

# 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;"><b><u>Anthropometric Measurements</u></b></p> Current weight: _____ Current height: _____ Head circumference (required for infants under age 2): _____ Date measured: _____	<p style="text-align: center;"><b><u>Current Bloodwork</u></b> (required for children &gt;9 months)</p> Hemoglobin: _____ g/dl OR Hematocrit: _____ % Lead screening (recommended): _____ mcg/dl Date of blood test: _____	<p style="text-align: center;"><b><u>Birth Information</u></b> (required for children &lt;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><b>Specify acute/chronic illness in the last 6 months:</b></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;"><b><u>FOR WIC STAFF USE ONLY</u></b></p> W/A _____ W/H _____ H/A _____ BMI _____ H/C _____

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

**ALLEGHENY COUNTY HEALTH DEPARTMENT  
WIC PROGRAM SITES**

**Clairton – 113**

Clairton Health Center  
559 Miller Avenue  
Clairton, PA 15025  
Phone: (412) 350-5801  
FAX: (412) 233-5004  
Days: Tuesdays  
Hours: 8:00 a.m. – 4:00 p.m.

**Mt. Oliver—136**

UPMC South Pittsburgh Health  
Center  
1630 Arlington Avenue  
Pittsburgh, PA 15210  
Phone: (412) 412-350-5801  
Fax: (412) 209-2391  
Days: Monday—Friday  
Hours: 8:00 am—4:00 pm

**Turtle Creek – 127**

Westinghouse Valley Human  
Service Center  
519 Penn Avenue  
Turtle Creek, PA 15145  
Phone: (412) 350-5801  
FAX: (412) 209-0478  
Days: Monday – Friday  
Hours: 8:00 a.m. – 4:00 p.m.

**Downtown Pittsburgh—147**

332 Fifth Avenue #4  
Warner Center, 5<sup>th</sup> floor  
Pittsburgh, PA 15222  
Phone: (412) 350-5801  
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) 350-5801  
FAX: (412) 209-3141  
Days: Monday – 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) 350-5801  
FAX: (412) 241-1364  
Days: Monday – Friday  
Hours: 8:00 a.m. – 4:00 p.m.

**McKeesport – 112**

Wander Building  
339 Fifth Avenue  
McKeesport, PA 15132  
Phone: (412) 350-5801  
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: (412)350-5801  
FAX: (724) 275-1081  
Days: Thursday and Friday  
Hours: 8:00 a.m. - 4:00 p.m.

**WIC Administrative Office**

2121 Noblestown Road  
Suite 210  
Pittsburgh, PA 15205  
Phone: (412) 350-5801  
Fax: (412) 350-4424  
Days: Monday – Friday  
Hours: 8:00 a.m. – 4:30 p.m.

**McKees Rocks – 145**

Sto-Rox Family Health Center  
710 Thompson Avenue  
McKees Rocks, PA 15136  
Phone: (412) 350-5801  
Fax: (412) 209-0298  
Days: Monday—Friday  
Hours: 8:00 a.m. – 4:00 p.m.