## Allegheny County Health Department WIC Program Health Care Documentation for Infants



Please take this form to your baby's 4—6 month check-up and have it completed.

## YOU MUST BRING YOUR BABY AND YOUR BABY'S SHOT RECORD TO YOUR NEXT WIC APPOINTMENT.

Parent/Guardian Name:	*Preferred Language:	
Address:	Child's Name:	
	Child's Birthdate:	
Phone:	Sex of Child:	
Medical Provider: Please complete this section		
Anthropometric Measurements	Immunization Information	
Current weight:	WIC is required to complete immunization screenings on	
Current length:	all children under 2 years of age. Please provide the parent	
Head circumference	or guardian of this child with a copy of the immunization record.	
Date measured:		
Facilia	Dank. I	
<u>Feeding Method</u>		
Infant feeding method:	□ Breastfeeding	
	□ Bottlefeeding	
	□ Both	
Note: WIC provides Similac Advance and Similac Soy Isomil. WIC does not provide other brands of standard infant formulas. 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 the PA Formula Authorization Form.		
Healthcare Facility Name/Phone Medical Signature/Title Date		
FOR WIC STAFF USE ONLY		
W/A H/A	Weigh mom:	
W/H H/C	Initial/Date:	

## GUIDELINES FOR HEALTH CARE PROVIDERS TO COMPLETE WIC APPLICATIONS

- 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="https://www.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.

<u>Clairton</u> – 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
Westinghouse Valley Human Service
Center
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

CONTACT DATES	
Phone call	PROCESSING STANDARDS
Phone call	
Sent income letter	
WTW APPOINTMENT	DATE APPLICANT ENROLLED
☐ Applicant preferred the above appointment.	
NO SHOW CONTACT DATES	
Phone call	
Phone call	
Send post card	