Manual Certification – Infants and Children

UPDATED NOVEMBER 2022

Date:

State WIC ID: WIC Type: ☐ Infant ☐ Child

Certification Type: ☐ New Certification ☐ Re-Certification ☐ Mid-Certification

Demographics Information

Last Name:	First Name:
Birth Date: (mm/dd/yyyy)	Gender: ☐ Male ☐ Female

Hispanic or Latino Ethnicity: ☐ Yes ☐ No

Race: ☐ White ☐ Black/African American ☐ Asian ☐ Native Hawaiian/Pacific Islander ☐ American Indian/Alaska Native

If American Indian/Alaska Native, please select one of the following:

☐ Bois Forte ☐ Fond du Lac ☐ Grand Portage ☐ Leech Lake ☐ Lower Sioux ☐ Upper Sioux ☐ White Earth

☐ Mille Lacs Tribe ☐ Red Lake ☐ Mdewakanton ☐ Prairie Island ☐ Other ☐ Participant Declined

Insurance Type: ☐ MA ☐ MN Care ☐ None ☐ Other ☐ Private
Medical Clinic:
Household language:
Authorized Representative/Primary Card Holder: Alternate Representative/Proxy 1: Alternate Representative/Proxy 2:

Health Information

Unknown Birth Criteria: ☐	Birth Weight:_____ Birth Length:_____	Premature Birth: ☐ Yes ☐ No	Weeks Gestation:____
Was the infant ever breastfed: ☐ Yes ☐ No ☐ Unknown			
Breastfeeding Now: ☐ Yes ☐ No If **Yes**, Date Breastfeeding verified: _____ If **No**, reason why stopped breastfeeding:_____			

Amount of Breastfeeding: (Infants only – all children are non-breastfeeding in the system) ☐ Fully Breastfeeding ☐ Mostly-Breastfeeding ☐ Some-Breastfeeding ☐ Non-Breastfeeding If **not** Fully Breastfeeding, Date Supplemental Feeding Began:_____ If Infant, Formula currently using:_____

Date Solids were introduced:_____ **OR** ☐ Not Applicable	Requires FP III: ☐ Yes ☐ No Date verified:_____	Medical Conditions: ☐ Diabetes Mellitus ☐ Hypertension/Prehypertenstion
Household Smoking: ☐ Yes ☐ No	TV/Viewing (>2 years old): number of hours per day: _____	

Height Weight and Blood

Measurement Date:_____ Measurement Position: ☐ Recumbent ☐ Standing Length/Height:_____inches_____1/8th Weight:_____ lbs _____ ounces	Date for Blood work: _____ Hgb:_____ HCT:_____ Reason Blood Work not Collected (write note): ☐ CPA determined not due ☐ Medical ☐ Religious

Nutrition Assessment

Results:

Nutrition Education/Materials Given

NE topics and Materials Given:

Referrals

Referrals Given:

Food Package

Notes:

Comments

Notes:

Minnesota Department of Health - WIC Program 85 E 7th Place, PO BOX 64882, ST PAUL MN 55164-0882; 1-800-657-3942, health.wic@state.mn.us, www.health.state.mn.us; To obtain this information in a different format, call: 1-800-657-3942

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