



WIC INFORMATION REQUEST

6 Month Mid-certification *INFANT*

Infant's Name: _____

Infant's Date of Birth: _____

1. For your infant: Please tell us about any changes to eating habits, exercise, or health:

2. Are you still breastfeeding? Yes No

3. At what age did your baby eat anything other than breast milk or formula? _____

4. What did they eat? _____

5. What does your baby eat now? _____



****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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