

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: _____ Child's Name: _____ Birthdate: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female Address: _____ _____ Phone: _____	Do you already get WIC for anyone else in your household? <input type="checkbox"/> Yes <input type="checkbox"/> No Race: <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Pacific Islander Hispanic? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Medical Provider: Please complete this section

<p style="text-align: center;"><u>Anthropometric Measurements</u></p> Current weight: _____ Current height: _____ Head circumference (required for infants under age 2): _____ Date measured: _____	<p style="text-align: center;"><u>Current Bloodwork</u> (required for children >9 months)</p> Hemoglobin: _____ g/dl OR Hematocrit: _____ % Lead screening (recommended): _____ mcg/dl Date of blood test: _____	<p style="text-align: center;"><u>Birth Information</u> (required for children <2 years)</p> Gestational age: _____ Birth weight: _____ Birth length: _____ Head circ.: _____ Delivery method: _____ Infant feeding method: <input type="checkbox"/> Breastfeeding <input type="checkbox"/> Bottlefeeding <input type="checkbox"/> Both
<p>Specify acute/chronic illness in the last 6 months:</p> _____ _____ Antibiotic: _____ Duration: _____ Antibiotic: _____ Duration: _____ Antibiotic: _____ Duration: _____ Inpatient hospitalization/surgery: _____ Specify metabolic/chronic disease: _____ Daily medication name/frequency: _____ Specify food allergies/intolerances: _____ Any other medical/social conditions? _____		<p>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 Pennsylvania WIC Program Formula Authorization Form.</p>
		<p style="text-align: center;"><u>FOR WIC STAFF USE ONLY</u></p> W/A _____ W/H _____ H/A _____ BMI _____ H/C _____

_____ Health care Facility Name/Phone	_____ Medical Signature/Title
_____ Date:	

**ALLEGHENY COUNTY HEALTH DEPARTMENT
WIC PROGRAM SITES**

Clairton – 113

Clairton Health Center
559 Miller Avenue
Clairton, PA 15025
Phone: (412) 641-3267
FAX: (412) 233-5004
Days: Some Mondays and every
Tuesday
Hours: 8:00 a.m. – 4:00 p.m.

Mt. Oliver – 136

UPMC South Pittsburgh Health
Center
1630 Arlington Avenue
Mt. Oliver, PA 15210
Phone: (412) 481-2780
FAX: (412) 432-1650
Days: Monday – Friday
Hours: 8:00 a.m. – 4:00 p.m.

Tarentum – 126

The Highlands Family Center
415 East 4th Avenue
Tarentum, PA 15084
Phone: (412) 350-5801
Fax: (412)-350-4424
Days: First Monday of the month
Hours: 8:00 a.m.—4:00 p.m.

Downtown Pittsburgh–147

Investment Building, 3rd Floor
239 Fourth Avenue
Pittsburgh, PA 15222
Phone: (412) 350-7240
FAX: (412) 350-6184
Days: Monday – Friday
Hours: 7:30 a.m. – 4:00 p.m.

Noblestown – 115

2121 Noblestown Road, Suite 202
Pittsburgh, PA 15205
Phone: (412) 922-5312
FAX: (412) 922-6047
Days: Monday – Friday
Hours: 8:00 a.m. – 4:00 p.m.

Turtle Creek – 127

Westinghouse Valley Human
Service Center
519 Penn Avenue
Turtle Creek, PA 15145
Phone: (412) 823-1333
FAX: (412) 823-1598
Days: Monday – Friday
Hours: 8:00 a.m. – 4:00 p.m.

McKeesport – 112

Wander Building
339 Fifth Avenue
McKeesport, PA 15132
Phone: (412) 664-8870
FAX: (412) 664-8857
Days: Monday – Friday
Hours: 8:00 a.m. – 4:00 p.m.

Springdale – 106

830 Pittsburgh Street
Springdale, PA 15144
Phone: (724) 274-6411
FAX: (724) 275-1081
Days: Wednesday, Thursday, and
Friday
Hours: 8:00 a.m. – 4:00 p.m.

Wilkinsburg – 120

Hosanna House
807 Wallace Avenue, Suite 204-A
Pittsburgh, PA 15221
Phone: (412) 241-3860
FAX: (412) 241-1364
Days: Monday – Friday
Hours: 8:00 a.m. – 4:00 p.m.

McKees Rocks – 145

Sto-Rox Family Health Center
710 Thompson Avenue
McKees Rocks, PA 15136
Phone: (412) 331-5410
Fax: (412) 331-5329
Days: Monday—Friday
Hours: 8:00 a.m. – 4:00 p.m.

WIC Administrative Office

Investment Building, 6th Floor
239 Fourth Avenue
Pittsburgh, PA 15222
Phone: (412) 350-5801
Fax: (412) 350-4424
Days: Monday – Friday
Hours: 8:00 a.m. – 4:30 p.m.