



Boy or Girl

Last Name First Name Middle Initial Birth Date Today's Date

Your Name: Relationship to Child:

Child's Social Security Number Is this child Hispanic or Latino? No Yes

Select at least one of the following: American Indian/Alaska Native Asian White Black/African American Native Hawaiian/Pacific Islander

Please answer if your child is under 2

- My child's birth weight was less than 5 lbs. 9 oz No Yes 141
My child was born at 37 weeks or less No Yes 142
My child's immunizations are up to date No Yes

WIC helps families with healthy food and nutrition choices.

What concerns, if any, do you have about your child's eating behaviors or growth?

- 1. Please, tell us if your child sees a doctor, dietitian or health care provider for medical or emotional reasons... 151, 201, 341-357, 359, 360, 362, 382
2. If your child was in the hospital in the last 3 months, please, tell us why. 359
3. Has your child been screened or referred for lead poisoning? No Yes 211
4. When was your child's last dental check-up? Date 381
5. Does your child have any problems eating any type of food for any reason such as dental problems, food intolerances or others? No Yes 354, 355, 381
6. List any food allergies your child may have. 353
7. Does anyone smoke cigarettes, cigars, or pipes anywhere inside your home No Yes 904
8. Does your family stay in a shelter, a temporary home, or in a place not usually used for sleeping? No Yes 801
9. Do you have a refrigerator, a stove that works and storage free from pests and harmful chemicals? No Yes 801
10. Did a family member have a seasonal farming job with a temporary home in the last 24 months? No Yes 802
11. What concerns, if any, do you have about anyone hurting your child? 901
12. Do you have problems taking care of your child? No Yes 902
13. Has your child been in foster care or moved to a new foster care home within the last 6 months? No Yes 903
14. Circle the type of milk you would like on your WIC checks or in your food box: Fresh Fluid (UHT) Evaporated Soy Lactose Reduced 355 Dry
15. What concerns, if any, do you have about having enough food to feed your family? Comment:

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



Child Application

Parents often wonder if their child is eating right.

16. On a scale of 0 to 10, how well do think your child is eating? (Circle a number)

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

He/she usually eats ___meals /day and ___snacks/day.

He/she usually eats fruits/vegetables (check amount)

- 1 cup/day or less of fruits/vegetables
- 2 cups/day or less of fruits/vegetables
- 3 cups/day or more of fruits/vegetables

17. My child eats: 425.04, 428

- Liquid Foods Finger Foods
- Table Foods Mashed, Pureed/ Baby Foods

18. Does your child eat meals with the family?

Comment: _____

19. Is your child is on a special diet? No Yes 425.06

Describe _____

20. My child drinks from:(check all that apply) 425.03

- Sippy Cup Cup Bottle

If your child drinks from a bottle, please tell us:

- Number of bottles in 24 hours? _____
- What is in the bottle? _____

21. When does your child get a bottle? 425.03

- Bedtime/Naptime Mealtime
- All day Other _____

22. When do you want your child to only use a cup?

23. **Check the box if you have any of the following concerns about your child:** 342

- Constipation Diarrhea
- Vomiting Chewing/Swallowing
- Choking/Gagging Other _____

24. Does your child crave or eats non-food things like dirt, clay, soap, ice, cigarette butts, ashes, carpet fibers, paper, dust, foam, rubber, paint chips, soil, starch (laundry or cornstarch) or other?

No Yes 425.09

25. I am breastfeeding my child. No Yes

26. If your child used(s) formula, at what age did you first offer formula? ___ weeks or ___ months old

27. List any medication, vitamin, mineral or herbal supplement your child takes. 357, 425.07, 425.08,

28. **Check the box and circle the foods your child eats.**

- Raw or undercooked meat, poultry, fish, eggs
- Foods with raw or undercooked eggs, like salad dressings, cookie and cake batters, sauces
- Unheated hot dogs, luncheon meats, fermented and dry sausage, deli-style meat or poultry
- Refrigerated Smoked Seafood (unless it is cooked)
- 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 425.05

29. **Check if your child drinks regularly** 425.01, 425.02

- Water Skim Milk Dry Milk
- Pedialyte Breast milk Raw milk
- Soy milk Sweet tea Formula
- Raw juice Rice milk Pop/Soda
- Whole Milk 100% Pasteurized Juice
- Fruit drink (*not 100% juice*) Sport Drinks
- 2% or 1% Milk Evaporated Milk
- Tang/Kool-Aid Cereal/Solids foods in bottle
- Coffee/tea Other _____

30. In a typical day, how much time does your child watch TV, play video and/or play computer games?

- Less than 1 hour 1-2 hours
- More than 2 hours

31. What does your family do for fun?

32. **How can WIC help your family today?**

