



Pregnant Women Application

Women, Infants, Children (WIC) Program, Alaska Department of Health & Social Services

Today's Date _____

1. Name (First, Middle, Last)	2. Birth Date	331 332 333	3. Due Date
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4. If receiving Medicaid, please provide Medicaid number: _____

5. Is this person Hispanic or Latino? Yes No

6. Race (Check all that apply)

American Indian or Alaska Native Asian Black or African American Native Hawaiian or Pacific Islander White

Current History

7. How is your pregnancy going? Please tell us if you have any concerns. _____

8. The date I started seeing a doctor for this pregnancy was? I have not started seeing a doctor for this pregnancy. 334
503

9. When was your last pregnancy? (Month, Year) _____ 10. How many babies are you expecting? 332
335

11. How many times have you been pregnant? (Do not count this pregnancy) _____

12. How old are your children? _____ 333

13. How much did you weigh before pregnancy? _____

14. Are you breastfeeding another child? Yes No 338

15. Check any problems you had with any of your pregnancies?

<input type="checkbox"/> Never pregnant before or didn't have problems	<input type="checkbox"/> Baby born 3 or more weeks early	311	<input type="checkbox"/> Genetic or birth defects	339
<input type="checkbox"/> Miscarried - How many? _____ 321	<input type="checkbox"/> Baby, less than 5 pounds 9 oz at birth	312	<input type="checkbox"/> C-section	359
<input type="checkbox"/> Stillbirth - How many? _____ 321	<input type="checkbox"/> Baby, 9 pounds or more at birth	337	<input type="checkbox"/> History of Gestational Diabetes	303
<input type="checkbox"/> Abortions - How many? _____	<input type="checkbox"/> Baby died before 1 month old	321	<input type="checkbox"/> History of Preeclampsia	304

16. Check if you are having any of the following problems with this pregnancy:

Constipation Heartburn Nausea Vomiting 301
342

17. Did you take vitamins before your pregnancy? Yes No If yes, how often? _____

18. List any medication, vitamin, prenatal vitamins, mineral or herbal supplement you are taking. If not daily, how often? _____ 357
427.01
427.04

19. Please, tell us if you see a doctor, dietitian or health care provider for medical or emotional reason(s) 201, 211
ex: fetal growth restriction, hypertension, prehypertension, gestational diabetes, diabetes, anemia or gastrointestinal disorders. 302
336
341-349
351-362

Describe: _____

20. If you were in the hospital in the last 3 months, please tell us why. _____ 359

Cigarette, Alcohol, Drug Usage

21. Do you smoke cigarettes, pipes or cigars? Yes No If yes, How much a day? 371

22. Did you smoke before your pregnancy? Yes No If yes, How many a day? _____

23. Did you smoke cigarettes, pipes or cigars at any time during this pregnancy? Yes No 371

24. Does anyone smoke cigarettes, cigars, or pipes anywhere inside your home? Yes No 904

25. Do you use smokeless, chewing tobacco or iqmik? Yes No If yes, How much a day? _____

26. Did you drink alcohol before your pregnancy? Yes No If yes, How many a week? _____

27. Did you drink wine, beer or other alcoholic beverages during this pregnancy? Yes No If yes, How many a day? 372
If yes, How many a week? _____

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 _____

28. Check any drugs you are using during this pregnancy:

372

- Cocaine Crack Methamphetamine Marijuana Speed Other
 Crank Heroin Methadone None Stopped Using When?

Eating & Feeding

29. What concerns, if any, do you have about having enough food to feed your family?

30. How do you plan to feed your baby? Breastmilk Breastmilk/Formula Formula Unsure
a. Have you breastfeed before? Yes No

31. On a scale of 0 to 10,
How ready do you feel about breastfeeding your baby? Not Ready 0 1 2 3 4 5 6 7 8 9 10 Ready

32. On a scale of 0 to 10,
How well do you think you are eating? Not Well 0 1 2 3 4 5 6 7 8 9 10 Very Well

- a. I usually eat _____ meals/day and _____ snacks/day.
b. I usually eat fruits: 1 cup/day or less 2 cups/day 3 cups/day or more
c. I usually eat vegetables: 1 cup/day or less 2 cups/day 3 cups/day or more

33. Check the box if you are eating any these foods.

427.05

- Raw sprouts:** alfalfa, clover and radish
 Raw or undercooked: meat, chicken, turkey, fish, eggs
 Uncooked refrigerated smoked seafood
 Unheated meats: lunch meats, deli-style meat or chicken, fermented and dry sausage, raw hot dogs
 Food with raw or undercooked eggs: salad dressing, cookie and cake batter, sauces
 Soft cheese made with unpasteurized milk: feta, mexican-style (queso blanco fresco), brie, blue
 Unpasteurized milk or foods made with unpasteurized milk
 Unpasteurized fruit or vegetable juice

34. Check if you crave or eat any of the following:

427.03

- Ashes Carpet Fibers Clay Soil
 Baking Soda Chalk Dust Starch (laundry or cornstarch)
 Burnt Matches Cigarettes Paint Chips Large quantities of ice and/or freezer frost

35. Do you fast, binge, vomit to control your weight or follow a specific diet? Yes No

358
427.02

Describe:

36. Do 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

Additional

37. Have you been screened or referred for lead poisoning? Yes No 211

38. Does your family stay in a shelter, a temporary home, or in a place not usually used for sleeping? Yes No 801

39. Do you have a refrigerator, a stove that works and storage free from pests and harmful chemicals? Yes No 801

40. Did a family member have a seasonal farming job with a temporary home in the last 24 months? Yes No 802

41. Are you in a relationship with anyone who pushes, hits or threatens you in any way? Yes No 901

42. How often do you feel down, depressed or hopeless? Never Sometimes Often Always 361

43. What type of milk you would like on your WIC check?

- Fresh/Refrigerated Boxed (UHT) Soy Dry Evaporated Lactose Reduced³⁵⁵

44. What problems, if any do you have caring for yourself or your baby/children? 902

45. Write the date of you last dental check-up: (Month, Year) 381

46. What does your family do for fun?

47. How can WIC help your family today?



Family Information Form

Women, Infants, Children (WIC) Program, Alaska Department of Health & Social Services

Today's Date _____

1. Are you currently on WIC? Yes No If yes, where? _____

2. Have you been on WIC before? Yes No If yes, where? _____

3. How did you hear about WIC? _____

Applicant or Parent / Guardian for applicants under age 5 (Please print and use legal names)

4. Name (First, Middle, Last) _____ 5. Maiden Name _____ 6. Birth Date _____

7. Home address _____ 8. Apartment or suite number _____

9. City _____ 10. State _____ 11. ZIP Code _____

12. Mailing Address (If different from Home address) _____ 13. Apartment or suite number _____

14. City _____ 15. State _____ 16. ZIP Code _____

17. Cell phone number _____ 18. Home phone number _____ 19. Other phone number _____

20. May we call or leave a message? Yes No

21. May we send texts to your cell phone? Yes No

22. May we send mail for appointment reminders? Yes No

23. Email address: _____

24. Are you Hispanic or Latino? Yes No

25. Race (Check all that apply)

American Indian or Alaska Native Asian Black or African American Native Hawaiian or Pacific Islander White

Household Information (Please provide proof of income and identification)

26. Are you applying for your own WIC benefits today? Yes No

27. Are you currently working? Yes No Pay per hour? _____ Hours worked per week? _____

28. Is anyone else in the household working? Yes No Pay per hour? _____ Hours worked per week? _____

29. Are you pregnant? Yes No

30. How many people are living in your household? _____

31. How many members of your household received last year's Permanent Fund Dividend? (Include even if garnished) _____

32. Check any of the following programs you or any family member is currently receiving:

Food Stamps/SNAP Applied for Denali Kid Care, Medicaid, ATAP - "Application Pending" Medicaid
 Denali Kid Care Alaska Temporary Assistance Program - Amount: _____ Head Start/School Lunch

33. Check any other money received by you or anyone in your household. (Include monthly amount)

Supplemental Security Income/Disability _____ Self Employment _____ Unemployment _____
 Native Corporation Dividends _____ Commissions _____ Other _____

34. Marital Status: Married Single Divorced Separated Living with a partner / significant other

35. What is the highest grade in school you completed? _____

36. If you are a U.S. Citizen, do you want to register to vote here at the WIC office? Yes Already registered Not interested

37. Would you like someone else's name on your checks, who can pick up and use your checks for you? Yes No

If yes, please print name: _____ Relationship: _____ Please sign on the back. →

Alaska WIC Rights and Responsibilities

You have rights and responsibilities as a WIC participant. The names and addresses of you and your child may be given to agencies such as Medicaid, Denali Kid Care, Supplemental Nutrition Assistance Program (SNAP), Heating Assistance, Temporary Assistance, Child Care, Infant Learning, Head Start and Public Health Nursing Programs for referral and outreach. Programs listed above may give the WIC program name(s), address, income, identification and residency for you and your child to help check if you qualify for WIC.

Other WIC information may also be shared with health programs to see if you qualify for their program's services, to share needed health information with programs you are already participating in, and to help assess the overall health of Alaskan families through reports and studies. These same programs listed below may also share their information with WIC for the same purposes. You may ask WIC staff for more information about these programs. These programs include: Medicaid, Denali Kid Care, Pro Care, Head Start, Supplemental Nutrition Assistance Program (Formally known as the Food Stamp Program), Immunizations Program, Public Health Nursing, State Epidemiology and Infant Learning Program.

I understand my Rights and Responsibilities

Responsibilities:

- I will treat WIC and store staff with courtesy and respect.
- All the information I give WIC is true and accurate. WIC staff can check this information.
- I will immediately report any changes in my income, family size, address, phone number or eligibility for Medicaid/Denali Kid Care, or the SNAP Program. I will also notify the WIC office if my card is lost or stolen, or if I am no longer breastfeeding.
- I will get WIC benefits from only one clinic at a time. If I move out of Alaska, I will ask for a transfer.
- I will not sell, or try to sell my eWIC card, trade or give away formula or other WIC food benefits and breast pumps. This includes sell of such items in person, in print, or online.
- I will be removed from the WIC program if my benefits are not issued or I do not use my benefits, for two months in a row.
- I will allow WIC staff to take my or my child's height and weight and take a small amount of blood to check my or my child's iron level. I understand this information is needed to check nutrition needs and determine eligibility for WIC.
- I will come to my appointments or call ahead when I need to reschedule.
- I will reapply for benefits as needed. I understand that WIC benefits are for participant use only.
- I will follow the WIC program and shopping rules that are on my WIC food list.
- WIC is a Federal program. If I break the rules, make false statements, intentionally misrepresent, conceal, or withhold facts about my eligibility for the WIC Program, I understand that:
 - I or my child can be taken off WIC.
 - I will have to pay money back to WIC for foods, formula or breast pumps I should not have received. If I do not pay back the WIC program for foods and/or formula that I accepted or return loaned breast pumps that I was not eligible to receive, the state may use other types of legal options to collect payment, including small claims court, which could result in **Permanent Fund Dividend (PFD) garnishment**.
 - I can face civil or criminal prosecution under State and Federal law.

Rights:

- If I qualify for WIC, I will get benefits to buy healthy foods. **I understand that WIC does not give all the food or formula needed in a month.** WIC foods help promote and support the nutrition and well-being and help meet the needed intake of important nutrients or foods for myself and / or my child(ren).
- WIC will give me information for healthy eating and active living. WIC will provide me with breastfeeding support.
- WIC will give me information to find a doctor and get immunizations for my child. I will be referred to other services.
- WIC staff will treat me with courtesy and respect.
- WIC will keep information about me and / or my child(ren) confidential and share only needed information to determine eligibility and for referral to other services.
- The rules for getting on WIC are the same for everyone. I can ask for a Fair Hearing if I do not agree with a decision about my WIC eligibility. WIC will tell me why my child or I qualify for the WIC Program.

By signing this form I agree that:

- I have read the Rights and Responsibilities form or a WIC staff has read it to me.
- I agree to the above.

Client/Guardian Signature Required for WIC Enrollment

Date

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

1. mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D. C. 20250-9410;
2. fax (202) 690-7442; or
3. email: program.intake@usda.gov.

This institution is an equal opportunity provider.

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Completed applications can be submitted by:

- fax to 907-842-2039 or
- email to WIC@bbahc.org or
- mail to WIC Office PO Box 130 Dillingham, AK 99576

Please check to make sure you have the following items completed before turning in your application.

- All pages of application completed
- Height, weight and hemoglobin taken
(this can be done at your local clinic or at the WIC Office, Public Health Center or Kanakanak Hospital)
- Read and sign your "Rights and Responsibilities"
(the last page of the application)
- Provide income information
(most recent pay stubs of everyone in household or copy of Denali Kid Care card or Food Stamp acceptance letter)
- Provide identification information
(DKC card/ Medicaid stickers, Drivers license, Birth certificate, or tribal enrollment card)

If you have any questions, please feel free to call us at 842-2036 or toll free 1-888-842-2037.

Alaska Income Eligibility Guidelines

If you are pregnant, add one to household size.

Household Size	Annual	Monthly	Weekly
1	\$36,168	\$3,014	\$696
2	\$48,896	\$4,075	\$941
3	\$61,624	\$5,136	\$1,186
4	\$74,352	\$6,196	\$1,430
5	\$87,080	\$7,257	\$1,675
6	\$99,808	\$8,318	\$1,920
7	\$112,536	\$9,378	\$2,165
8	\$125,264	\$10,439	\$2,409
For each additional family member add	\$12,728	+\$1,061	+\$245

WIC clients are encouraged to work on one thing that you would like to accomplish with you and your child. Think of this as a goal for you and your family. Your goal can be as simple as weaning off the bottle, eating more fruits and vegetable, or being more physically active.

My family's goal is: _____