



## Galena Park ISD Early Head Start WIC Participation & Nutrition Services

Purpose: This form is used by our program to verify WIC participation and track nutrition-related services impacting the child.

### CHILD INFORMATION

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### SECTION I: WIC PARTICIPATION STATUS

☐ Child is currently receiving WIC benefits ☐ Benefits pending ☐ Child is not receiving WIC benefits at this time

### SECTION II: WIC SERVICES RECEIVED TODAY

☐ Certification/Recertification ☐ Benefit Issuance/Reload ☐ Mid-Certification Check ☐ Nutrition Education

☐ Child Nutrition Assessment/Child Visit: Height \_\_\_\_\_ in. Weight \_\_\_\_\_ lbs. Hgb or Hct: \_\_\_\_\_

☐ Formula Change/Special Diet ☐ Other: \_\_\_\_\_

### SECTION III: NUTRITION TOPICS DISCUSSED TODAY

☐ Anemia ☐ Dental health ☐ Overfeeding ☐ Underfeeding ☐ Introduction of solid foods

☐ Bottle-feeding ☐ Grocery shopping / budgeting ☐ Other: \_\_\_\_\_

### SECTION IV: IMPACT FOR EARLY HEAD START

☐ Dietary accommodations recommended ☐ Monitoring recommended ☐ No follow-up needed

Recommendations/Notes:

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### SECTION V: NEXT WIC APPOINTMENT

Date: \_\_\_\_\_

Type of Future Appointment:

☐ Certification/Recertification ☐ Benefit Issuance/Reload ☐ Child Nutrition Assessment/Child Visit

☐ Nutrition Education ☐ Formula Change/Special Diet ☐ Mid-Certification Check ☐ Other: \_\_\_\_\_

Completed by WIC staff:

Name/Title: \_\_\_\_\_ Date: \_\_\_\_\_

Signature \_\_\_\_\_ WIC Clinic Location: \_\_\_\_\_