



Infant Application

WIC is here to help your baby grow and develop & learn how to eat well. The information you share will guide us on how to best serve you.

_____ lb _____ oz _____ in
 _____ in _____ in _____ in
 _____ in _____ in _____ in

Baby's Name (First, Middle, Last) _____ **Boy** **Girl** **Baby's Birthday** _____ **Birth Weight** _____ **Birth Length** _____

Your Name _____ Relationship to infant _____ Today's date _____ (141, 151, 153)

Social Security #: _____ **Race: Is this person Hispanic or Latino?** No Yes

You must also select at least one of the following: American Indian/Alaska Native Asian White
 Black/African American Native Hawaiian/Pacific Islander

1. Was your baby born more than 3 weeks early? No Yes, _____ weeks early (142)
2. Is your baby seeing a doctor or dietitian for any health problems or illness? (134, 152, 341-357, 360, 362, 382, 703)
 No Yes, Describe: _____
3. Has your baby been in the hospital for any of the following in the past 3 months? No
 Yes (359) Emergency room Hospital overnight Surgery Major Burns
4. List any medications, vitamins, minerals, or herbal supplements your baby is taking? list _____ (411.10, 411.11)

How are you feeding your baby? Feeding is a good way for you & your baby to get to know each other.

5. Breastmilk Breastmilk + Formula Formula *only* (go to question 6)
 - How many times do you breastfeed baby in 24 hours? _____ (411.7)
 - How many diapers does your baby have in 24 hours? Total _____ Wet only _____ (411.7)
 - How is breastfeeding going? (circle number below) (603)
 Not well 0 1 2 3 4 5 6 7 8 9 10 Very well
 - How confident are you to continue breastfeeding? (circle number below) (603)
 Not confident 0 1 2 3 4 5 6 7 8 9 10 Very confident
 - Have you started giving your baby formula? No Yes
 If yes, how old was baby when formula was first started? _____ days or _____ weeks
 - What type of formula do you give your baby? _____
6. Formula *only* Did you ever breastfeed? No Yes _____ days or _____ weeks. 701
 - On average, how much formula does your baby drink in 24 hours _____ oz
 - What type of formula do you give your baby? _____
 - 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
 - How is formula feeding going? (circle number) Not well 0 1 2 3 4 5 6 7 8 9 10 Very well
 - What do you do with formula left in the bottle after a feeding? (411.5, 411.9)
 - Throw it out Put in refrigerator Leave near baby

Do you ever run out of money or Food Stamps to buy formula? No Yes Sometimes

To Be Completed by Health Care Provider (HCP)

Ht _____ (121) Wt _____ (103, 113, 135, 141, 151*) Hgb /Hct _____ (201) **ID Verified by:** Visual Recognition _____ /Other _____

Medical date _____ **HCP verifies applicant lives in Alaska** _____ HCP Name: _____

Certification Date _____ WIC CPA reviews WIC Application _____ WIC CPA's Name: _____

7. What questions do you have about the feeding, growth or development of your baby?

8. Does your baby drink from a baby bottle? No Yes Sometimes (411.2)

• What does your baby drink from a baby bottle? *Check all that apply* (411.1, 411.3 & 411.5, 411.9)

- Breastmilk 100% Juice Goat's milk Powdered milk
 Formula Cow's milk Raw fruit or vegetable juice
 Water Evaporated milk Raw milk
 Cereal in bottle or infant feeder Sweetened drinks (corn syrup, soda, sweet tea,
 Other _____ Koolaid, Tang, Hi-C, honey)

9. Is your baby held in someone's arms when fed from a bottle? (381, 411.2)

- Never Rarely Sometimes Often Always

10. Where else is your baby given a bottle? *(check all that apply)* Crib / Bed Car Seat (411.2)

- High-chair Stroller Other _____

11. Have you started your baby on solid foods? No **(Skip to Question 15)** Yes

12. I started baby on solid foods at ___ months (411.3)

13. How do you feed your baby solid foods: (411.9) *(check all that apply)*

- No solid foods, baby only takes breastmilk/formula by Spoon*
 in Baby Bottle* by Infant feeder* Other* _____

Which of the following foods does your baby eat? *(check all that apply)* (411.4 & 411.5, 411.8)

- No solid foods, baby only takes breastmilk / formula
 Infant cereal Crackers Bread
 Chopped fruit Chopped vegetables
 Strained or mashed fruits Strained or mashed vegetables
 Strained meat, egg yolk, yogurt, cottage cheese, tuna Cooked beans, soft pieces of chicken, turkey, beef, pork

14. I make my baby's food at home No Yes Sometimes

Describe how you make baby's food: _____

(801, 802, 902, 903)

15. How can you tell baby doesn't want or need to eat more food? *(check all that apply)* (411.4)

- Turns head away Food all eaten Goes to sleep
 Won't open mouth Bottle is empty Stops breastfeeding
 None of these Spits food out Other, _____
-

16. What concerns do you have about your baby's growth & development? _____

Check any of the following concerns you have for your baby: *(check all that apply)* (411.4)

- No concerns Constipation Chewing/swallowing problems
 Diarrhea Choking/Gagging Vomiting Other: _____

17. Do you worry anyone you know will hurt your baby? No Yes Sometimes

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

19. On the average, about how many days/week is there smoking anywhere inside your home? ___904

20. What is your main concern today -- and how can WIC help?

Thank you!