

# Allegheny County Health Department WIC Program Recertification for Children Already Enrolled in WIC



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

Parent/Guardian Name: _____ Child Name: _____ Birthdate: _____ Family ID Number: _____	*Preferred Language: _____ Address: _____ _____ Phone: _____ Alternate Phone: _____
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## Medical Provider: Please complete this section.

<u>Anthropometric Measurements</u>	<u>Current Bloodwork</u>	<u>Formula</u>
Current weight: _____ Current height: _____ Head circumference (required for children under age 2) _____ Date measured: _____	Hemoglobin: _____ gm/dl OR Hematocrit: _____ % Date of blood test: _____ Lead screening (recommended) _____ mcg/dl Date of blood test: _____	Note: For children over 12 months of age who need formula, please use the PA Formula Authorization Form.

<b>Specify acute/chronic illness in the last 6 months:</b> _____ <b>Date of inpatient hospitalization/surgery</b> _____ <b>Specify metabolic/chronic disease:</b> _____ <b>Daily medication name/frequency:</b> _____ _____	<b>Specify food allergies/intolerances:</b> _____ _____ _____ <b>Other medical/social issues:</b> _____ _____ _____
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_____ <b>Healthcare Facility Name/Phone</b>	<b>Medical Signature/Title</b> _____		<b><u>FOR WIC STAFF USE ONLY</u></b> W/A _____ % W/H _____ % H/A _____ % BMI _____ % H/C _____ %
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**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 [wtw@allegHENYcounty.us](mailto:wtw@allegHENYcounty.us) 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

**McKees Rocks – 145**  
 Sto-Rox Family Health Center  
 710 Thompson Avenue  
 McKees Rocks, PA 15136  
 Fax: (412) 209-0298

**Springdale - 106**  
 830 Pittsburgh Street  
 Springdale, PA 15144  
 FAX: (724) 275-1081

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

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

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

**McKeesport – 112**  
 Wander Building  
 339 Fifth Avenue  
 McKeesport, PA 15132  
 FAX: (412) 664-8857

**Noblestown – 115**  
 2121 Noblestown Road, Suite 202  
 Pittsburgh, PA 15205  
 FAX: (412) 209-3141

**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 \_\_\_\_\_  
 Phone call \_\_\_\_\_  
 Sent income letter \_\_\_\_\_

**PROCESSING STANDARDS**

DATE APPLICATION RECEIVED

DATE APPLICANT ENROLLED

**WTW APPOINTMENT**

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

Applicant preferred the above appointment.

**NO SHOW CONTACT DATES**

Phone call \_\_\_\_\_  
 Phone call \_\_\_\_\_  
 Send post card \_\_\_\_\_