

# 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.

<b>Your Next WIC Appointment is:</b>									
Date: _____  Time: _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">Please Bring:</th> </tr> <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 checked="" type="checkbox"/> Infant Certification Form</td> </tr> </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 checked="" type="checkbox"/> Infant Certification Form
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 checked="" type="checkbox"/> Infant Certification Form								

BTWC 1720 Holland St (814) 453-5747 FAX 456-8865	Mini Mall 556 W 4 <sup>th</sup> St (814) 459-1948 FAX 459-3063	JFK Center 2021 E 20 <sup>th</sup> 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](http://eriecountywic.org)**

***PA WIC is funded by the USDA. USDA is an equal opportunity provider, employer, and lender.***