

Breastfeeding/Postpartum Women Application

Today's Date _____

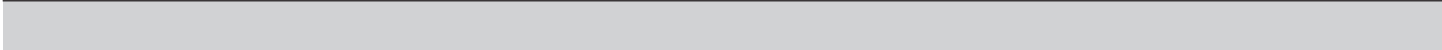
1. Name (First, Middle, Last)	2. Birth Date
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3. If receiving Medicaid, please provide Medicaid number: _____

4. Is this person Hispanic or Latino? Yes No

5. Race (Check all that apply)

American Indian or Alaska Native Asian Black or African American Native Hawaiian or Pacific Islander White



To Be Completed by Health Care Provider (HCP)	
Name of HCP verifying applicant lives in Alaska	ID Verified by:
Name of CPA reviewing WIC application	

Eating & Feeding

28. What concerns, if any, do you have about having enough food to feed your family?

Additional

Yes No