



Infant Application

Boy or Girl _____ lbs ____ oz ____ in _____

Last Name _____ **First Name** _____ **Middle Initial** _____ **Birthday** _____ **Birth Weight** _____ **Birth Length** _____ **Today's Date** _____

Your Name: _____ **Relationship to Child:** _____

Baby's Social Security Number _____ **Is this baby 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

My baby's birth weight was less than 5 lbs. 9 oz	<input type="checkbox"/> No	<input type="checkbox"/> Yes 141
My baby was born at 37 weeks or less	<input type="checkbox"/> No	<input type="checkbox"/> Yes 142
My baby weighted more than 9 pounds at birth	<input type="checkbox"/> No	<input type="checkbox"/> Yes 153
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. 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: _____

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

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

4. Please, describe any teething problems your baby may be having.

_____ 381

5. Does your baby have any food intolerances or food allergies? No Yes 353, 354, 355

Describe: _____

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

7. What vitamin supplements do you give your baby?

If not daily, how often? _____ 411.11

8. List any medication, vitamin, mineral or herbal supplement your baby may be taking. 357, 411.10

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

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

No Yes 801

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

No Yes 801

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

No Yes 802

13. What concerns, if any, do you have about anyone hurting your baby? _____

_____ 901

14. Do you have problems taking care of your baby? No Yes 703, 902

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

No Yes 903

16. 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 _____



Infant Application

If yes, tell us more about the reasons:

How are you feeding your baby?

- Breastmilk Breastmilk + Formula Formula Only

If Breastfeeding

17. 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**
18. Are you breastfeeding another child? No Yes
19. How do you store breastmilk ? (i.e., freeze, refrigerate, store on counter in cabinet, etc.)

_____ **411.9**

If Formula Feeding

20. If you ever breastfed, 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

21. What formula are you feeding your baby?

22. How often do you feed your baby formula?

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

24. 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

25. 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

26. 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**

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

- Yes No Sometimes **411.3**

28. 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: _____

29. 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: _____

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

- Never Rarely Sometimes Always

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

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

32. 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 _____

33. 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

34. 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

35. What does your family do for fun

36. How can WIC help your family today?

