



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 weighed more than 9 pounds at birth	Yes	No ¹⁵³
My baby was born at 37 weeks or less	Yes	No ¹⁴²	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: 151,152
201
341-357
ex: hypertension, prehypertension, diabetes, fetal alcohol syndrome, small for gestational age, gastrointestinal disorders, or anemia.

Describe: 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 411.7
603
703

a. I breastfeed _____ times in 24 hours and each feeding lasts _____ minutes. 411.7

b. My baby has _____ (#) stools a day and _____ (#) wet diapers a day. 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 your baby eats 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?			