## Allegheny County Health Department WIC Program Application for Infants and Children



Your child must be present and you must bring proof of current income and proof of address to your WIC certification appointment. Medical information must be less than 45 days old on the date of your WIC appointment.

Parent/Guardian Name:		Preferred Language:				
Child's Name:		Race: 🗆 White			□ Black/African American	
Birthdate: 🗆 Male	□ Female		□ Asian	□ American Ind	lian/Alaska Native	
Address:				□ Native Hawa	niian/Pacific	
				Islander		
Phone:		Hispanic?				
Email						
Medical Provider: Please complete this section						
Anthropometric Measurements	Current Bloodwork			Birth Information		
Current weight	(required for children >9 months)		(required for children <2 years)			
Current weight:	Homoglobin: ~/-!		Gestational age:			
Current height:	Hemoglobin: g/dl		Birth weight:			
Head circumference (required for infants		OR		Birth length:		
under age 2)	Hematocrit: %		Head circ.:			
	Lead screening (recommended):		Delivery method:			
Date measured:	mcg/dl			Infant feeding	□ Breastfeeding	
	Date of blood test:			method:	☐ Bottlefeeding	
Specify acute/chronic illness in the last				□ Both		
Audilitation		Note: WIC provides Similac Advance and				
				Similac Soy Isomil. WIC does not provide other brands of standard infant formulas.		
Antibiotic: Duration: Antibiotic: Duration:				If this infant/child requires another		
				Similac formula or a special formula due to a medical condition, the formula must be approved by the PA WIC Program. Use		
Inpatient hospitalization/surgery:						
Specify metabolic/chronic disease:				the Pennsylvania WIC Authorization Form.	Program Formula	
Daily medication name/frequency:			Addionization Form.			
Specify food allergies/intolerances:						
Any other medical/social conditions?			FOR WIC STA	FF USE ONLY		
				W/A		
			W/H			
Health care Facility Name/Phone Medical S		nature/Title		H/A		
		,		вмі		
Date:				H/C		

## GUIDELINES FOR HEALTH CARE PROVIDERS TO COMPLETE WIC APPLICATIONS

- 1. Please fill in **all** of the information in the bold black box, including medical signature. An incomplete application will delay determination of an applicant's eligibility.
- 2. Please mail or fax this form to the applicant's office of choice listed below. You can also email it to <a href="wtw@alleghenycounty.us">wtw@alleghenycounty.us</a> and include the applicant's name in the Subject line.
- 3. Call 412-350-5801 if you have questions about this application.
- 4. The WIC Program will contact the applicant to complete eligibility determination procedures.

Clairton – 113
Clairton Health Center
559 Miller Avenue
Clairton, PA 15025
FAX: (412) 233-5004

<u>Downtown Pittsburgh</u>–147 332 Fifth Avenue #4 Warner Center, 5<sup>th</sup> floor FAX: (412) 350-6184

McKeesport – 112 Wander Building 339 Fifth Avenue McKeesport, PA 15132 FAX: (412) 664-8857 McKees Rocks – 145 Sto-Rox Family Health Center 710 Thompson Avenue McKees Rocks, PA 15136 Fax: (412) 209-0298

Mt. Oliver—136 UPMC South Pittsburgh Health Center 1630 Arlington Avenue Pittsburgh, PA 15210 Fax: (412) 209-2391

Noblestown – 115 2121 Noblestown Road, Suite 202 Pittsburgh, PA 15205 FAX: (412) 209-3141 Springdale - 106 830 Pittsburgh Street Springdale, PA 15144 FAX: (724) 275-1081

Turtle Creek – 127
Human Services Center Mon Valley
519 Penn Avenue
Turtle Creek, PA 15145
FAX: (412) 209-0478

Wilkinsburg – 120 Hosanna House 807 Wallace Avenue, Suite 204-A Pittsburgh, PA 15221 FAX: (412) 241-1364

FOR WIC STAFF USE ONLY: WIC APPLICATION TRACKING				
PROCESSING STANDARDS				
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DATE APPLICATION RECEIVED				
DATE APPLICANT ENROLLED				

Phone call \_\_\_\_\_\_

Phone call \_\_\_\_\_

Send post card \_\_\_\_\_