



Today's Date _____

Form with fields for Last Name, First Name, Middle Initial, Birth Date, Due Date, Medicaid number, SSN, and ethnicity options.

WIC helps families with healthy food and nutrition choices.

How is your pregnancy going? Please, tell us if you have any concerns.

1. Please, tell us if you see a doctor, dietitian or health care provider for medical or emotional reason(s), ex: fetal growth restriction, hypertension, pre-hypertension, gestational diabetes, diabetes, anemia or gastrointestinal disorders 201, 211, 302, 336, 341-349, 351-362

Describe: _____

2. If you were in the hospital in the last 3 months, please, tell us why. 359

3. Have you been screened or referred for lead poisoning? []No []Yes 211

4. Write the date of your last dental check-up _____381

5. Tell us if you have any problems eating any type of food for any reason such as dental problems, food intolerances, food allergies or others. 353-355, 381

Describe: _____

6. Did you take vitamins before your pregnancy? _____ If yes, how often? _____

7. List any medication, vitamin, pre-natal vitamins, mineral or herbal supplement you are taking. 357, 427.01

If not daily, how often? _____427.04

8. Does anyone smoke cigarettes, cigars, or pipes anywhere inside your home? []No []Yes 904

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

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

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

12. Are you in a relationship with anyone who pushes, hits or threatens you in any way? []No []Yes 901

13. What problems, if any, do you have caring for yourself or your baby/children? 902 Describe: _____

14. Circle the type of milk you would like on your WIC checks or in your food box: Fresh Fluid (UHT) Evaporated Soy Lactose Reduced 355 Dry

15. What concerns, if any, do you have about having enough food to feed your family? Comment: _____

16. How do you plan to feed your baby?

[]Breastmilk []Breastmilk/Formula []Formula []Unsure

Have you breastfed before? []No []Yes

Are you breastfeeding another child? []No []Yes 338

17. On a scale of 0 to 10, how ready do you feel about breastfeeding your baby? (Circle a number) Not Ready 0 1 2 3 4 5 6 7 8 9 10 Ready

To Be Completed by Health Care Provider (HCP)

Medical date _____ Ht _____ Pre-Pregnancy Wt _____ (101, 111) Current Wt _____ (131, 132, 133) 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 _____



Pregnant Women Application

18. On a scale of 0 to 10, how well do think you are eating?
(Circle a number)

Not Well 0 1 2 3 4 5 6 7 8 9 10 Very Well

I usually eat ___meals /day and ___snacks/day.

I usually eat fruits/vegetables: 1 cup/day or less

2 cups/day

3 cups/day or more

19. Check the box and circle the foods you eat. 427.05

Raw or undercooked meat, poultry, fish, eggs

Foods with raw or undercooked eggs, like salad dressings, cookie and cake batters, sauces

Unheated hot dogs, luncheon meats, fermented and dry sausage, unheated deli-style meat or poultry

Refrigerated Smoked Seafood (unless it is cooked)

Soft cheeses made with un-pasteurized milk: Feta, Mexican style (queso blanco fresco), Brie, Blue

Raw sprouts (alfalfa, clover and radish)

Un-pasteurized milk, fruit or vegetable juice or foods made with Un-pasteurized milk

20. Circle if you crave or eat:

Ashes Baking Soda Dust
Carpet Fibers Chalk Cigarettes Soil
Clay Starch (laundry or corn starch)
Paint Chips Burnt Matches
Large quantities of ice and/or freezer frost 427.03

21. Do you fast, binge, vomit to control your weight or to follow a specific diet? No Yes 358/427.02

Describe _____

22. Do you smoke cigarettes, pipes or cigars? No Yes 371

If yes, how much a day _____

23. Did you smoke before your pregnancy? _____

If yes, how many per day? _____

24. Did you smoke cigarettes, pipes, cigars at any point during this pregnancy? No Yes 371

25. Do you use smokeless, chewing tobacco or iqmik? No Yes

If yes, how many times per day? _____

26. Did you drink alcohol before your pregnancy? _____

If yes, how many drinks per week? _____

27. Do you drink wine, beer or other alcoholic beverages during this pregnancy? No Yes 372

If yes, how many drinks a day? _____

If yes, how many days a week? _____

28. Check any drugs you are using during this pregnancy 372

Marijuana Methadone Cocaine

Crank Crack Methamphetamine Speed

Heroin Other None Stopped Using

If stopped using, when was the last time you used?

29. The date I started seeing a doctor for this pregnancy was: _____ 334, 503

I have not started seeing a doctor for this pregnancy.

30. When was your last pregnancy? _____ 332

31. How many babies are you expecting? _____ 335

32. How many times have you been pregnant? (do not count this pregnancy) _____ times
How old are your children? _____ 333

33. Check any problems you had with any of your pregnancies:

Never pregnant before/ or didn't have problems

Baby born 3 or more weeks early 311

Baby, less than 5 pounds 9 oz. at birth 312

Miscarried – how many _____ 321

Baby, 9 pounds or more at birth 337

Stillbirth – how many _____ 321

Genetic or birth defects 339

Abortions – how many _____

Baby died before 1 month old 321

C-Section 359

History of Gestational Diabetes 303

History of Preeclampsia 304

34. Check if you are having any of the following problems with this pregnancy:

Nausea Vomiting 301

Constipation Heartburn 342

35. How often do you feel down, depressed or hopeless? 361

Never Rarely Sometimes Often Always

36. What does your family do for fun? _____

37. How can WIC help your family today?

