Infant Application

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 ☐ 1DWLYH+DZDLLDQ3DFL4F-VODQGHU ☐ White

Current History

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

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

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/LVWDQHGLFDWLRQVDEPDEHWDNLQ

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

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.

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

22. What do you usually do, if there is leftover breastmilk or formula in the bottle after feeding?

☐ Throw it out ☐ Put it in the refrigerator ☐ Leave near baby

23. At what age did you start your baby on formula? 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?

Name of HCP verifying applicant lives in Alaska

Name of CPA reviewing WIC application_____Certification Date_____

Additional

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No