



## WIC INFORMATION REQUEST

### 6 Month Mid-certification *PREGNANT*

Your Name: \_\_\_\_\_

Your Date of Birth: \_\_\_\_\_

1. Have you been diagnosed with any of the following during your current pregnancy?

Gestational Diabetes

Preeclampsia

2. How do you plan to feed your baby?

Breastmilk

Breastmilk/Formula

Formula

Unsure

3. Please tell us about any changes to eating habits, exercise, or pregnancy health: \_\_\_\_\_

**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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