



Today's Date \_\_\_\_\_

<b>Last Name</b>	<b>First Name</b>	<b>Middle Initial</b>	<b>Birth Date</b> 331,332,333	<b>Due Date</b>
<b>If receiving Medicaid, please provide Medicaid number: _____ or SSN: _____</b>				
<b>Is this person Hispanic or Latino?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes				
<b>Select at least one of the following:</b>				
<input type="checkbox"/> American Indian/Alaska Native		<input type="checkbox"/> Asian		<input type="checkbox"/> White
<input type="checkbox"/> Black/African American		<input type="checkbox"/> Native Hawaiian/Pacific Islander		

**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?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_