

UNFHCC ERIE COUNTY WIC PROGRAM

INFANT/CHILD CERTIFICATION FORM

Name _____ FID# _____

Date of Birth _____ Telephone Number _____

Address _____ City _____ State _____ ZIP _____

Parent/Guardian Name _____

*Current anthropometric data valid within **60 days** and bloodwork results valid within **90 days** of WIC appointment.
Medical Provider use only.*

Anthropometrics	Current Bloodwork	Birth Information (for children under 2 years of age)
Current weight _____ Current Height/Length _____ Head Circumference (for children under age 2): _____ Date Measured _____	Required for children older than 9 months Hemoglobin: _____ g/dL or Hematocrit _____ % Lead Screening _____ mcg/dL Date of blood test _____	Gestational age _____ Birth weight _____ Birth Length _____ Head Circumference _____

Infant Feeding: Breastfeeding Formula Feeding Both

(If formula fed or supplemented) Please list current formula: _____

WIC Formula Information:

WIC provides Similac Advance, Sensitive, Total Comfort, and Soy Isomil infant formulas for fully formula fed and partially formula fed infants. At this time, WIC does not cover Similac "Pro" or "360 Total Care" formulas. WIC does not provide other brands of standard infant formulas such as Enfamil or Gerber. If this infant/child requires a special formula due to a medical condition, the formula must be approved by the PA WIC program and prescribed by a physician. Please use the [Pennsylvania WIC Program Formula Authorization Form](#).

Healthcare Facility Name _____ **Phone** _____

Signature/Title _____ **Date** _____

Your Next WIC Appointment is:		
Date: _____ Time: _____	Please Bring:	
	<input checked="" type="checkbox"/> Photo ID <input checked="" type="checkbox"/> WIC Card <input checked="" type="checkbox"/> This Form (completed)	<input checked="" type="checkbox"/> Proof of Income <input checked="" type="checkbox"/> Proof of Address <input type="checkbox"/> Other _____

BTWC 1720 Holland St (814) 453-5747 FAX 456-8865	Mini Mall 556 W 4th St (814) 459-1948 FAX 459-3063	JFK Center 2021 E 20th St (814) 899-1734 FAX 899-1679	Girard/Edinboro (814) 774-8787 FAX 774-5410	North East (814) 899-1734 FAX 899-1679	Corry (814) 665-0942 FAX 665-0942	Union City (814) 438-9207 FAX 438-7613
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For more information on WIC program services, eligibility, and hours by location, please visit:

eriecountywic.org

WIC is an equal opportunity provider

UNFHCC ERIE COUNTY WIC PROGRAM

POSTPARTUM CERTIFICATION FORM

Name _____	FID# _____
Date of Birth _____	Telephone Number _____
Address _____	City _____ State _____ ZIP _____

<i>Medical Provider use only.</i>		
Anthropometrics	Current Postpartum Bloodwork	Birth Information
Weight before delivery: _____	Hemoglobin: _____ g/dL	Date of Delivery: _____
Weight after delivery: _____	or	Delivery Method _____
Height _____	Hematocrit _____ %	<input type="checkbox"/> Check here if miscarriage/no live birth
Date of Measurements _____	Date of blood test _____	

Participant Category: Breastfeeding Not Breastfeeding

Healthcare Facility Name _____ **Phone** _____

Signature/Title _____ **Date** _____

Dear WIC client:

Please call your preferred WIC office to schedule your next appointment after your baby is born. Use box below to record your appointment date and time. WIC services are by appointment only.

Your Next WIC Appointment is:									
Date: _____ Time: _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: center;">Please Bring:</th> </tr> </thead> <tbody> <tr> <td style="width: 50%;"><input checked="" type="checkbox"/> Photo ID</td> <td style="width: 50%;"><input checked="" type="checkbox"/> Proof of Income</td> </tr> <tr> <td><input checked="" type="checkbox"/> WIC Card</td> <td><input checked="" type="checkbox"/> Proof of Address</td> </tr> <tr> <td><input checked="" type="checkbox"/> This Form (completed)</td> <td><input type="checkbox"/> Other _____</td> </tr> </tbody> </table>	Please Bring:		<input checked="" type="checkbox"/> Photo ID	<input checked="" type="checkbox"/> Proof of Income	<input checked="" type="checkbox"/> WIC Card	<input checked="" type="checkbox"/> Proof of Address	<input checked="" type="checkbox"/> This Form (completed)	<input type="checkbox"/> Other _____
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PREGNANCY CERTIFICATION FORM

Name _____	FID# _____
Date of Birth _____	Telephone Number _____
Address _____	City _____ State _____ ZIP _____

*Current anthropometric data valid within 60 days and bloodwork results valid within 90 days of WIC appointment.
Medical Provider use only.*

Anthropometrics	Current Bloodwork <small>(Please record results from current pregnancy)</small>	Pregnancy Information
Current weight _____	Hemoglobin: _____ g/dL	Due Date: _____
Current Height _____	or	# Of expected infants: _____
Pre-pregnancy weight: _____	Hematocrit _____ %	
Date Measured _____	Date of blood test _____	

Healthcare Providers:

Women who are within WIC income guidelines are eligible for benefits as soon as pregnancy is confirmed. There is no gestational age requirement for certification on the program. If bloodwork results are pending, please complete the remainder of this form for the patient to take to the WIC appointment and fax blood work results to the patient's preferred WIC office once available (see below for locations and fax numbers).

Healthcare Facility Name _____ **Phone #** _____

Signature/Title _____ **Date** _____

Your Next WIC Appointment is:	
Date: _____	Please Bring:
Time: _____	<input checked="" type="checkbox"/> Photo ID <input checked="" type="checkbox"/> Proof of income <input checked="" type="checkbox"/> WIC Card <input checked="" type="checkbox"/> Proof of Address <input checked="" type="checkbox"/> This Form (completed) <input type="checkbox"/> Other _____

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