ALASKA WIC
Good Nutrition For Women, Infants & Children

Breastfeeding/Post Partum Women Application

Today's Date _____

Last Name	**First Name**	**Middle Initial**	**Birth Date** 331,332,333

If receiving Medicaid, please provide Medicaid number: _____ **or SSN:**_____

Is this person Hispanic or Latino? ☐ **No** ☐ **Yes**

Select at least one of the following:
☐ American Indian/Alaska Native ☐ Asian ☐ White
☐ Black/African American ☐ Native Hawaiian/Pacific Islander

WIC helps families with healthy food and nutrition choices.

How are you doing after having your baby? 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: hypertension, pre-hypertension, pre-diabetes, diabetes, anemia or gastrointestinal disorders. **201, 302-304, 341-349, 351- 363**
   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. Does anyone smoke cigarettes, cigars, or pipes anywhere inside your home? ☐ No ☐ Yes **904**
7. Does your family stay in a shelter, a temporary home, or in a place not usually used for sleeping? ☐ No ☐ Yes **801**
8. Do you have a refrigerator, a stove that works and storage free from pests and harmful chemicals? ☐ No ☐ Yes **801**
9. Did a family member have a seasonal farming job with a temporary home in the last 24 months? ☐ No ☐ Yes **802**
10. Are you in a relationship with anyone who pushes, hits or threatens you in any way? ☐ No ☐ Yes **901**
11. What problems, if any, do you have caring for yourself or your baby/children? **902**
    Describe: _____
    _____
12. 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**
13. What concerns, if any, do you have about having enough food to feed your family?
    Comment: _____
    _____
14. What was the actual date your baby was born?
    _____
15. What was your baby's length at birth?_____
16. What was your baby's weight at birth?_____
17. At what Birthing Facility did you give birth?
    _____
18. When did your Prenatal care begin?
    _____
19. **How are you feeding your baby?**
    ☐ Breastmilk ☐ Breastmilk + Formula ☐ Formula Only
20. **If Breastfeeding**, on what date did breastfeeding begin?_____
21. On a scale of 0 to 10, how confident are you about breastfeeding your baby? (Circle a number)
    Not Confident 0 1 2 3 4 5 6 7 8 9 10 Very Confident
    How long do you plan to breastfeed? _____ **601**
    - I breastfeed _____ times in 24 hours **601,602**
      Each feeding lasts _____ minutes **602**

To Be Completed by Health Care Provider (HCP)

Medical date_____ Ht _____ Pre-Pregnancy Wt _____ (101, 111) Weight Before Delivery_____ Current Wt _____ (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 _____

If Formula

Did you ever breastfeed? ☐No ☐Yes

If yes, I breastfed ____ days or ___weeks.

I introduced formula at ____weeks.

22. On what date did breastfeeding end?_____

23. What is the reason that Breastfeeding was stopped?

_____

_____

24. 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.

25. I eat fruits/vegetables: ☐1 cup/day or less
☐2 cups/day
☐3 cups/day or more

26. **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**

_____

27. List any medication, vitamin, pre-natal vitamins, mineral or herbal supplement you are taking. **357, 427.01**

_____

_____

If not daily, how often?_____**427.04**

_____

28. Have you fasted, binged or vomited to control your weight or followed a specific diet?
☐No ☐Yes **358/427.02**

Describe _____

29. Do you smoke cigarettes, pipes or cigars?
☐No ☐Yes **371**

If yes, how much a day_____

30. If you smoked in the last three months of your pregnancy, what was your cigarette usage per day?

_____

31. Do you use smokeless, chewing tobacco or iqmik?
☐No ☐Yes

How many times per day? _____

32. Do you drink wine, beer or other alcoholic beverages?
☐No ☐Yes **372**

If yes, how many drinks a day? _____

If yes, how many days a week? _____

33. If you drank alcohol in the last three months of your pregnancy, what was your alcohol intake?
_____ Drinks/Week

34. **Check any drugs you are using**. **372**

☐Marijuana ☐Methadone ☐Cocaine
☐Crank ☐Crack Methamphetamine ☐ Speed
☐Heroin ☐Other ☐None ☐Stopped Using

If stopped using, when was the last time you used?

_____

35. How far apart were your last two pregnancies?
_____**332**

36. How many babies did you have during your last pregnancy? _____ **335**

37. How many times have you been pregnant? (do not count this pregnancy) ____ times

38. How old are your children? ___ ___ ___ ___ ___ **333**

39. **Check if you had any of the problems during your <u>recent pregnancy</u>:**

☐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**
☐Had more than one baby- how many _____ **335**
☐Baby died before 1 month old **321**
☐C-Section **359**
☐History of Gestational Diabetes **303**
☐History of Preeclampsia **304**

40. How often do you feel down, depressed or hopeless? **361**

☐Never ☐Rarely ☐Sometimes
☐Often ☐Always

41. What does your family do for fun?

_____

_____

42. **How can WIC help your family today?**

_____

_____

_____