

**INFORMATION SHEET**

**H O U S E H O L D I N F O**

Street Address \_\_\_\_\_

County \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address if different from where you live: \_\_\_\_\_

Street Address \_\_\_\_\_

County \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone #1 ( \_\_\_\_\_ ) \_\_\_\_\_ Telephone #2 ( \_\_\_\_\_ ) \_\_\_\_\_

How did you hear about WIC? \_\_\_\_\_

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**P A R R E N T - I N F O**

Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_ Birth Date \_\_\_\_\_

Gender: Male Female Age: \_\_\_\_\_ Maiden Name \_\_\_\_\_

Ethnicity, please mark one or the other: \_\_\_\_\_ Hispanic / Latino \_\_\_\_\_ Not Hispanic or Latino

Race: Please mark all that apply \_\_\_\_\_ American Indian / Alaskan Native \_\_\_\_\_ Asian \_\_\_\_\_ Black or African American

\_\_\_\_\_ Native American or other Pacific Islander \_\_\_\_\_ White

Are you on any of the following programs now ? Circle all that apply: Food Stamps TANF WIC

Medicaid / Missouri Health Net # \_\_\_\_\_

Are you pregnant? Yes No If yes, what is your due date? \_\_\_\_\_

Are you providing any breastmilk for your child now? Yes No

I N F A N T - C H I L D 1

Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_ Birth Date \_\_\_\_\_

Gender: Male Female Age: \_\_\_\_\_

Ethnicity, please mark one or the other: \_\_\_\_\_ Hispanic / Latino \_\_\_\_\_ Not Hispanic or Latino

Race: Please mark all that apply \_\_\_\_\_ American Indian / Alaskan Native \_\_\_\_\_ Asian \_\_\_\_\_ Black or African American  
 \_\_\_\_\_ Native American or other Pacific Islander \_\_\_\_\_ White

Birth Weight: \_\_\_\_\_ Birth length: \_\_\_\_\_ How many weeks along were you when this child was born? \_\_\_\_\_

Did this infant/child ever take any breastmilk? Yes No Is this infant/child taking any breastmilk now? Yes No

Is this infant/child on any of the following programs now? Circle all that apply: WIC Food Stamps TANF

Medicaid / Missouri Health Net # \_\_\_\_\_

I N F A N T - C H I L D 2

Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_ Birth Date \_\_\_\_\_

Gender: Male Female Age: \_\_\_\_\_

Ethnicity, please mark one or the other: \_\_\_\_\_ Hispanic / Latino \_\_\_\_\_ Not Hispanic or Latino

Race: Please mark all that apply \_\_\_\_\_ American Indian / Alaskan Native \_\_\_\_\_ Asian \_\_\_\_\_ Black or African American  
 \_\_\_\_\_ Native American or other Pacific Islander \_\_\_\_\_ White

Birth Weight: \_\_\_\_\_ Birth length: \_\_\_\_\_ How many weeks along were you when this child was born? \_\_\_\_\_

Did this infant/child ever take any breastmilk? Yes No Is this infant/child taking any breastmilk now? Yes No

Is this infant/child on any of the following programs now? Circle all that apply: WIC Food Stamps TANF

Medicaid / Missouri Health Net # \_\_\_\_\_

"This institution is an equal opportunity provider."