

You must be present and 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.		
Name:	Preferred Lang	guage:
Birthdate:		□ White □ Black/African American
Address:		Asian 🗆 American Indian/Alaska Native
		Native Hawaiian/Pacific
Phone:		Islander
Email:	Hispanic?	🗆 Yes 🛛 🗆 No
Medical Provider: Please complete this section.		
Anthropometric Measurements	Current Bloodwork	Current Pregnancy
Pre-pregnancy	Hemoglobin: gm/dl	EDC:
weight:	OR	
Current weight:	Hematocrit: %	Age at conception:
	Date of blood test:	First day of LMP:
Current height:		
Date measured:		End of last
		pregnancy (include stillbirths and
Pregnancy History	Other Medical or Social Condit	ions miscarriages)
# of previous	Daily smoking of any 🛛 🗆 Yes	Multiple fetus
pregnancies:	tobacco products 🛛 🗆 No	pregnancy?
Total live births:	Alcohol or drug use 🛛 🗆 Yes	
< 5 lbs. 8 oz.	🗆 No	FOR WIC STAFF USE ONLY
> 9 lbs.	Food allergies/intolerances?	Pre-pregnancy BMI
< 37 weeks gestation:	Yes Specify:	Current BMI
Stillbirths:	🗆 No	
Miscarriages:	Any other social problems?	
Specify any problems that could affect pregnancy (acute/chronic, pregnancy-induced, pre-existing, surgery, medications)		
Health care Facility Name/Phone	Medical Signature/Title	Date

# 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.
- Please mail or fax this form to the applicant's office of choice listed below. You can also email it to 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.

<u>Clairton</u> – 113 Clairton Health Center 559 Miller Avenue Clairton, PA 15025 FAX: (412) 233-5004

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

<u>McKeesport</u> – 112 Wander Building

339 Fifth Avenue McKeesport, PA 15132 FAX: (412) 664-8857 <u>McKees Rocks</u> – 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

<u>Noblestown</u> – 115 2121 Noblestown Road, Suite 202 Pittsburgh, PA 15205 FAX: (412) 209-3141 <u>Springdale</u> - 106 830 Pittsburgh Street Springdale, PA 15144 FAX: (724) 275-1081

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

<u>Wilkinsburg</u> – 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 \_\_\_\_\_

WTW APPOINTMENT

□ Applicant preferred the above appointment.

#### NO SHOW CONTACT DATES

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

PA WIC is funded by USDA. This institution is an equal opportunity provider.

### PROCESSING STANDARDS

DATE APPLICATION RECEIVED

DATE APPLICANT ENROLLED