



WIC INFORMATION REQUEST

6 Month Mid-certification *CHILD*

Child's Name: _____

Child's Date of Birth: _____

1. 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

2. What does your child drink? _____

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

Sippy Cup Cup Bottle

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

Number of bottles in 24 hours? _____

What is in the bottle? _____

To be completed by Health Care Provider (HCP)

Date: _____

Height: _____ Weight: _____

Hgb/Hct: _____ Head Circumference: _____

Health care provider's signature:

Please return to Norton Sound Health Corporation
WIC Office.

NSHC WIC

P.O. Box 966

Nome, Alaska 99762

Phone: 907-443-3299

Fax: 907-443-9723

Email: WIC-ALL@nshcorp.org

“In accordance with Federal Law and U.S. Department of Agriculture policy, the WIC Program is prohibited from discrimination on the basis of race, color, national origin, sex, age, disability, or religion. To File a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (voice and TTY). USDA is an equal opportunity provider and employer.”

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