



# Child Application

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, **ex:** hypertension, pre-hypertension, pre- diabetes, diabetes, fetal alcohol syndrome, **gastrointestinal disorders** or anemia. 151, 201, 341-357, 359, 360, 362, 382  
Describe: \_\_\_\_\_
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  
Describe: \_\_\_\_\_
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 \_\_\_\_\_ Ht \_\_\_\_\_ Pre-Pregnancy Wt \_\_\_\_\_ (101, 111) Current Wt \_\_\_\_\_ (133) 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
- Hot dogs, luncheon meats, fermented and dry sausage, unheated 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 the items your child drinks** 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?**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_