

# UNFHCC ERIE COUNTY WIC PROGRAM

## CHILD CERTIFICATION FORM

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

<i>This section is for healthcare provider use only</i>		
Anthropometrics <small>(Valid within 60 days of WIC appointment)</small>	Current Bloodwork <small>HGB/HCT Requested for children older than 9 months Lead is requested at age one/as needed if elevated (Valid within 90 days of WIC appointment)</small>	Birth Information <small>(Required for children under 1 year of age)</small>
Current weight _____	Hemoglobin: _____ g/dL or	Gestational age _____
Current Height/Length _____	Hematocrit: _____ %	Birth weight _____
Head Circumference (for children under age 2): _____	Date of blood test _____	Birth Length _____
Date Measured _____	Lead mcg/dL _____	Head Circumference _____
Date of lead test: _____		
<b>Immunization information:</b> Please indicate number of DTaP vaccinations given to date: _____		
Healthcare Facility Name _____		Phone _____
Signature/Title _____		Date _____

**Please Note:**

If you are a MA card (Medical Assistance, Access) holder, please ask for an EPSDT physical when making a doctor's appointment for your child. The EPSDT physical is a more thorough examination for your child, covered by insurance. It includes the measurements, hemoglobin and lead testing, plus hearing, vision and dental screening. Please have the medical provider complete this form and bring to your next WIC appointment.

*If you are unable to have this form completed by your scheduled WIC appointment, please call your clinic before coming in.*

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%; vertical-align: top;"> <input checked="" type="checkbox"/> Photo ID  <input checked="" type="checkbox"/> WIC Card  <input checked="" type="checkbox"/> This Form (completed)  <input checked="" type="checkbox"/> Vaccination record               </td> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Proof of Income  <input checked="" type="checkbox"/> Proof of Address  <input checked="" type="checkbox"/> Your Child  <input checked="" type="checkbox"/> Other:               </td> </tr> </tbody> </table>	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"/> Vaccination record	<input checked="" type="checkbox"/> Proof of Income <input checked="" type="checkbox"/> Proof of Address <input checked="" type="checkbox"/> Your Child <input checked="" type="checkbox"/> Other:
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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

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.**