Infant Application

Women, Infants, Children (WIC) Program, Alaska Department of Health & Social Services

Today's Date ________________

1. Child's Name (First, Middle, Last)

2. Child's Birth Date ☐ Boy ☐ Girl

3. Your Name (First, Middle, Last)

4. Relationship to Child

5. If baby is on Medicaid, please provide Medicaid number:

6. Is this baby Hispanic or Latino? ☐ Yes ☐ No

7. Race (Check all that apply)
☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Pacific Islander ☐ White

Current History

8. What concerns, if any, do you have about what, how or how much your baby eats? 342 411.04

9. What was the child's Birth Weight? Birth Length?

10. At what Birthing Facility was the child born? How many weeks did your pregnancy last?

11. Are you breastfeeding another child? ☐ Yes ☐ No

12. Please answer about your baby:

My baby's birth weight was less than 5 lbs. 9 oz ☐ Yes ☐ No 141

My baby was born at 37 weeks or less ☐ Yes ☐ No 142

My baby weighed more than 9 pounds at birth ☐ Yes ☐ No 153

My baby's immunizations are up to date ☐ Yes ☐ No

13. List any medication your baby may be taking: 357

14. Please, tell us if your baby sees a doctor, dietician or health care provider for medical reasons:
ex: hypertension, prehypertension, diabetes, fetal alcohol syndrome, small for gestational age, gastrointestinal disorders, or anemia.
Describe:
151,152 201 341-357 359,360 362,382

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

Eating & Feeding

16. What concerns, if any, do you have about having enough food to feed your family?

17. How are you feeding your baby? ☐ Breastmilk ☐ Breastmilk + Formula ☐ Formula Only

18. If breastfed, what date did it begin? When did breastfeeding end?

19. What was the reason that breastfeeding was stopped?

20. On a scale of 0 to 10,
How well do you think you think breastfeeding is going? Not Well ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 Very Well

a. I breastfeed_____________ times in 24 hours and each feeding lasts ______________ minutes.
b. My baby has_____________ (#) stools a day and ______________ (#) wet diapers a day.
411.7 603 703 411.7

21. How do you store breastmilk? (i.e. freeze, refrigerate, store on counter, in cabinet, etc.) 411.9

22. What do you usually do, if there is leftover breastmilk or formula in the bottle after feeding? 411.9
☐ Throw it out ☐ Put it in the refrigerator ☐ Leave near baby

23. At what age did you start your baby on formula? 701 What formula are you feeding your baby?

24. On a scale of 0 to 10,
How well do you think formula feeding is going? Not Well ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 Very Well

25. How often do you feed your baby formula?

26. How much formula does your baby eat at feeding?

To Be Completed by Health Care Provider (HCP)

Medical date_____________ Current Wt_______________(103,113,134,135) Ht____________(121) 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____

27. How do you prepare your baby's formula? 411.5 411.6

☐ Powdered formula   I add _______ scoops of powder to ______ ounces of water

☐ Concentrated formula   I add _______ ounces of formula to ______ ounces of water

☐ Ready-to-feed formula   Do you add water? ☐ Yes ☐ No   If yes, how many ounces of water? ________

28. Does your baby drink juice, sweetened drinks, soda, sweet tea, Tang/Koolaid or Hi-C in a bottle or cup? 412.2 411.3

☐ Yes ☐ No ☐ Sometimes

29. Do you add sugar, honey or syrup to your baby's pacifier or foods? 411.3

☐ Yes ☐ No ☐ Sometimes   If yes, tell us more about the reasons:

30. How old was your baby the first time he or she drank liquids other than breastmilk or formula? List what he or she drank: 411.1

31. How old was your baby the first time he or she ate food such as cereal, baby food, or any other food? List what he or she ate: 411.3

32. Is your baby held when bottle fed? ☐ Never ☐ Rarely ☐ Sometimes ☐ Always 381 411.2

33. Where else do you give your baby a bottle? ☐ Crib/Bed ☐ Car Seat ☐ High-chair ☐ Stroller ☐ Other ________________ 411.2

34. How do you feed your baby solid food? 411.2 411.4

☐ No solid foods, only breastmilk/formula ☐ By Spoon ☐ In Baby Bottle

☐ By Infant Feeder ☐ Baby Foods ☐ Finger Foods ☐ Other __________________________

35. Check the box if you are eating any these foods. 411.4 411.5 411.8

☐ **Raw sprouts:** alfalfa, clover and radish

☐ **Raw or undercooked:** meat, chicken, turkey, fish, eggs

☐ **Uncooked** refrigerated smoked seafood

☐ **Unheated meats:** lunch meats, deli-style meat or chicken, fermented and dry sausage, raw hot dogs

☐ **Strained:** meat,egg yolk, yogurt, cottage cheese, tuna

☐ **Strained or mashed:** vegetables or fruits

☐ **Chopped** fruits/vegetables or fruits

☐ Homemade baby food

☐ Bread

☐ **Food with raw or undercooked eggs:** salad dressing, cookie and cake batter, sauces

☐ **Soft cheese made with unpasteurized milk:** feta, mexican-style (queso blanco fresco), brie, blue

☐ **Unpasteurized** milk or foods made with unpasteurized milk

☐ **Unpasteurized** fruit or vegetable juice

☐ **Cooked soft pieces of:** beans, chicken, turkey, beef, pork

☐ **No solid foods** only breastmilk/formula

☐ Infant Cereal in the bottle

☐ Infant Cereal

☐ Crackers

36. How do you know your baby is done eating? (Check all that apply) 411.4

☐ Turns head away ☐ Won't open his/her mouth ☐ Eats all food ☐ Bottle is empty ☐ Spits out food

37. Please describe any teething problems your baby maybe having.

38. Please describe any food intolerances or food allergies your baby may have.

Additional

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

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

41. Does your family stay in a shelter, a temporary home, or in a place not usually used for sleeping? ☐ Yes ☐ No 801

42. Do you have a refrigerator, a stove that works and storage free from pests and harmful chemicals? ☐ Yes ☐ No 801

43. Did a family member have a seasonal farming job with a temporary home in the last 24 months? ☐ Yes ☐ No 802

44. Do you have any concerns about anyone hurting your baby? ☐ Yes ☐ No 901

45. Has your child been in foster care or moved to a new foster home within the last 6 months? ☐ Yes ☐ No 903

46. Do you have any problems taking care of you baby?

47. For dads, please tell us your weight: height:

48. What does your family do for fun?

49. How can WIC help your family today?

Thank You!