353, 354, 355**  
**Describe:** \_\_\_\_\_

7. Is your baby on a special diet?  No  Yes **411.8**

8. What vitamin, mineral or herbal supplement do you give your baby? \_\_\_\_\_  
If not daily, how often? \_\_\_\_\_ **411.10, 411.11**

9. List any medication your baby may be taking. **357**

10. Does anyone smoke cigarettes, cigars, or pipes anywhere inside your home?  No  Yes **904**

11. Does your family stay in a shelter, a temporary home, or in a place not usually used for sleeping?

No  Yes **801**

12. Do you have a refrigerator, a stove that works and storage free from pests and harmful chemicals?

No  Yes **801**

13. Did a family member have a seasonal farming job with a temporary home in the last 24 months?

No  Yes **802**

14. What concerns, if any, do you have about anyone hurting your baby? \_\_\_\_\_

\_\_\_\_\_ **901**

15. Do you have problems taking care of your baby?

No  Yes **703,**

**902**

16. Has your baby been in foster care or moved to a new foster care home within the last 6 months?

No  Yes **903**

17. What concerns, if any, do you have about having enough food to feed your family?

**Comment:** \_\_\_\_\_

**18. How are you feeding your baby?**

Breastmilk  Breastmilk + Formula  Formula Only

**If breastfeeding**

**19. On what date did breastfeeding begin?** \_\_\_\_\_

**\*\*\*To Be Completed by Health Care Provider (HCP)\*\*\***

Medical date \_\_\_\_\_ Current Wt \_\_\_\_\_ (103, 113, 134, 135) Ht \_\_\_\_\_ (121) Hgb /Hct \_\_\_\_\_ (201)

**Name of HCP verifying applicant lives in Alaska** \_\_\_\_\_ **ID Verified by:** Visual Recognition \_\_\_/Other \_\_\_\_\_ WIC

**Name of CPA reviewing WIC application** \_\_\_\_\_ **Certification Date** \_\_\_\_\_



## Infant Application

20. On a scale of 0 to 10, how is breastfeeding going?

**Not Well 0 1 2 3 4 5 6 7 8 9 10 Very Well**

- I breastfeed \_\_\_\_\_ times in 24 hours. **411.7, 603, 702**
- Each feeding lasts \_\_\_\_\_ minutes. **603, 702**
- My baby has \_\_\_\_ (#) stool diapers a day. **411.7**
- My baby has \_\_\_\_ (#) wet diapers a day. **411.7**

21. Are you breastfeeding another child?  No  Yes

22. How do you store breastmilk? (i.e., freeze, refrigerate, store on counter, in cabinet, etc.)

\_\_\_\_\_ **411.9**

23. What do you usually do, if there is leftover breastmilk or formula in the bottle after a feeding? **411.9**

- Throw it out       Put in refrigerator  
 Leave near baby

### **If Formula Feeding**

24. If you ever breastfed, on what date did breastfeeding end?

25. What was the reason that breastfeeding was stopped?

26. At what age did you start your baby on formula?

- I started my baby on baby formula at the age of \_\_\_\_\_ days or \_\_\_\_\_ weeks.

**701**

On a scale of 0 to 10, how is formula feeding going?

**Not Well 0 1 2 3 4 5 6 7 8 9 10 Very Well**

27. What formula are you feeding your baby?

28. How often do you feed your baby formula?

29. How much formula does your baby eat at a feeding?

30. How do you prepare your baby's formula? **411.5, 411.6**

- Powdered formula**  
I add \_\_\_\_ scoops of powder to \_\_\_\_\_ ounces water
- Concentrated formula**  
I add \_\_\_\_\_ ounces concentrate to \_\_\_\_\_ ounces water
- Ready-to-feed formula**  
Do you add water?  No       Yes \_\_\_\_\_ oz

31. Does your baby drink juice, sweetened drinks, soda, sweet tea, Tang/Koolaid or Hi-C in a bottle or a cup?

- Yes       No       Sometimes **411.2,**

**411.3**

32. Do you add sugar, honey or syrup to your baby's pacifier or foods?

- Yes       No       Sometimes **411.3**

If yes, tell us more about the reasons:

33. How old was your baby the first time he or she drank liquids other than breastmilk or formula?

**411.1**

My baby was \_\_\_\_\_ months.

List what he or she drank: \_\_\_\_\_

34. How old was your baby the first time he or she ate food such as cereal, baby food, or any other food?

My baby was \_\_\_\_\_ months. **411.3**

List what he or she ate: \_\_\_\_\_

35. Is your baby held when bottle fed? **381, 411.2**

- Never       Rarely       Sometimes       Always

36. Where else do you give your baby a bottle?

- Crib/Bed       Car Seat       High-chair       Stroller  
 Other \_\_\_\_\_ **411.2**

37. How do you feed your baby solid foods? **411.2, 411.4**

- No solid foods, only breastmilk/formula  
 by Spoon       In Baby Bottle       by Infant Feeder  
 Baby foods       Finger foods       Other \_\_\_\_\_

38. Check the foods your baby eats? **411.4, 411.5, 411.8**

- No solid foods, only breastmilk/formula  
 Infant Cereal       Infant Cereal in the bottle  
 Homemade baby food       Crackers  
 Chopped fruits/vegetables       Bread  
 Strained or mashed vegetables or fruits  
 Strained meat/egg yolk/yogurt/cottage cheese/tuna  
 Cooked soft pieces of beans/chicken/turkey/beef/pork  
 Raw or undercooked meat, poultry, fish, eggs  
 Unheated hot dogs/deli meat or poultry  
 Soft cheeses made with un-pasteurized milk: Feta, Mexican style (queso blanco fresco), Brie, Blue  
 Raw sprouts (alfalfa, clover and radish)  
 Un-pasteurized milk, fruit or vegetable juice or foods made with Un-pasteurized milk

39. How do you know your baby is done eating? **411.4**

- Turns head away       Won't open his/her mouth  
 Eats all food       Bottle is empty       Spits out food

40. What does your family do for fun?

41. **For Dads** - please tell us what your weight \_\_\_\_\_ and height \_\_\_\_\_ are.

42. How can WIC help your family today?