



# Child 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 receiving Medicaid, please provide Medicaid number:**

6. Is this child 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 your child's eating behaviors or growth?

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

10. At what Birthing Facility was the child born?

11. How many weeks did your pregnancy last?

**12. Please Answer if your child is under 2:**

Child's birth weight was less than 5 lbs. 9 oz	Yes	No <sup>141</sup>	My child's immunizations are up to date	Yes	No
My child was born at 37 weeks or less	Yes	No <sup>142</sup>			

13. Check the box if you have any of the following concerns about your child:

Chewing/Swallowing      Choking/Gagging      Constipation      Diarrhea      Vomiting      Other

342

14. List any medication, vitamin, mineral or herbal supplement your child takes.

357  
425.07  
425.08

15. Please, tell us if your child sees a doctor, dietitian or health care provider for medical or emotional reason(s)  
ex: hypertension, pre-hypertension, diabetes, fetal alcohol syndrome, gastrointestinal disorders or anemia.

151  
201  
341-357

Describe:

359  
360,362  
382

16. If your child was in the hospital in the last 3 months, please tell us why.

359

## Eating & Feeding

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

18. I am breastfeeding my child.      Yes      No

19. If breastfed, what date did it begin?

When did breastfeeding end?

20. What was the reason that breastfeeding was stopped?

21. If your child used(s) formula, at what age (weeks or months) did you first offer?

22. On a scale of 0 to 10,

How well do you think you think your child is eating?      Not Well      0      1      2      3      4      5      6      7      8      9      10      Very Well

a. He/she usually eats \_\_\_\_\_ meals/day and \_\_\_\_\_ snacks/day.

b. He/she usually eat fruits:      1 cup/day or less      2 cups/day      3 cups/day or more

c. He/she usually eat vegetables:      1 cup/day or less      2 cups/day      3 cups/day or more

23. My child eats:      Liquid Foods      Finger Foods      Table Foods      Mashed, Pureed / Baby Foods

425.04  
428

\*\*\*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 \_\_\_\_\_

24. Check the box if your child eats any these foods. 425.05

<p><b>Raw sprouts:</b> alfalfa, clover and radish</p> <p><b>Raw or undercooked:</b> meat, chicken, turkey, fish, eggs</p> <p><b>Uncooked</b> refrigerated smoked seafood</p> <p><b>Unheated meats:</b> lunch meats, deli-style meat or chicken, fermented and dry sausage, raw hot dogs</p>	<p><b>Food with raw or undercooked eggs:</b> salad dressing, cookie and cake batter, sauces</p> <p><b>Soft cheese made with unpasteurized milk:</b> feta, mexican-style (queso blanco fresco), brie, blue</p> <p><b>Unpasteurized</b> milk or foods made with unpasteurized milk</p> <p><b>Unpasteurized</b> fruit or vegetable juice</p>
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25. My child drinks from (Check all that apply): 425.03

Sippy Cup      Cup      Baby Bottle

a. If your child drinks from a baby bottle, how many in 24 hours? \_\_\_\_\_

b. What's in the baby bottle? \_\_\_\_\_

26. When does your child get a baby bottle? 425.03

Bedtime/Naptime      Mealtime      All day      Other: \_\_\_\_\_

27. When do you want your child to only use a cup? \_\_\_\_\_

28. Check if your child drinks regularly 425.01  
425.02

Water	Dry milk	Whole milk	Sweet tea	100% Pasteurized juice	Cereal/Solid foods in a baby bottle
Pedialyte	Raw milk	1% or 2% milk	Coffee/tea	Fruit drink (not 100% juice)	
Soy milk	Breastmilk	Evaporated milk	Tang/Kool-aid	Raw juice	Other _____
Skim milk	Rice milk	Formula	Pop/Soda	Sports Drinks	

29. Check if your child craves or eats: 425.09

Ashes	Carpet Fibers	Clay	Soil
Baking Soda	Chalk	Dust	Starch (laundry or corn starch)
Burnt Matches	Cigarettes	Paint Chips	Large quantities of ice and/or freezer frost

30. Does your child eat meals with the family? \_\_\_\_\_

31. Is your child on a special diet? 425.06

32. Does your child have any problems eating any type of food for any reason such as dental problems, food intolerances, or others? 354  
355  
381

33. List any food allergies your child may have. 353

## Additional

34. Has your child been screened or referred for lead poisoning? 211

Yes      No

35. Does anyone smoke cigarettes, cigars, or pipes anywhere inside your home? 904

Yes      No

36. Does your family stay in a shelter, a temporary home, or in a place not usually used for sleeping? 801

Yes      No

37. Do you have a refrigerator, a stove that works and storage free from pests and harmful chemicals? 801

Yes      No

38. Did a family member have a seasonal farming job with a temporary home in the last 24 months? 802

Yes      No

39. Do you have any concerns about anyone hurting your child? 901

Yes      No

40. Has your child been in foster care or moved to a new foster home within the last 6 months? 901

Yes      No

41. What type of milk you would like with your WIC benefits? 355

Fresh/Refrigerated	Boxed (UHT)	Soy	Dry	Evaporated	Lactose Reduced
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42. In a typical day, how much time does your child watch TV, play video games and or play computer games? 902

Less than 1 hour      1-2 hours      More than 2 hours

43. Do you have problems taking care of your child? 902

44. Write the date of you last child's last dental check-up: (Month, Year) 381

45. For dads, please tell us your weight: \_\_\_\_\_ height: \_\_\_\_\_

46. What does your family do for fun? \_\_\_\_\_

47. How can WIC help your family today? \_\_\_\_\_