

**COLUMBUS WIC PROGRAM
WIC Head Start Assessment Form**

WIC services can be provided at the Head Start Center by completing and signing this consent form:

I would like my child to receive WIC services at _____ Head Start.

My child is already on WIC and I prefer to receive services at his/her current WIC clinic.

Check here to decline WIC services. **Note: Children five and older are not eligible for WIC services.**

Child's Name: _____ Birthdate: _____ E-Mail: _____

Address: _____ Zip code: _____

Cell Phone: Can we communicate with you by text? _____ Secondary Phone: _____ Emergency Contact Phone Number: _____
 () Yes No () ()

RACE (Check all that apply): White Black Asian Native Hawaiian or Other Pacific Islander American Indian/Alaskan Native

HISPANIC/LATINO YES NO Sex: Male Female

Number of people in your household: _____ Income: Annual Monthly \$ _____

Want to save time?
 A portion of the WIC certification can take place over the phone. Please provide a two-hour window for each time available. What would be the best time to call?
 Morning: _____
 Afternoon: _____
 Evening Hours: _____

Alternate Declination: An alternate is someone you authorize to pick up vouchers if you are not available.
 - In the space below list the full name and phone number of the individual(s) you would like to be listed as alternates.

Alternate 1:
 First Name, Last Name: _____ Phone Number: () _____

Alternate 2:
 First Name, Last Name: _____ Phone Number: () _____

Please answer the following questions:

1. What medical and/or nutritional problems does your child have?

2. Check all that your child takes: Medicine Vitamins/Minerals Herbal Teas/Herbal Products Home Remedies None (Explain if checked) _____

3. Does your child skip meals or have a limited amount of food at meals because there is not enough money to buy food? Yes No

4. Do you have a working stove, refrigerator, and sink? Yes No

5. Check how often your child eats these foods:

Meat, poultry, fish, beans, or eggs	<input type="checkbox"/> Daily	<input type="checkbox"/> Some days	<input type="checkbox"/> Never
Milk, yogurt, or cheese	<input type="checkbox"/> Daily	<input type="checkbox"/> Some days	<input type="checkbox"/> Never
Fruits	<input type="checkbox"/> Daily	<input type="checkbox"/> Some days	<input type="checkbox"/> Never
Vegetables	<input type="checkbox"/> Daily	<input type="checkbox"/> Some days	<input type="checkbox"/> Never
Grains- cereal, bread, rice, pasta, tortillas	<input type="checkbox"/> Daily	<input type="checkbox"/> Some days	<input type="checkbox"/> Never
Cookies, cakes, pies, candy	<input type="checkbox"/> Daily	<input type="checkbox"/> Some days	<input type="checkbox"/> Never
Fried foods, French fries, sausage, hot dogs, bacon	<input type="checkbox"/> Daily	<input type="checkbox"/> Some days	<input type="checkbox"/> Never

6. Does your child eat cheese? Yes No **Does your child eat yogurt?** Yes No

7. Does your child have any food allergies? Yes No **If Yes explain:** _____

8. Check all that your child drinks:

Fat free milk 2% Reduced fat milk Soy milk 100% Fruit juice Soda Other _____
 1% Reduced fat milk Whole milk Water Tea Gatorade

9. Check all that your child eats:		
<input type="checkbox"/> Hard candies	<input type="checkbox"/> Popcorn	<input type="checkbox"/> Dried fruit
<input type="checkbox"/> Gum drops	<input type="checkbox"/> Pretzels	<input type="checkbox"/> Whole grapes
<input type="checkbox"/> Chewing gum	<input type="checkbox"/> Nuts / seeds	<input type="checkbox"/> Large amounts of ice
<input type="checkbox"/> Chips	<input type="checkbox"/> Raisins	<input type="checkbox"/> Spoonfuls of peanut butter
<input type="checkbox"/> Dirt	<input type="checkbox"/> Laundry starch	<input type="checkbox"/> Uncooked meat
<input type="checkbox"/> Clay	<input type="checkbox"/> Cornstarch	<input type="checkbox"/> Uncooked fish
<input type="checkbox"/> Chalk	<input type="checkbox"/> Baking soda	<input type="checkbox"/> Uncooked eggs
<input type="checkbox"/> Ashes	<input type="checkbox"/> Crayons	<input type="checkbox"/> Hot dogs
10. Does your child eat fast food meals more than two times a week? <input type="checkbox"/> Yes <input type="checkbox"/> No		
11. Does your child go for: Regular health check-ups? <input type="checkbox"/> Yes <input type="checkbox"/> No Child's Doctor: _____ Regular dental check-ups? <input type="checkbox"/> Yes <input type="checkbox"/> No		
12. My child is active: <input type="checkbox"/> Less than 30 minutes a day <input type="checkbox"/> 30-60 minutes a day <input type="checkbox"/> More than 60 minutes a day		
13. My child watches television, plays video games, spends (non-school related) time on a computer, tablet or cell phone: <input type="checkbox"/> More than two hours a day <input type="checkbox"/> One to two hours a day <input type="checkbox"/> Up to 60 minutes a day		
14. Does anyone in your household smoke? <input type="checkbox"/> Yes <input type="checkbox"/> No		
15. Has your child had a lead screening? <input type="checkbox"/> Yes <input type="checkbox"/> No		
16. Do you have any questions or concerns about your child's health, diet, feeding, or growth? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:		
17. If your child could work on one healthy habit, which would it be? <input type="checkbox"/> Make half his/her plate veggies and fruits <input type="checkbox"/> Limit screen time <input type="checkbox"/> Be more active <input type="checkbox"/> Drink more water and limit sugary drinks		

Statement of Consent

I, the undersigned, hereby consent to have my child screened for the Georgia WIC Program at a special clinic to be held at the Head Start Center he/she attends. Further, I consent to the release of my financial data, and my child's medical data and other health related information obtained at/by the Head Start Center to the Georgia WIC Program when needed in the WIC screening process. Lastly, I understand that if my child is determined eligible to receive WIC services and benefits, I am responsible for picking up the WIC food vouchers issued to my child, or designating an alternate to do the same on my behalf.

By signing below, I hereby acknowledge that I have read and understand the Statement of Consent, which appears above.

Parent's Name (Print)

Parent's Signature

Date

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter 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;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov

FOR OFFICIAL USE ONLY: List document viewed for proof of Income, Residency, and Identification.							
Income/Adj Eligibility:			Residency:			Identification:	
Height:		Weight:		Date Taken:		Hgb/Hct:	
Nutrition Education Topics Discussed:							
Goal:							