



We want your baby to grow up healthy and strong! Because you were on WIC while you were pregnant, your baby may also be on WIC. Let us know as soon as you have your baby.

We support the feeding choices you make. For our breastfeeding mothers, we will provide support to help you breastfeed. Please indicate below how you are feeding your baby.

Parent, legal guardian or proxy must **RETURN THIS COMPLETED FORM** to the clinic along with proof of the following in order to get your baby on WIC. The form must be completed by the parent or legal guardian before submitting to the clinic. Please return this form and proofs to your clinic or email to **WICProofs@adph.state.al.us** with the name of your WIC Clinic/Health Department in the subject line.

- **INCOME** (must bring for **all** household members):
Submit Medicaid Card or infant Medicaid award letter, Family Assistance or SNAP Eligibility Letter. If none of these Programs apply to your family, you must provide documentation of income of everyone that is working in the household during the past 30 days, i.e. weekly pay (4 paycheck stubs), bi-weekly (2 pay stubs), monthly (1 pay stub). Ask your local clinic for other acceptable proofs of current household income.
- **IDENTIFICATION** (for caretaker and infant):
Submit WIC ID card or another form of identification for self (Driver's License, Social Security card, Voter's Registration card, Medicaid card, or Birth Certificate) and Baby's birth certificate with footprints, crib card or Verification of Birth.
- **RESIDENCE** (must include a street address): Submit one of the following:
Recent cable, gas, electric, telephone, water bill, or postmarked mail; a current rental agreement.

Mother's Name _____

Address/City/Zip _____

Telephone _____

Family ID # _____

Baby's Name (as written on Birth Certificate) _____

Date of Birth _____ Baby's sex (choose one) Male Female

Birth length _____ Birth weight _____

Baby's Ethnic Category: Hispanic or Latino Not Hispanic or Latino

Baby's Race: American Indian or Alaskan Native Asian
 Black or African American Native Hawaiian or other Pacific Islander
 White

Baby's Medicaid Number or unborn temporary number _____

Number in family (including baby) _____

How are you feeding your baby? (check one)

- Only Breastfeeding Breastfeeding and Formula
- Only formula (choose one): Enfamil Infant Enfamil Gentlease Enfamil Prosobee Enfamil AR Enfamil Reguline

*If formula, how many ounces per 24-hours? _____

**Special Formula: _____

****All Special formulas require a WIC prescription form. However, the Alabama WIC Program does not accept prescriptions for other formula companies' milk-based or soy-based formulas.**

Nondiscrimination Statement

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation)¹, disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at:

<https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or
- (2) fax:**
(833) 256-1665 or (202) 690-7442; or
- (3) email:**
Program.Intake@usda.gov

This institution is an equal opportunity provider.

¹ *The Alabama Department of Public Health makes no concessions as to the scope of the terms “sex” or “discrimination” as they appear in Title IX of the Education Amendments of 1972 and the Food and Nutrition Act or implementing regulations.*