

COVID-19 Online WIC Application

Survey Flow

Block: Preliminary Information and Forms (11 Questions)
Standard: Primary Demographics (8 Questions)

Branch: New Branch

If

If WIC benefits are for pregnant and postpartum mothers and children up to the age of 5 years. Pleas... I am breastfeeding my infant who is under 1 year old Is Selected

Or WIC benefits are for pregnant and postpartum mothers and children up to the age of 5 years. Pleas... I am the mother of a formula fed infant who is under 6 months old Is Selected

Or WIC benefits are for pregnant and postpartum mothers and children up to the age of 5 years. Pleas... I have an infant who is less than 1 year old Is Selected

Or WIC benefits are for pregnant and postpartum mothers and children up to the age of 5 years. Pleas... I am a foster parent or legal guardian of an infant under 1 year old Is Selected

Standard: Infant Demographics (50 Questions)

Branch: New Branch

If

If WIC benefits are for pregnant and postpartum mothers and children up to the age of 5 years. Pleas... I have a child who is at least 1 year and under 5 years old Is Selected

Or WIC benefits are for pregnant and postpartum mothers and children up to the age of 5 years. Pleas... I am a foster parent or legal guardian of a child at least 1 year and under 5 years old Is Selected

Standard: Child Demographics (50 Questions)

Standard: Certification and Client Documentation (23 Questions)

Branch: New Branch

If

If WIC benefits are for pregnant and postpartum mothers and children up to the age of 5 years. Pleas... I am breastfeeding my infant who is under 1 year old Is Selected

Or WIC benefits are for pregnant and postpartum mothers and children up to the age of 5 years. Pleas... I am the mother of a formula fed infant who is under 6 months old Is Selected

Or WIC benefits are for pregnant and postpartum mothers and children up to the age of 5 years. Pleas... I experienced a pregnancy loss that was less than 6 months ago Is Selected

Standard: Health Assessment Postpartum Women (15 Questions)

Branch: New Branch

If

If WIC benefits are for pregnant and postpartum mothers and children up to the age of 5 years. Pleas... I am pregnant Is Selected

Standard: Health Assessment Pregnant Women (17 Questions)

Branch: New Branch

If

If WIC benefits are for pregnant and postpartum mothers and children up to the age of 5 years. Pleas... I have an infant who is less than 1 year old Is Selected

Or WIC benefits are for pregnant and postpartum mothers and children up to the age of 5 years. Pleas... I am breastfeeding my infant who is under 1 year old Is Selected

Or WIC benefits are for pregnant and postpartum mothers and children up to the age of 5 years. Pleas... I am the mother of a formula fed infant who is under 6 months old Is Selected

Or WIC benefits are for pregnant and postpartum mothers and children up to the age of 5 years. Pleas... I am a foster parent or legal guardian of an infant under 1 year old Is Selected

Standard: Health Assessment Infant (51 Questions)

Branch: New Branch

If

If WIC benefits are for pregnant and postpartum mothers and children up to the age of 5 years. Pleas... I have a child who is at least 1 year and under 5 years old Is Selected

Or WIC benefits are for pregnant and postpartum mothers and children up to the age of 5 years. Pleas... I am a foster parent or legal guardian of a child at least 1 year and under 5 years old Is Selected

Standard: Health Assessment Child (26 Questions)

Standard: Signature (6 Questions)

EmbeddedData

Name1Value will be set from Panel or URL.

Texting NumberValue will be set from Panel or URL.

DemographicsIDValue will be set from Panel or URL.

HouseHoldIDValue will be set from Panel or URL.

Page Break

Start of Block: Preliminary Information and Forms

Q1 This is an application for the Oklahoma Supplemental Nutrition Program for Women, Infants and Children (WIC). Completion of the application does not guarantee you will receive WIC benefits, but it will make it possible for the WIC program to contact you to complete the eligibility process over the phone rather than in person.

This application requests that you upload documents such as identification, income information, and address. These can be photos of the documents.

If you have questions about the application or the WIC program please [click here](#) to find information on how to contact us.

If you/your family are already enrolled in WIC, do not complete this application. Please contact your local WIC office if you have questions about your WIC benefits.

Q2 WIC benefits are for pregnant and postpartum mothers and children up to the age of 5 years. Please select the statement(s) below that are true for you.

- I am pregnant (5)
 - I am breastfeeding my infant who is under 1 year old (1)
 - I am the mother of a formula fed infant who is under 6 months old (2)
 - I have an infant who is less than 1 year old (3)
 - I have a child who is at least 1 year and under 5 years old (4)
 - I am a foster parent or legal guardian of an infant under 1 year old (6)
 - I am a foster parent or legal guardian of a child at least 1 year and under 5 years old (9)
 - I experienced a pregnancy loss that was less than 6 months ago (7)
 - None of the above (8)
-

Q3 What language do you prefer?

- English (1)
 - Spanish (2)
 - Other (3)
-

Q4 Are you currently a resident of Oklahoma?

- Yes (1)
 - No (2)
-

Display This Question:

If Are you currently a resident of Oklahoma? = No

Q5 If you are not a resident of the State of Oklahoma you are not eligible to receive WIC benefits through the State of Oklahoma. Please contact the state or local WIC office in your state.

If you selected not a current resident of Oklahoma in error, please use the back arrow below to return to the previous screen and select yes on the current resident question to continue with the application.

Skip To: End of Survey If If you are not a resident of the State of Oklahoma you are not eligible to receive WIC benefits t... Is Displayed

Display This Question:

If WIC benefits are for pregnant and postpartum mothers and children up to the age of 5 years. Pleas... = None of the above

Q6 Based on the information provided, there are no individuals in your family that meet the requirements for WIC. If you have questions about WIC eligibility please [click here](#) to visit our webpage about eligibility requirements.

If you selected none of the above in error, please return to the previous screen, unselect none of the above, and select the correct statement(s) to continue with the application.

Skip To: End of Survey If Based on the information provided, there are no individuals in your family that meet the requirem... Is Displayed

Page Break

Q7 Please read the following three attached forms.

Rights and Responsibilities:

English Version - [Rights and Responsibilities ENG.pdf](#)

Spanish Version - [Rights and Responsibilities SPN.pdf](#)

Consent for Services:

English Version - [Consent for Service 303C English.pdf](#)

Spanish Version - [Consent for Service 303C Spanish.pdf](#)

WIC Certification Statement:

English Version - [WIC Certification Statement ENG.pdf](#)

Spanish Version - [WIC Certification Statement SPN.pdf](#)

Q8 I have read and understand the attached Rights and Responsibilities for the WIC Program.

Yes (1)

No (2)

Q9 I have read and understand the attached Consent for Services form.

Yes (1)

No (2)

Q10 I have read and understand the attached WIC Certification Statement.

Yes (1)

No (2)

Page Break

Display This Question:

If I have read and understand the attached Rights and Responsibilities for the WIC Program. = No

Or I have read and understand the attached Consent for Services form. = No

Or I have read and understand the attached WIC Certification Statement. = No

Q11 Reading and agreeing with the Rights and Responsibilities, Consent for Services, and WIC Certification Statement forms is required to continue filling out the application. Continuing forward without the agreement will result in the immediate submission of an incomplete application that will not be processed.

Skip To: End of Survey If Reading and agreeing with the Rights and Responsibilities, Consent for Services, and WIC Certific... Is Displayed

End of Block: Preliminary Information and Forms

Start of Block: Primary Demographics

Q12 Please enter the following information about yourself. All fields must be filled in to move on to the next page of the application. If a field does not apply to you, please list NA.

- First Name (1) _____
- Middle Name (2) _____
- Last Name (3) _____
- Date of Birth (MM/DD/YYYY) (4)

- Birth Country (5) _____
- Birth State (6) _____
- Street Address (7) _____
- City (8) _____
- State (9) _____
- Zip Code (10) _____
- Phone Number (11) _____
- Email Address (12) _____

Q13 Gender:

- Male (1)
 - Female (2)
-

Q14 Marital Status:

- Divorced (1)
 - Legally Separated (2)
 - Married (3)
 - Single (4)
 - Widowed (5)
-

Q15 Although required, the following two questions are for demographics purposes only and do not affect eligibility.

Q16 Race (select all that apply):

- American Indian/Alaskan Native (1)
 - Asian (2)
 - Black/African American (3)
 - Native Hawaiian/Other Pacific Islander (4)
 - White (5)
 - Other (6)
-

Q17 Ethnicity:

- Hispanic (1)
 - Non-Hispanic (2)
-

Page Break

Q18 May we text you at the phone number you have listed?

#{Q12/ChoiceTextEntryValue/11}

- Yes (1)
- No (2)

Page Break

Q19 You have completed the section on demographic information for yourself. Once you move past this section you will not be able to come back and edit the information you have entered. You may click the back arrow below to review the information or the forward arrow if you are ready to move on to the next section.

End of Block: Primary Demographics

Start of Block: Infant Demographics

Q20 Please enter the following information about the infant.

- First Name (1) _____
- Middle Name (2) _____
- Last Name (3) _____
- Date of Birth (MM/DD/YYYY) (4)

- Birth Country (5) _____
- Birth State (6) _____

Q21 Please confirm the following address and phone number information to be listed for the infant.

Address:

#{Q12/ChoiceTextEntryValue/7}

#{Q12/ChoiceTextEntryValue/8}, #{Q12/ChoiceTextEntryValue/9}
#{Q12/ChoiceTextEntryValue/10}

Phone Number:
#{Q12/ChoiceTextEntryValue/11}

- Correct (1)
- Incorrect (2)

Display This Question:

*If Please confirm the following address and phone number information to be listed for the infant. Ad...
= Incorrect*

Q22 Please enter the correct address and phone number to be listed for the infant.

- Street Address (1) _____
- City (2) _____
- State (3) _____
- Zip Code (4) _____
- Phone Number (5) _____

Q23 Gender:

- Male (1)
 - Female (2)
-

Q24 Race (select all that apply):

- American Indian/Alaskan Native (1)
 - Asian (2)
 - Black/African American (3)
 - Native Hawaiian/Other Pacific Islander (4)
 - White (5)
 - Other (6)
-

Q25 Ethnicity:

- Hispanic (1)
 - Non-Hispanic (2)
-

Q26 Is the infant in foster care?

- Yes (1)
 - No (2)
-

Q27 Is the following information correct for the parent or guardian of the infant?

Name: \${Q12/ChoiceTextEntryValue/1} \${Q12/ChoiceTextEntryValue/3}
DOB: \${Q12/ChoiceTextEntryValue/4}

- Yes (1)
 - No (2)
-

Display This Question:

If Is the following information correct for the parent or guardian of the infant? Name: ... = No

Q28 Please enter the correct information for the parent or guardian of the infant.

Name (1) _____

DOB (2) _____

Q29 Do you have another infant to register?

Yes (1)

No (2)

Skip To: End of Block If Do you have another infant to register? = No

Page Break _____

Q30 Please enter the following information about the infant.

First Name (1) _____

Middle Name (2) _____

Last Name (3) _____

Date of Birth (MM/DD/YYYY) (4)

Birth Country (5) _____

Birth State (6) _____

Q31 Please confirm the following address and phone number information to be listed for the infant.

Address:

`#{Q12/ChoiceTextEntryValue/7}`

#{Q12/ChoiceTextEntryValue/8}, #{Q12/ChoiceTextEntryValue/9}
#{Q12/ChoiceTextEntryValue/10}

Phone Number:
#{Q12/ChoiceTextEntryValue/11}

- Correct (1)
- Incorrect (2)

Display This Question:

*If Please confirm the following address and phone number information to be listed for the infant. Ad...
= Incorrect*

Q32 Please enter the correct address and phone number to be listed for the infant.

- Street Address (1) _____
- City (2) _____
- State (3) _____
- Zip Code (4) _____
- Phone Number (5) _____

Q33 Gender:

- Male (1)
 - Female (2)
-

Q34 Race (select all that apply):

- American Indian/Alaskan Native (1)
 - Asian (2)
 - Black/African American (3)
 - Native Hawaiian/Other Pacific Islander (4)
 - White (5)
 - Other (6)
-

Q35 Ethnicity:

- Hispanic (1)
 - Non-Hispanic (2)
-

Q36 Is the infant in foster care?

- Yes (1)
 - No (2)
-

Q37 Is the following information correct for the parent or guardian of the infant?

Name: \${Q12/ChoiceTextEntryValue/1} \${Q12/ChoiceTextEntryValue/3}
DOB: \${Q12/ChoiceTextEntryValue/4}

- Yes (1)
 - No (2)
-

Display This Question:

If Is the following information correct for the parent or guardian of the infant? Name: ... = No

Q38 Please enter the correct information for the parent or guardian of the infant.

Name (1) _____

DOB (2) _____

Q39 Do you have another infant to register?

Yes (1)

No (2)

Skip To: End of Block If Do you have another infant to register? = No

Page Break _____

Q40 Please enter the following information about the infant.

First Name (1) _____

Middle Name (2) _____

Last Name (3) _____

Date of Birth (MM/DD/YYYY) (4)

Birth Country (5) _____

Birth State (6) _____

Q41 Please confirm the following address and phone number information to be listed for the infant.

Address:

`#{Q12/ChoiceTextEntryValue/7}`

#{Q12/ChoiceTextEntryValue/8}, #{Q12/ChoiceTextEntryValue/9}
#{Q12/ChoiceTextEntryValue/10}

Phone Number:
#{Q12/ChoiceTextEntryValue/11}

- Correct (1)
- Incorrect (2)

Display This Question:

*If Please confirm the following address and phone number information to be listed for the infant. Ad...
= Incorrect*

Q42 Please enter the correct address and phone number to be listed for the infant.

- Street Address (1) _____
- City (2) _____
- State (3) _____
- Zip Code (4) _____
- Phone Number (5) _____

Q43 Gender:

- Male (1)
 - Female (2)
-

Q44 Race (select all that apply):

- American Indian/Alaskan Native (1)
 - Asian (2)
 - Black/African American (3)
 - Native Hawaiian/Other Pacific Islander (4)
 - White (5)
 - Other (6)
-

Q45 Ethnicity:

- Hispanic (1)
 - Non-Hispanic (2)
-

Q46 Is the infant in foster care?

- Yes (1)
 - No (2)
-

Q47 Is the following information correct for the parent or guardian of the infant?

Name: \${Q12/ChoiceTextEntryValue/1} \${Q12/ChoiceTextEntryValue/3}
DOB: \${Q12/ChoiceTextEntryValue/4}

- Yes (1)
 - No (2)
-

Display This Question:

If Is the following information correct for the parent or guardian of the infant? Name: ... = No

Q48 Please enter the correct information for the parent or guardian of the infant.

Name (1) _____

DOB (2) _____

Q49 Do you have another infant to register?

Yes (1)

No (2)

Skip To: End of Block If Do you have another infant to register? = No

Page Break _____

Q50 Please enter the following information about the infant.

First Name (1) _____

Middle Name (2) _____

Last Name (3) _____

Date of Birth (MM/DD/YYYY) (4)

Birth Country (5) _____

Birth State (6) _____

Q51 Please confirm the following address and phone number information to be listed for the infant.

Address:

`#{Q12/ChoiceTextEntryValue/7}`

#{Q12/ChoiceTextEntryValue/8}, #{Q12/ChoiceTextEntryValue/9}
#{Q12/ChoiceTextEntryValue/10}

Phone Number:
#{Q12/ChoiceTextEntryValue/11}

- Correct (1)
- Incorrect (2)

Display This Question:

*If Please confirm the following address and phone number information to be listed for the infant. Ad...
= Incorrect*

Q52 Please enter the correct address and phone number to be listed for the infant.

- Street Address (1) _____
- City (2) _____
- State (3) _____
- Zip Code (4) _____
- Phone Number (5) _____

Q53 Gender:

- Male (1)
 - Female (2)
-

Q54 Race (select all that apply):

- American Indian/Alaskan Native (1)
 - Asian (2)
 - Black/African American (3)
 - Native Hawaiian/Other Pacific Islander (4)
 - White (5)
 - Other (6)
-

Q55 Ethnicity:

- Hispanic (1)
 - Non-Hispanic (2)
-

Q56 Is the infant in foster care?

- Yes (1)
 - No (2)
-

Q57 Is the following information correct for the parent or guardian of the infant?

Name: \${Q12/ChoiceTextEntryValue/1} \${Q12/ChoiceTextEntryValue/3}
DOB: \${Q12/ChoiceTextEntryValue/4}

- Yes (1)
 - No (2)
-

Display This Question:

If Is the following information correct for the parent or guardian of the infant? Name: ... = No

Q58 Please enter the correct information for the parent or guardian of the infant/child?

Name (1) _____

DOB (2) _____

Q59 Do you have another infant to register?

Yes (1)

No (2)

Skip To: End of Block If Do you have another infant to register? = No

Page Break _____

Q60 Please enter the following information about the infant.

First Name (1) _____

Middle Name (2) _____

Last Name (3) _____

Date of Birth (MM/DD/YYYY) (4)

Birth Country (5) _____

Birth State (6) _____

Q61 Please confirm the following address and phone number information to be listed for the infant.

Address:

`#{Q12/ChoiceTextEntryValue/7}`

#{Q12/ChoiceTextEntryValue/8}, #{Q12/ChoiceTextEntryValue/9}
#{Q12/ChoiceTextEntryValue/10}

Phone Number:
#{Q12/ChoiceTextEntryValue/11}

- Correct (1)
- Incorrect (2)

Display This Question:

*If Please confirm the following address and phone number information to be listed for the infant. Ad...
= Incorrect*

Q62 Please enter the correct address and phone number to be listed for the infant.

- Street Address (1) _____
- City (2) _____
- State (3) _____
- Zip Code (4) _____
- Phone Number (5) _____

Q62 Gender:

- Male (1)
 - Female (2)
-

Q63 Race (select all that apply):

- American Indian/Alaskan Native (1)
 - Asian (2)
 - Black/African American (3)
 - Native Hawaiian/Other Pacific Islander (4)
 - White (5)
 - Other (6)
-

Q64 Ethnicity:

- Hispanic (1)
 - Non-Hispanic (2)
-

Q65 Is the infant in foster care?

- Yes (1)
 - No (2)
-

Q66 Is the following information correct for the parent or guardian of the infant?

Name: \${Q12/ChoiceTextEntryValue/1} \${Q12/ChoiceTextEntryValue/3}
DOB: \${Q12/ChoiceTextEntryValue/4}

- Yes (1)
 - No (2)
-

Display This Question:

If Is the following information correct for the parent or guardian of the infant? Name: ... = No

Q67 Please enter the correct information for the parent or guardian of the infant.

Name (1) _____

DOB (2) _____

Page Break

Q68 You have completed the section on demographic information for your infant(s). Once you move past this section you will not be able to come back and edit the information you have entered. You may click the back arrow below to review the information or the forward arrow if you are ready to move on to the next section.

End of Block: Infant Demographics

Start of Block: Child Demographics

Q69 Please enter the following information about the child.

First Name (1) _____

Middle Name (2) _____

Last Name (3) _____

Date of Birth (MM/DD/YYYY) (4)

Birth Country (5) _____

Birth State (6) _____

Q70 Please confirm the following address and phone number information to be listed for the child.

Address:

[\\${Q12/ChoiceTextEntryValue/7}](#)

#{Q12/ChoiceTextEntryValue/8}, #{Q12/ChoiceTextEntryValue/9}
#{Q12/ChoiceTextEntryValue/10}

Phone Number:
#{Q12/ChoiceTextEntryValue/11}

- Correct (1)
- Incorrect (2)

Display This Question:

*If Please confirm the following address and phone number information to be listed for the child. Add...
= Incorrect*

Q71 Please enter the correct address and phone number to be listed for the child.

- Street Address (1) _____
- City (2) _____
- State (3) _____
- Zip Code (4) _____
- Phone Number (5) _____

Q72 Gender:

- Male (1)
 - Female (2)
-

Q73 Race (select all that apply):

- American Indian/Alaskan Native (1)
 - Asian (2)
 - Black/African American (3)
 - Native Hawaiian/Other Pacific Islander (4)
 - White (5)
 - Other (6)
-

Q74 Ethnicity:

- Hispanic (1)
 - Non-Hispanic (2)
-

Q75 Is the child in foster care?

- Yes (1)
 - No (2)
-

Q76 Is the following information correct for the parent or guardian of the child?

Name: \${Q12/ChoiceTextEntryValue/1} \${Q12/ChoiceTextEntryValue/3}
DOB: \${Q12/ChoiceTextEntryValue/4}

- Yes (1)
 - No (2)
-

Display This Question:

If Is the following information correct for the parent or guardian of the child? Name: ... = No

Q77 Please enter the correct information for the parent or guardian of the child.

Name (1) _____

DOB (2) _____

Q78 Do you have another child under the age of 5 to register?

Yes (1)

No (2)

Skip To: End of Block If Do you have another child under the age of 5 to register? = No

Page Break _____

Q79 Please enter the following information about the child.

First Name (1) _____

Middle Name (2) _____

Last Name (3) _____

Date of Birth (MM/DD/YYYY) (4)

Birth Country (5) _____

Birth State (6) _____

Q80 Please confirm the following address and phone number information to be listed for the child.

Address:

`#{Q12/ChoiceTextEntryValue/7}`

#{Q12/ChoiceTextEntryValue/8}, #{Q12/ChoiceTextEntryValue/9}
#{Q12/ChoiceTextEntryValue/10}

Phone Number:
#{Q12/ChoiceTextEntryValue/11}

- Correct (1)
- Incorrect (2)

Display This Question:

*If Please confirm the following address and phone number information to be listed for the child. Add...
= Incorrect*

Q81 Please enter the correct address and phone number to be listed for the child.

- Street Address (1) _____
- City (2) _____
- State (3) _____
- Zip Code (4) _____
- Phone Number (5) _____

Q82 Gender:

- Male (1)
 - Female (2)
-

Q83 Race (select all that apply):

- American Indian/Alaskan Native (1)
 - Asian (2)
 - Black/African American (3)
 - Native Hawaiian/Other Pacific Islander (4)
 - White (5)
 - Other (6)
-

Q84 Ethnicity:

- Hispanic (1)
 - Non-Hispanic (2)
-

Q85 Is the child in foster care?

- Yes (1)
 - No (2)
-

Q86 Is the following information correct for the parent or guardian of the child?

Name: \${Q12/ChoiceTextEntryValue/1} \${Q12/ChoiceTextEntryValue/3}
DOB: \${Q12/ChoiceTextEntryValue/4}

- Yes (1)
 - No (2)
-

Display This Question:

If Is the following information correct for the parent or guardian of the child? Name: ... = No

Q87 Please enter the correct information for the parent or guardian of the child.

Name (1) _____

DOB (2) _____

Q88 Do you have another child under the age of 5 to register?

Yes (1)

No (2)

Skip To: End of Block If Do you have another child under the age of 5 to register? = No

Page Break _____

Q89 Please enter the following information about the child.

First Name (1) _____

Middle Name (2) _____

Last Name (3) _____

Date of Birth (MM/DD/YYYY) (4)

Birth Country (5) _____

Birth State (6) _____

Q90 Please confirm the following address and phone number information to be listed for the child.

Address:

`#{Q12/ChoiceTextEntryValue/7}`

#{Q12/ChoiceTextEntryValue/8}, #{Q12/ChoiceTextEntryValue/9}
#{Q12/ChoiceTextEntryValue/10}

Phone Number:
#{Q12/ChoiceTextEntryValue/11}

- Correct (1)
- Incorrect (2)

Display This Question:

*If Please confirm the following address and phone number information to be listed for the child. Add...
= Incorrect*

Q91 Please enter the correct address and phone number to be listed for the child.

- Street Address (1) _____
- City (2) _____
- State (3) _____
- Zip Code (4) _____
- Phone Number (5) _____

Q92 Gender:

- Male (1)
 - Female (2)
-

Q93 Race (select all that apply):

- American Indian/Alaskan Native (1)
 - Asian (2)
 - Black/African American (3)
 - Native Hawaiian/Other Pacific Islander (4)
 - White (5)
 - Other (6)
-

Q94 Ethnicity:

- Hispanic (1)
 - Non-Hispanic (2)
-

Q95 Is the child in foster care?

- Yes (1)
 - No (2)
-

Q96 Is the following information correct for the parent or guardian of the child?

Name: \${Q12/ChoiceTextEntryValue/1} \${Q12/ChoiceTextEntryValue/3}
DOB: \${Q12/ChoiceTextEntryValue/4}

- Yes (1)
 - No (2)
-

Display This Question:

If Is the following information correct for the parent or guardian of the child? Name: ... = No

Q97 Please enter the correct information for the parent or guardian of the child.

Name (1) _____

DOB (2) _____

Q98 Do you have another child under the age of 5 to register?

Yes (1)

No (2)

Skip To: End of Block If Do you have another child under the age of 5 to register? = No

Page Break _____

Q99 Please enter the following information about the child.

First Name (1) _____

Middle Name (2) _____

Last Name (3) _____

Date of Birth (MM/DD/YYYY) (4)

Birth Country (5) _____

Birth State (6) _____

Q100 Please confirm the following address and phone number information to be listed for the child.

Address:

`#{Q12/ChoiceTextEntryValue/7}`

#{Q12/ChoiceTextEntryValue/8}, #{Q12/ChoiceTextEntryValue/9}
#{Q12/ChoiceTextEntryValue/10}

Phone Number:
#{Q12/ChoiceTextEntryValue/11}

- Correct (1)
- Incorrect (2)

Display This Question:

*If Please confirm the following address and phone number information to be listed for the child. Add...
= Incorrect*

Q101 Please enter the correct address and phone number to be listed for the child.

- Street Address (1) _____
- City (2) _____
- State (3) _____
- Zip Code (4) _____
- Phone Number (5) _____

Q102 Gender:

- Male (1)
 - Female (2)
-

Q103 Race (select all that apply):

- American Indian/Alaskan Native (1)
 - Asian (2)
 - Black/African American (3)
 - Native Hawaiian/Other Pacific Islander (4)
 - White (5)
 - Other (6)
-

Q104 Ethnicity:

- Hispanic (1)
 - Non-Hispanic (2)
-

Q105 Is the child in foster care?

- Yes (1)
 - No (2)
-

Q106 Is the following information correct for the parent or guardian of the child?

Name: \${Q12/ChoiceTextEntryValue/1} \${Q12/ChoiceTextEntryValue/3}

DOB: \${Q12/ChoiceTextEntryValue/4}

- Yes (1)
 - No (2)
-

Display This Question:

If Is the following information correct for the parent or guardian of the child? Name: ... = No

Q107 Please enter the correct information for the parent or guardian of the child.

Name (1) _____

DOB (2) _____

Q108 Do you have another child under the age of 5 to register?

Yes (1)

No (2)

Skip To: End of Block If Do you have another child under the age of 5 to register? = No

Page Break _____

Q109 Please enter the following information about the child.

First Name (1) _____

Middle Name (2) _____

Last Name (3) _____

Date of Birth (MM/DD/YYYY) (4)

Birth Country (5) _____

Birth State (6) _____

Q110 Please confirm the following address and phone number information to be listed for the child.

Address:

`#{Q12/ChoiceTextEntryValue/7}`

#{Q12/ChoiceTextEntryValue/8}, #{Q12/ChoiceTextEntryValue/9}
#{Q12/ChoiceTextEntryValue/10}

Phone Number:
#{Q12/ChoiceTextEntryValue/11}

- Correct (1)
- Incorrect (2)

Display This Question:

*If Please confirm the following address and phone number information to be listed for the child. Add...
= Incorrect*

Q111 Please enter the correct address and phone number to be listed for the child.

- Street Address (1) _____
- City (2) _____
- State (3) _____
- Zip Code (4) _____
- Phone Number (5) _____

Q112 Gender:

- Male (1)
 - Female (2)
-

Q113 Race (select all that apply):

- American Indian/Alaskan Native (1)
 - Asian (2)
 - Black/African American (3)
 - Native Hawaiian/Other Pacific Islander (4)
 - White (5)
 - Other (6)
-

Q114 Ethnicity:

- Hispanic (1)
 - Non-Hispanic (2)
-

Q115 Is the child in foster care?

- Yes (1)
 - No (2)
-

Q116 Is the following information correct for the parent or guardian of the child?

Name: \${Q12/ChoiceTextEntryValue/1} \${Q12/ChoiceTextEntryValue/3}
DOB: \${Q12/ChoiceTextEntryValue/4}

- Yes (1)
 - No (2)
-

Display This Question:

If Is the following information correct for the parent or guardian of the child? Name: ... = No

Q117 Please enter the correct information for the parent or guardian of the child

Name (1) _____

DOB (2) _____

Page Break

Q118 You have completed the section on demographic information for your child(ren). Once you move past this section you will not be able to come back and edit the information you have entered. You may click the back arrow below to review the information or the forward arrow if you are ready to move on to the next section.

End of Block: Child Demographics

Start of Block: Certification and Client Documentation

Q119

Do you already have an eWIC card? (Pictured above)

Yes (1)

No (2)

Q120 As of today, what is your current gross monthly household income? (Please include the dollar value of any public assistance received, in addition to any financial means supplied by family and/or friends)

Q121 How many people are supported by household income? If pregnant please count yourself and your baby(ies).

Q122 If you receive any Public Assistance, please select all that apply:

- I am currently receiving SoonerCare (1)
- My infant currently receives SoonerCare (2)
- My child currently receives SoonerCare (3)
- I am currently receiving Temporary Assistance for Needy Families (TANF) (4)
- I am currently receiving SNAP benefits (5)

Page Break

Display This Question:

If If you receive any Public Assistance, please select all that apply: = I am currently receiving SoonerCare

Q123 What is your SoonerCare Member ID number? (This question is optional and not required)

Display This Question:

If If you receive any Public Assistance, please select all that apply: = My infant currently receives SoonerCare

Q124 What is your infant's SoonerCare Member ID number? (This question is optional and not required)

Display This Question:

If If you receive any Public Assistance, please select all that apply: = My child currently receives SoonerCare

Q125 What is your child's SoonerCare Member ID number? (This question is optional and not required)

Page Break

Display This Question:

If If you receive any Public Assistance, please select all that apply: != I am currently receiving SoonerCare

And If you receive any Public Assistance, please select all that apply: != My infant currently receives SoonerCare

And If you receive any Public Assistance, please select all that apply: != My child currently receives SoonerCare

Q126 If you are unable to provide the following documentation please continue completing this application. A staff member will contact you as benefits may still be available.

Display This Question:

If If you receive any Public Assistance, please select all that apply: != I am currently receiving SoonerCare

And If you receive any Public Assistance, please select all that apply: != My infant currently receives SoonerCare

And If you receive any Public Assistance, please select all that apply: != My child currently receives SoonerCare

Q127 Upload Proof of Income:

Common accepted proofs of income include:

Unemployment Letter or Notice

Furlough (current)

Most Recent Two Pay Stubs (reflecting current employment status)

Current SNAP Documentation

Recent Leave and Earnings Statement

Foster Care Placement Papers

Display This Question:

If you receive any Public Assistance, please select all that apply: != I am currently receiving SoonerCare

And If you receive any Public Assistance, please select all that apply: != My infant currently receives SoonerCare

And If you receive any Public Assistance, please select all that apply: != My child currently receives SoonerCare

Q128 Upload Proof of Residency:

Common accepted proofs of residence include:

Utility Bill

Current SNAP Documentation

Pay Stubs

Rent/Mortgage Receipt

Foster Care Placement Papers

Page Break

Q129 Upload Proof of ID for yourself:

Common accepted proof of ID for adults include:

Drivers License

Passport

Current SNAP Documentation

Military ID

Birth Certificate

Display This Question:

If WIC benefits are for pregnant and postpartum mothers and children up to the age of 5 years. Pleas... = I am breastfeeding my infant who is under 1 year old

Or WIC benefits are for pregnant and postpartum mothers and children up to the age of 5 years. Pleas... = I am the mother of a formula fed infant who is under 6 months old

Or WIC benefits are for pregnant and postpartum mothers and children up to the age of 5 years. Pleas... = I have an infant who is less than 1 year old

Or WIC benefits are for pregnant and postpartum mothers and children up to the age of 5 years. Pleas... = I am a foster parent or legal guardian of an infant under 1 year old

Q129 Upload Proof of ID for your infant:

Common accepted proofs of ID for infants include:

Hospital Record

Social Security Card

Current SNAP Documentation

Immunization Record

Passport

Display This Question:

*If WIC benefits are for pregnant and postpartum mothers and children up to the age of 5 years.
Pleas... = I have a child who is at least 1 year and under 5 years old*

*Or WIC benefits are for pregnant and postpartum mothers and children up to the age of 5 years.
Pleas... = I am a foster parent or legal guardian of a child at least 1 year and under 5 years old*

Q130 Upload Proof of ID for your child:

Common accepted proofs of ID for children include:

Social Security Card

Current SNAP Documentation

Immunization Record

Birth Certificate

Foster Care Placement Papers

Q131 Do you require additional spaces to upload Proof of ID for additional infants or children?

Yes (1)

No (2)

Skip To: End of Block If Do you require additional spaces to upload Proof of ID for additional infants or children? = No

Page Break

Q132 Additional space for Proof of ID for infant if needed:

Q133 Additional space for Proof of ID for infant if needed:

Q134 Additional space for Proof of ID for infant if needed:

Q135 Additional space for Proof of ID for infant if needed:

Q136 Additional space for Proof of ID for child if needed:

Q137 Additional space for Proof of ID for child if needed:

Q138 Additional space for Proof of ID for child if needed:

Q139 Additional space for Proof of ID for child if needed:

Page Break

Q140 You have completed the section on participant documentation. Once you move past this section you will not be able to come back and edit the information you have entered. You may click the back arrow below to review the information or the forward arrow if you are ready to move on to the next section.

End of Block: Certification and Client Documentation

Start of Block: Health Assessment Postpartum Women

Q141 Please answer the following questions about yourself.

Q142 Pregnancy Height

Feet (1) _____

Inches (2) _____

Q143 Pre-Pregnancy Weight

Q144 Do you smoke?

Yes (1)

No (2)

Display This Question:

If Do you smoke? = Yes

Q145 How many per day?

Q146 Are there any other household members smoking inside?

Yes (1)

No (2)

Q147 Any illegal substance use?

Yes (1)

No (2)

Q148 Any abuse of prescription medications?

Yes (1)

No (2)

Q149 Any marijuana use (including medical)?

Yes (1)

No (2)

Q150 Any alcohol use?

Yes (1)

No (2)

Q151 Previous pregnancies (please enter a number)

Q152 Previous live births (please enter a number)

Display This Question:

If If Previous live births (please enter a number) Text Response Is Greater Than 0

Q153 Last live delivery date (MM/DD/YYYY)

Q154 Are you receiving medical care for an illness or health condition?

Yes (1)

No (2)

Page Break

Q155 You have completed the health information section for yourself. Once you move past this section you will not be able to come back and edit the information you have entered. You may click the back arrow below to review the information or the forward arrow if you are ready to move on to the next section.

End of Block: Health Assessment Postpartum Women

Start of Block: Health Assessment Pregnant Women

Q156 Please answer the following questions about yourself.

Q157 Pregnancy Height

Feet (1) _____

Inches (2) _____

Q158 Pre-Pregnancy Weight

Q159 Do you smoke?

Yes (1)

No (2)

Display This Question:

If Do you smoke? = Yes

Q160 How many per day?

Q161 Are there any other household member smoking inside?

Yes (1)

No (2)

Q162 Any illegal substance use?

Yes (1)

No (2)

Q163 Any abuse of prescription medications?

Yes (1)

No (2)

Q164 Any marijuana use (including medical)?

Yes (1)

No (2)

Q165 Any alcohol use?

Yes (1)

No (2)

Q166 Previous pregnancies (please enter a number)

Q167 Previous live births (please enter a number)

Display This Question:

If If Previous live births (please enter a number) Text Response Is Greater Than 0

Q168 Last live delivery date (MM/DD/YYYY)

Q169 Estimated due date (MM/DD/YYYY)

Q170 Month prenatal care began

- 1st (1)
- 2nd (2)
- 3rd (3)
- 4th (4)
- 5th (5)
- 6th (6)
- 7th (7)
- 8th (8)
- 9th (9)
- No prenatal care (10)

Q171 Are you receiving medical care for an illness or health condition?

Yes (1)

No (2)

Page Break

Q172 You have completed the health information section for yourself. Once you move past this section you will not be able to come back and edit the information you have entered. You may click the back arrow below to review the information or the forward arrow if you are ready to move on to the next section.

End of Block: Health Assessment Pregnant Women

Start of Block: Health Assessment Infant

Q173 Please answer the following questions about \${Q20/ChoiceTextEntryValue/1}.

Q174 Was your baby born early?

Yes (1)

No (2)

Display This Question:

If Was your baby born early? = Yes

Q175 How many weeks early?

Q176 How much did your baby weigh at birth?

Q177 What was your baby's length at birth?

Q178 Was the baby's mother enrolled in WIC during pregnancy?

Yes (1)

No (2)

Q179 Does anyone smoke inside the home?

Yes (1)

No (2)

Q180 How many feedings does your baby take in 24 hours?

Q181 If you use bottles to feed your baby infant formula or breastmilk, how many ounces does your baby drink at each feeding?

Ounces: (1) _____

I do not use bottles for formula or breastmilk (2)

Q182 Is your infant receiving medical care for an illness or health condition?

Yes (1)

No (2)

Page Break

Display This Question:

If Please enter the following information about the infant. First Name Is Displayed

Q183 Please answer the following questions about \${Q30/ChoiceTextEntryValue/1}.

Display This Question:

If Please answer the following questions about \${q://QID251/ChoiceTextEntryValue/1}. Is Displayed

Q184 Was your baby born early?

Yes (1)

No (2)

Display This Question:

If Was your baby born early? = Yes

Q185 How many weeks early?

Display This Question:

If Please answer the following questions about \${q://QID251/ChoiceTextEntryValue/1}. Is Displayed

Q186 How much did your baby weigh at birth?

Display This Question:

If Please answer the following questions about \${q://QID251/ChoiceTextEntryValue/1}. Is Displayed

Q187 What was your baby's length at birth?

Display This Question:

If Please answer the following questions about \${q://QID251/ChoiceTextEntryValue/1}. Is Displayed

Q188 Was the baby's mother enrolled in WIC during pregnancy?

Yes (1)

No (2)

Display This Question:

If Please answer the following questions about \${q://QID251/ChoiceTextEntryValue/1}. Is Displayed

Q189 Does anyone smoke inside the home?

Yes (1)

No (2)

Display This Question:

If Please answer the following questions about \${q://QID251/ChoiceTextEntryValue/1}. Is Displayed

Q190 How many feedings does your baby take in 24 hours?

Display This Question:

If Please answer the following questions about \${q://QID251/ChoiceTextEntryValue/1}. Is Displayed

Q191 If you use bottles to feed your baby infant formula or breastmilk, how many ounces does your baby drink at each feeding?

Ounces: (1) _____

I do not use bottles for formula or breastmilk (2)

Display This Question:

If Please answer the following questions about \${q://QID251/ChoiceTextEntryValue/1}. Is Displayed

Q192 Is your infant receiving medical care for an illness or health condition?

Yes (1)

No (2)

Page Break

Display This Question:

If Please enter the following information about the infant. First Name Is Displayed

Q193 Please answer the following questions about \${Q40/ChoiceTextEntryValue/1}.

Display This Question:

If Please answer the following questions about \${q://QID254/ChoiceTextEntryValue/1}. Is Displayed

Q194 Was your baby born early?

Yes (1)

No (2)

Display This Question:

If Was your baby born early? = Yes

Q195 How many weeks early?

Display This Question:

If Please answer the following questions about \${q://QID254/ChoiceTextEntryValue/1}. Is Displayed

Q196 How much did your baby weigh at birth?

Display This Question:

If Please answer the following questions about \${q://QID254/ChoiceTextEntryValue/1}. Is Displayed

Q197 What was your baby's length at birth?

Display This Question:

If Please answer the following questions about \${q://QID254/ChoiceTextEntryValue/1}. Is Displayed

Q198 Was the baby's mother enrolled in WIC during pregnancy?

Yes (1)

No (2)

Display This Question:

If Please answer the following questions about \${q://QID254/ChoiceTextEntryValue/1}. Is Displayed

Q199 Does anyone smoke inside the home?

Yes (1)

No (2)

Display This Question:

If Please answer the following questions about \${q://QID254/ChoiceTextEntryValue/1}. Is Displayed

Q200 How many feedings does your baby take in 24 hours?

Display This Question:

If Please answer the following questions about \${q://QID254/ChoiceTextEntryValue/1}. Is Displayed

Q201 If you use bottles to feed your baby infant formula or breastmilk, how many ounces does your baby drink at each feeding?

- Ounces: (1) _____
- I do not use bottles for formula or breastmilk (2)

Display This Question:

If Please answer the following questions about \${q://QID254/ChoiceTextEntryValue/1}. Is Displayed

Q202 Is your infant receiving medical care for an illness or health condition?

- Yes (1)
- No (2)

Page Break _____

Display This Question:

If If Please enter the following information about the infant. First Name Is Displayed

Q203 Please answer the following questions about \${Q50/ChoiceTextEntryValue/1}.

Display This Question:

If Please answer the following questions about \${q://QID257/ChoiceTextEntryValue/1}. Is Displayed

Q204 Was your baby born early?

- Yes (1)
- No (2)

Display This Question:

If Was your baby born early? = Yes

Q205 How many weeks early?

Display This Question:

If Please answer the following questions about \${q://QID257/ChoiceTextEntryValue/1}. Is Displayed

Q206 How much did your baby weigh at birth?

Display This Question:

If Please answer the following questions about \${q://QID257/ChoiceTextEntryValue/1}. Is Displayed

Q207 What was your baby's length at birth?

Display This Question:

If Please answer the following questions about \${q://QID257/ChoiceTextEntryValue/1}. Is Displayed

Q208 Was the baby's mother enrolled in WIC during pregnancy?

Yes (1)

No (2)

Display This Question:

If Please answer the following questions about \${q://QID257/ChoiceTextEntryValue/1}. Is Displayed

Q209 Does anyone smoke inside the home?

- Yes (1)
- No (2)

Display This Question:

If Please answer the following questions about \${q://QID257/ChoiceTextEntryValue/1}. Is Displayed

Q210 How many feedings does your baby take in 24 hours?

Display This Question:

If Please answer the following questions about \${q://QID257/ChoiceTextEntryValue/1}. Is Displayed

Q211 If you use bottles to feed your baby infant formula or breastmilk, how many ounces does your baby drink at each feeding?

- Ounces: (1) _____
- I do not use bottles for formula or breastmilk (2)

Display This Question:

If Please answer the following questions about \${q://QID257/ChoiceTextEntryValue/1}. Is Displayed

Q212 Is your infant receiving medical care for an illness or health condition?

- Yes (1)
- No (2)

Page Break _____

Display This Question:

If Please enter the following information about the infant. First Name Is Displayed

Q213 Please answer the following questions about \${Q60/ChoiceTextEntryValue/1}.

Display This Question:

If Please answer the following questions about \${q://QID260/ChoiceTextEntryValue/1}. Is Displayed

Q214 Was your baby born early?

Yes (1)

No (2)

Display This Question:

If Was your baby born early? = Yes

Q215 How many weeks early?

Display This Question:

If Please answer the following questions about \${q://QID260/ChoiceTextEntryValue/1}. Is Displayed

Q216 How much did your baby weigh at birth?

Display This Question:

If Please answer the following questions about \${q://QID260/ChoiceTextEntryValue/1}. Is Displayed

Q217 What was your baby's length at birth?

Display This Question:

If Please answer the following questions about \${q://QID260/ChoiceTextEntryValue/1}. Is Displayed

Q218 Was the baby's mother enrolled in WIC during pregnancy?

Yes (1)

No (2)

Display This Question:

If Please answer the following questions about \${q://QID260/ChoiceTextEntryValue/1}. Is Displayed

Q219 Does anyone smoke inside the home?

Yes (1)

No (2)

Display This Question:

If Please answer the following questions about \${q://QID260/ChoiceTextEntryValue/1}. Is Displayed

Q220 How many feedings does your baby take in 24 hours?

Display This Question:

If Please answer the following questions about \${q://QID260/ChoiceTextEntryValue/1}. Is Displayed

Q221 If you use bottles to feed your baby infant formula or breastmilk, how many ounces does your baby drink at each feeding?

Ounces: (1) _____

I do not use bottles for formula or breastmilk (2)

Display This Question:

If Please answer the following questions about $\{q://QID260/ChoiceTextEntryValue/1\}$. Is Displayed

Q222 Is your infant receiving medical care for an illness or health condition?

- Yes (1)
- No (2)

Page Break

Q223 You have completed the health information section for your infant(s). Once you move past this section you will not be able to come back and edit the information you have entered. You may click the back arrow below to review the information or the forward arrow if you are ready to move on to the next section.

End of Block: Health Assessment Infant

Start of Block: Health Assessment Child

Q224 Please answer the following questions about $\{Q69/ChoiceTextEntryValue/1\}$.

Q225 Has your child had a Blood Lead Screening?

- Yes (1)
- No (2)

Q226 Does anyone smoke inside the home?

- Yes (1)
 - No (2)
-

Q227 On an average day, how many hours does your child spend watching a screen, such as a television, computer, smartphone or tablet?

Q228 Is your child receiving medical care for an illness or health condition?

Yes (1)

No (2)

Page Break

Display This Question:

If If Please enter the following information about the child. First Name Is Displayed

Q229 Please answer the following questions about \${Q79/ChoiceTextEntryValue/1}.

Display This Question:

If Please answer the following questions about \${q://QID274/ChoiceTextEntryValue/1}. Is Displayed

Q230 Has your child has a Blood Lead Screening?

Yes (1)

No (2)

Display This Question:

If Please answer the following questions about \${q://QID274/ChoiceTextEntryValue/1}. Is Displayed

Q231 Does anyone smoke inside the home?

Yes (1)

No (2)

Display This Question:

If Please answer the following questions about \${q://QID274/ChoiceTextEntryValue/1}. Is Displayed

Q232 On an average day, how many hours does your child spend watching a screen, such as a television, computer, smartphone or tablet?

Display This Question:

If Please answer the following questions about \${q://QID274/ChoiceTextEntryValue/1}. Is Displayed

Q234 Is your child receiving medical care for an illness or health condition?

Yes (1)

No (2)

Page Break

Display This Question:

If If Please enter the following information about the child. First Name Is Displayed

Q235 Please answer the following questions about \${Q89/ChoiceTextEntryValue/1}.

Display This Question:

If Please answer the following questions about \${q://QID284/ChoiceTextEntryValue/1}. Is Displayed

Q236 Has your child has a Blood Lead Screening?

Yes (1)

No (2)

Display This Question:

If Please answer the following questions about \${q://QID284/ChoiceTextEntryValue/1}. Is Displayed

Q237 Does anyone smoke inside the home?

- Yes (1)
- No (2)

Display This Question:

If Please answer the following questions about \${q://QID284/ChoiceTextEntryValue/1}. Is Displayed

Q238 On an average day, how many hours does your child spend watching a screen, such as a television, computer, smartphone or tablet?

Display This Question:

If Please answer the following questions about \${q://QID284/ChoiceTextEntryValue/1}. Is Displayed

Q239 Is your child receiving medical care for an illness or health condition?

- Yes (1)
- No (2)

Page Break

Display This Question:

If If Please enter the following information about the child. First Name Is Displayed

Q240 Please answer the following questions about \${Q99/ChoiceTextEntryValue/1}.

Display This Question:

If Please answer the following questions about \${q://QID294/ChoiceTextEntryValue/1}. Is Displayed

Q241 Has your child has a Blood Lead Screening?

- Yes (1)
- No (2)

Display This Question:

If Please answer the following questions about \${q://QID294/ChoiceTextEntryValue/1}. Is Displayed

Q242 Does anyone smoke inside the home?

- Yes (1)
- No (2)

Display This Question:

If Please answer the following questions about \${q://QID294/ChoiceTextEntryValue/1}. Is Displayed

Q243 On an average day, how many hours does your child spend watching a screen, such as a television, computer, smartphone or tablet?

Display This Question:

If Please answer the following questions about \${q://QID294/ChoiceTextEntryValue/1}. Is Displayed

Q244 Is your child receiving medical care for an illness or health condition?

- Yes (1)
- No (2)

Page Break _____

Display This Question:

If Please enter the following information about the child. First Name Is Displayed

Q245 Please answer the following questions about \${Q109/ChoiceTextEntryValue/1}.

Display This Question:

If Please answer the following questions about \${q://QID304/ChoiceTextEntryValue/1}. Is Displayed

Q246 Has your child has a Blood Lead Screening?

- Yes (1)
 - No (2)
-

Display This Question:

If Please answer the following questions about \${q://QID304/ChoiceTextEntryValue/1}. Is Displayed

Q247 Does anyone smoke inside the home?

- Yes (1)
 - No (2)
-

Display This Question:

If Please answer the following questions about \${q://QID304/ChoiceTextEntryValue/1}. Is Displayed

Q248 On an average day, how many hours does your child spend watching a screen, such as a television, computer, smartphone or tablet?

Display This Question:

If Please answer the following questions about \${q://QID304/ChoiceTextEntryValue/1}. Is Displayed

Q249 Is your child receiving medical care for an illness or health condition?

Yes (1)

No (2)

Page Break

Q250 You have completed the health information section for your child(ren). Once you move past this section you will not be able to come back and edit the information you have entered. You may click the back arrow below to review the information or the forward arrow if you are ready to move on to the next section.

End of Block: Health Assessment Child

Start of Block: Signature

Q251 Please sign below if you agree with the following statements.

I affirm that all of the information entered on this form is true and correct to the best of my knowledge.

I give approval to the WIC staff to sign the hard copies of the forms provided in this application for services on my behalf.

Display This Question:

If Please sign below if you agree with the following statements. I affirm that all of the informatio... Is Displayed

Q252 Thank you for completing this WIC application. A WIC staff member will contact you at the phone number you provided to review the application. Please indicate below if you have a preferred day of the week or time of day to be contacted or a preferred clinic and click the arrow to fully submit your application.

Q253 Preferred clinic: (You can find a list of WIC clinic sites here - [WIC Clinic Sites](#). If you have no preference the clinic closest to you will be identified based on the zip code listed with your address)

Q254 Preferred day of the week for contact:

- Monday (1)
 - Tuesday (2)
 - Wednesday (3)
 - Thursday (4)
 - Friday (5)
 - No Preference (6)
-

Q255 Preferred time of day for contact:

- Morning (1)
 - Afternoon (2)
 - No Preference (3)
-

Q256 This institution is an equal opportunity provider.

If you are not registered to vote where you live now, would you like to register to vote today?

- Yes (4)
- No (5)

End of Block: Signature
