WIC Certification Form

1. Initial Certification - I, Recertification - R, Update - U
2. Date First Applied for WIC (M M D D Y Y) — Transfer
3. VerifiedSSN/WIC ID — Family Code — Old SSN/ID (if changed) — Family Code

4. Last Name — 5. First Name — 6. I — 7. County of Residence — 8. Migrant (Y or N)

9. Street Address — 10. City — 11. State MS

12. ZIP Code — 13. Phone No. — 14. Clinic — 15. Dist. Center No. — 16. Dist. — 17. Sex (M or F) — 18. Ethnicity Hispanic/Latino (Y/N)

19. Birth Date (M M D D Y Y)
20. Source of Med. Care: 1. Health Dept. 2. Other Public 3. Private Doctor 4. None
21. Source of Dental Care: 1. Dental school 2. Health center 3. Private 4. None
22. WIC Status: P Pregnant, B Breastfeeding, N Non-breastfeeding, I Infant, C Child

Race: 1. Am. Ind. or Ak. Native Y/N; 2. Asian Y/N; 3. Black or Afr. Am. Y/N; 4. Native Haw. or Pac. Islander Y/N; 5. White Y/N

23. Family Size — 24. Income . 0 0 — 25. Income Frequency: A Annual, M Monthly, W Weekly — B ___ Medicaid — FS ___ Food Stamps — D ___ TANF

26. Parent/Guardian Last Name — 27. First — 28. I

29. Cert. Date (M M D D Y Y) — 30. Date Measured (M M D D Y Y) — 31. Delivery Date (Act./Est.) (M M D D Y Y)
32. Current Height — inches — eighths
33. Current Weight — lbs. — quarters
34. Current Head Circum. — CM — tenths (up to 2 years)

35. Blood date — 36. Hemoglobin . — OR — 37. Hematocrit .
38. Household smoking (Y or N)
39. TV Viewing/day (2-5 yrs of age only) 0=<1 hr. 1=1 hr. 2=2 hrs. 3=3 hrs. 4=4 hrs. 5=5+hrs. 6=none 9=Unknown

40. Breastfed Now (Y or N) — 41. Breastfed Ever (Y or N) — 42. Age Breastfeeding Ended (In Weeks)

Complete at initial certification, 6 month update, and 1 year recertification.

43. Birth Weight — lbs. — qtrs.
44. Birth Length — inches — eighths
45. Was Mother On WIC? If Yes, enter number of months.

Complete at initial certification only.

Prenatal

46. Pre-Preg. Weight (est.) — lbs.
47. Number of Previous Pregnancies
48. Number of Previous Live Births
49. Date last Pregnancy Ended (M M D D Y Y)
50. Cigarettes/Day Currently
51. Month Prenatal Care Began — 0-No Care, 1-7-Actual mon., 8-8th or 9th mon., 9-Unknown
52. Educational Grade Completed
53. Multivitamin prior (Y or N)
54. Multivitamin during (Y or N)
55. Do you currently have: 0. none, 1. tooth decay, 2. loose teeth, 3. painful teeth

Post Partum

56. #Infants Delivered
57. Weight Gained/Lost During Pregnancy
58. Cigarettes/Day Currently
59. Infant Status at Birth 0-Alive
60. Infant Status at Post Partum Visit 0-Alive
61. Birth Weight — lbs. — qtrs
62. Breastfed Ever (Y or N)

63. Nutritional Risk Code — PRI — SEC — TER
64. Food Package
65. Formula — Qty. — Code
66. Eligible - E, Ineligible - I
67. Reason Ineligible

Termination Date (State office use only)

Certifier's Signature/Title — **Date** — **Client's Signature** **I have been advised of my rights and obligations under the program as outlined on the reverse of this form.**