

COVID-19 Online WIC Application

Survey Flow

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.

SourceValue will be set from Panel or URL.

Block: Preliminary Information and Forms (12 Questions)

Standard: Primary Demographics (11 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 (26 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 (3 Questions)

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.

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 Please note if you have a formula fed infant, Oklahoma WIC provides Gerber brand infant formula.

Q4 What language do you prefer?

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

Q5 Are you currently a resident of Oklahoma?

- Yes (1)
 - No (2)
-

Display This Question:

If Are you currently a resident of Oklahoma? = No

Q6 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

Q7 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

Q8 Please read the following three attached forms.

Rights and Responsibilites:

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](#)

Q9 I have read and understand the attached Rights and Responsibilities for the WIC Program.

Yes (1)

No (2)

Q10 I have read and understand the attached Consent for Services form.

Yes (1)

No (2)

Q11 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

Q12 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

Q13 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) _____

Display This Question:

*If If Please enter the following information about yourself. All fields must be filled in to move on to...
City Contains Catoosa*

*Or Or Please enter the following information about yourself. All fields must be filled in to move on to...
City Contains Glenpool*

*Or Or Please enter the following information about yourself. All fields must be filled in to move on to...
City Contains Jenks*

*Or Or Please enter the following information about yourself. All fields must be filled in to move on to...
City Contains Skiatook*

*Or Or Please enter the following information about yourself. All fields must be filled in to move on to...
City Contains Tulsa*

*Or Or Please enter the following information about yourself. All fields must be filled in to move on to...
City Contains Tusla*

Q14 **OPTIONAL - IF** you have a preferred clinic location, please select from the list below. [Click Here](#) to find a list of the clinic locations in Tulsa County.

▼ Morton Clinic (1) ... No Preference (13)

Display This Question:

If Please enter the following information about yourself. All fields must be filled in to move on to...
City Contains Oklahoma

Or Or Please enter the following information about yourself. All fields must be filled in to move on to...
City Contains Oklahoma City

Or Or Please enter the following information about yourself. All fields must be filled in to move on to...
City Contains OKC

Or Or Please enter the following information about yourself. All fields must be filled in to move on to...
City Contains Bethany

Or Or Please enter the following information about yourself. All fields must be filled in to move on to...
City Contains Nichols Hills

Or Or Please enter the following information about yourself. All fields must be filled in to move on to...
City Contains Nicoma Park

Or Or Please enter the following information about yourself. All fields must be filled in to move on to...
City Contains The Village

Or Or Please enter the following information about yourself. All fields must be filled in to move on to...
City Contains Warr Acres

Or Or Please enter the following information about yourself. All fields must be filled in to move on to...
City Contains Newalla

Or Or Please enter the following information about yourself. All fields must be filled in to move on to...
City Contains Midway

Or Or Please enter the following information about yourself. All fields must be filled in to move on to...
City Contains Jones

Or Or Please enter the following information about yourself. All fields must be filled in to move on to...
City Contains Forest Park

Or Or Please enter the following information about yourself. All fields must be filled in to move on to...
City Contains Midwest City

Or Or Please enter the following information about yourself. All fields must be filled in to move on to...
City Contains Midwest-City

Or Or Please enter the following information about yourself. All fields must be filled in to move on to...
City Contains Mid-del city

Or Or Please enter the following information about yourself. All fields must be filled in to move on to...
City Contains Crescent

Or Or Please enter the following information about yourself. All fields must be filled in to move on to...
City Contains Guthrie

Or Or Please enter the following information about yourself. All fields must be filled in to move on to...
City Contains Langston

Or Or Please enter the following information about yourself. All fields must be filled in to move on to...
City Contains Spencer

Or Or Please enter the following information about yourself. All fields must be filled in to move on to...
City Contains Blanchard

Or Or Please enter the following information about yourself. All fields must be filled in to move on to...
City Contains Choctaw

Or Or Please enter the following information about yourself. All fields must be filled in to move on to...
City Contains Harrah

Or Or Please enter the following information about yourself. All fields must be filled in to move on to...
City Contains Luther

Or Or Please enter the following information about yourself. All fields must be filled in to move on to...
City Contains Dale

Or Or Please enter the following information about yourself. All fields must be filled in to move on to...
City Contains McLoud

Q15 OPTIONAL - IF you have a preferred clinic location, please select from the list below. [Click Here](#) to find a list of the clinic locations in Oklahoma County.

▼ OCCHD Southern Oaks (1) ... No Preference (16)

Display This Question:

If If Please enter the following information about yourself. All fields must be filled in to move on to...
City Contains Norman

Or Or Please enter the following information about yourself. All fields must be filled in to move on to...
City Contains Lexington

Or Or Please enter the following information about yourself. All fields must be filled in to move on to...
City Contains Noble

Or Or Please enter the following information about yourself. All fields must be filled in to move on to...
City Contains Little Axe

Or Or Please enter the following information about yourself. All fields must be filled in to move on to...
City Contains Purcell

Or Or Please enter the following information about yourself. All fields must be filled in to move on to...
City Contains Blanchard

Or Or Please enter the following information about yourself. All fields must be filled in to move on to...
City Contains Slaughterville

Or Or Please enter the following information about yourself. All fields must be filled in to move on to...
City Contains Newcastle

Q16 OPTIONAL - IF you have a preferred clinic location, please select from the list below.

▼ Cleveland CHD Moore (1) ... McClain CHD Purcell (4)

Q17 Gender:

Male (1)

Female (2)

Q18 Marital Status:

Divorced (1)

Legally Separated (2)

Married (3)

Single (4)

Widowed (5)

Q19 Although required, the following two questions are for demographics purposes only and do not affect eligibility.

Q20 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)

Q21 Ethnicity:

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

Page Break

Q22 May we text you at the phone number you have listed?

#{Q13/ChoiceTextEntryValue/11}

- Yes (1)
 - No (2)
-

Page Break

Q23 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

Q24 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) _____
-

Q25 Please confirm the following address and phone number information to be listed for the infant.

Address:

#{Q13/ChoiceTextEntryValue/7}

#{Q13/ChoiceTextEntryValue/8}, #{Q13/ChoiceTextEntryValue/9}

#{Q13/ChoiceTextEntryValue/10}

Phone Number:

#{Q13/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*

Q26 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) _____

Q27 Gender:

Male (1)

Female (2)

Q28 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)
-

Q29 Ethnicity:

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

Q30 Is the infant in foster care?

- Yes (1)
 - No (2)
-

Q31 Is the following information correct for the parent or guardian of the infant?

Name: \${Q13/ChoiceTextEntryValue/1} \${Q13/ChoiceTextEntryValue/3}

DOB: \${Q13/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

Q32 Please enter the correct information for the parent or guardian of the infant.

Name (1) _____

DOB (2) _____

Q33 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

Q34 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) _____

Q35 Please confirm the following address and phone number information to be listed for the infant.

Address:

#{Q13/ChoiceTextEntryValue/7}

#{Q13/ChoiceTextEntryValue/8}, #{Q13/ChoiceTextEntryValue/9}

#{Q13/ChoiceTextEntryValue/10}

Phone Number:
\${Q13/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*

Q36 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) _____

Q37 Gender:

Male (1)

Female (2)

Q38 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)
-

Q39 Ethnicity:

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

Q40 Is the infant in foster care?

- Yes (1)
 - No (2)
-

Q41 Is the following information correct for the parent or guardian of the infant?

Name: \${Q13/ChoiceTextEntryValue/1} \${Q13/ChoiceTextEntryValue/3}

DOB: \${Q13/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

Q42 Please enter the correct information for the parent or guardian of the infant.

Name (1) _____

DOB (2) _____

Q43 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 _____

Q44 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) _____

Q45 Please confirm the following address and phone number information to be listed for the infant.

Address:

#{Q13/ChoiceTextEntryValue/7}

#{Q13/ChoiceTextEntryValue/8}, #{Q13/ChoiceTextEntryValue/9}

#{Q13/ChoiceTextEntryValue/10}

Phone Number:

`#{Q13/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*

Q46 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) _____

Q47 Gender:

Male (1)

Female (2)

Q48 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)
-

Q49 Ethnicity:

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

Q50 Is the infant in foster care?

- Yes (1)
- No (2)
-

Q51 Is the following information correct for the parent or guardian of the infant?

Name: \${Q13/ChoiceTextEntryValue/1} \${Q13/ChoiceTextEntryValue/3}

DOB: \${Q13/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

Q52 Please enter the correct information for the parent or guardian of the infant.

Name (1) _____

DOB (2) _____

Q53 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 _____

Q54 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) _____

Q55 Please confirm the following address and phone number information to be listed for the infant.

Address:

[\\${Q13/ChoiceTextEntryValue/7}](#)

[\\${Q13/ChoiceTextEntryValue/8}](#), [\\${Q13/ChoiceTextEntryValue/9}](#)

[\\${Q13/ChoiceTextEntryValue/10}](#)

Phone Number:
\${Q13/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*

Q56 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) _____

Q57 Gender:

- Male (1)
 - Female (2)
-

Q58 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)
-

Q59 Ethnicity:

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

Q60 Is the infant in foster care?

- Yes (1)
- No (2)
-

Q61 Is the following information correct for the parent or guardian of the infant?

Name: \${Q13/ChoiceTextEntryValue/1} \${Q13/ChoiceTextEntryValue/3}

DOB: \${Q13/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

Q62 Please enter the correct information for the parent or guardian of the infant/child?

Name (1) _____

DOB (2) _____

Q63 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 _____

Q64 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) _____

Q65 Please confirm the following address and phone number information to be listed for the infant.

Address:

`#{Q13/ChoiceTextEntryValue/7}`

`#{Q13/ChoiceTextEntryValue/8}`, `#{Q13/ChoiceTextEntryValue/9}`

`#{Q13/ChoiceTextEntryValue/10}`

Phone Number:

`#{Q13/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*

Q66 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) _____

Q67 Gender:

Male (1)

Female (2)

Q68 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)
-

Q69 Ethnicity:

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

Q70 Is the infant in foster care?

- Yes (1)
- No (2)
-

Q71 Is the following information correct for the parent or guardian of the infant?

Name: \${Q13/ChoiceTextEntryValue/1} \${Q13/ChoiceTextEntryValue/3}

DOB: \${Q13/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

Q72 Please enter the correct information for the parent or guardian of the infant.

Name (1) _____

DOB (2) _____

Page Break

Q73 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

Q74 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) _____

Q75 Please confirm the following address and phone number information to be listed for the child.

Address:

[\\${Q13/ChoiceTextEntryValue/7}](#)

[\\${Q13/ChoiceTextEntryValue/8}](#), [\\${Q13/ChoiceTextEntryValue/9}](#)

[\\${Q13/ChoiceTextEntryValue/10}](#)

Phone Number:
\${Q13/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*

Q76 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) _____

Q77 Gender:

Male (1)

Female (2)

Q78 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)
-

Q79 Ethnicity:

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

Q80 Is the child in foster care?

- Yes (1)
 - No (2)
-

Q81 Is the following information correct for the parent or guardian of the child?

Name: \${Q13/ChoiceTextEntryValue/1} \${Q13/ChoiceTextEntryValue/3}

DOB: \${Q13/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

Q82 Please enter the correct information for the parent or guardian of the child.

Name (1) _____

DOB (2) _____

Q83 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 _____

Q84 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) _____

Q85 Please confirm the following address and phone number information to be listed for the child.

Address:

#{Q13/ChoiceTextEntryValue/7}

#{Q13/ChoiceTextEntryValue/8}, #{Q13/ChoiceTextEntryValue/9}

#{Q13/ChoiceTextEntryValue/10}

Phone Number:

#{Q13/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*

Q86 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) _____

Q87 Gender:

Male (1)

Female (2)

Q88 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)

Q89 Ethnicity:

Hispanic (1)

Non-Hispanic (2)

Q90 Is the child in foster care?

Yes (1)

No (2)

Q91 Is the following information correct for the parent or guardian of the child?

Name: \${Q13/ChoiceTextEntryValue/1} \${Q13/ChoiceTextEntryValue/3}

DOB: \${Q13/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

Q92 Please enter the correct information for the parent or guardian of the child.

Name (1) _____

DOB (2) _____

Q93 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 _____

Q94 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) _____

Q95 Please confirm the following address and phone number information to be listed for the child.

Address:

`#{Q13/ChoiceTextEntryValue/7}`

`#{Q13/ChoiceTextEntryValue/8}, #{Q13/ChoiceTextEntryValue/9}`

`#{Q13/ChoiceTextEntryValue/10}`

Phone Number:

`#{Q13/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*

Q96 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) _____

Q97 Gender:

Male (1)

Female (2)

Q98 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)
-

Q99 Ethnicity:

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

Q100 Is the child in foster care?

- Yes (1)
- No (2)
-

Q101 Is the following information correct for the parent or guardian of the child?

Name: \${Q13/ChoiceTextEntryValue/1} \${Q13/ChoiceTextEntryValue/3}

DOB: \${Q13/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

Q102 Please enter the correct information for the parent or guardian of the child.

Name (1) _____

DOB (2) _____

Q103 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 _____

Q104 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) _____

Q105 Please confirm the following address and phone number information to be listed for the child.

Address:

`#{Q13/ChoiceTextEntryValue/7}`

`#{Q13/ChoiceTextEntryValue/8}`, `#{Q13/ChoiceTextEntryValue/9}`

`#{Q13/ChoiceTextEntryValue/10}`

Phone Number:

`#{Q13/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

Q106 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) _____

Q107 Gender:

Male (1)

Female (2)

Q108 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)

Q109 Ethnicity:

Hispanic (1)

Non-Hispanic (2)

Q110 Is the child in foster care?

Yes (1)

No (2)

Q111 Is the following information correct for the parent or guardian of the child?

Name: \${Q13/ChoiceTextEntryValue/1} \${Q13/ChoiceTextEntryValue/3}

DOB: \${Q13/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

Q112 Please enter the correct information for the parent or guardian of the child.

Name (1) _____

DOB (2) _____

Q113 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 _____

Q114 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) _____

Q115 Please confirm the following address and phone number information to be listed for the child.

Address:

#{Q13/ChoiceTextEntryValue/7}

#{Q13/ChoiceTextEntryValue/8}, #{Q13/ChoiceTextEntryValue/9}

#{Q13/ChoiceTextEntryValue/10}

Phone Number:

#{Q13/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*

Q116 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) _____

Q117 Gender:

Male (1)

Female (2)

Q118 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)
-

Q119 Ethnicity:

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

Q120 Is the child in foster care?

- Yes (1)
- No (2)
-

Q121 Is the following information correct for the parent or guardian of the child?

Name: \${Q13/ChoiceTextEntryValue/1} \${Q13/ChoiceTextEntryValue/3}

DOB: \${Q13/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

Q122 Please enter the correct information for the parent or guardian of the child

Name (1) _____

DOB (2) _____

Page Break

Q123 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

Q124

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

Yes (1)

No (2)

Q125 In the last year have you or anyone in your household been on WIC in another state?

Yes (1)

No (4)

Q126 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. [Click Here](#) to see WIC income guidelines)

Q127 How many people are supported by household income? If pregnant please count yourself and your baby(ies).

Q128 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)

Display This Question:

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

Q129 What is the total monthly dollar amount you receive from SNAP?

Display This Question:

If If you receive any Public Assistance, please select all that apply: = I am currently receiving Temporary Assistance for Needy Families (TANF)

Q130 What is the total monthly dollar amount you receive from TANF?

Page Break

Display This Question:

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

Q131 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

Q132 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

Q133 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

Q134 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

Q135 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 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

Q136 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

Q137 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*

Q138 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*

Q139 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

Q140 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

Q141 Additional space for Proof of ID for infant if needed:

Q142 Additional space for Proof of ID for infant if needed:

Q143 Additional space for Proof of ID for infant if needed:

Q144 Additional space for Proof of ID for infant if needed:

Q145 Additional space for Proof of ID for child if needed:

Q146 Additional space for Proof of ID for child if needed:

Q147 Additional space for Proof of ID for child if needed:

Q148 Additional space for Proof of ID for child if needed:

Page Break

Q149 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

Q150 Please answer the following questions about yourself.

Q151 Pregnancy Height

Feet (1) _____

Inches (2) _____

Q152 Pre-Pregnancy Weight

Q153 Do you smoke?

Yes (1)

No (2)

Display This Question:

If Do you smoke? = Yes

Q154 How many per day?

Q155 Are there any other household members smoking inside?

Yes (1)

No (2)

Q156 Any illegal substance use?

Yes (1)

No (2)

Q157 Any abuse of prescription medications?

Yes (1)

No (2)

Q158 Any marijuana use (including medical)?

Yes (1)

No (2)

Q159 Any alcohol use?

Yes (1)

No (2)

Q160 Previous pregnancies (please enter a number)

Q161 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

Q162 Last live delivery date (MM/DD/YYYY)

Q163 Are you receiving medical care for an illness or health condition?

Yes (1)

No (2)

Page Break

Q164 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

Q165 Please answer the following questions about yourself.

Q166 Pregnancy Height

Feet (1) _____

Inches (2) _____

Q167 Pre-Pregnancy Weight

Q168 Do you smoke?

Yes (1)

No (2)

Display This Question:

If Do you smoke? = Yes

Q169 How many per day?

Q170 Are there any other household member smoking inside?

Yes (1)

No (2)

Q171 Any illegal substance use?

Yes (1)

No (2)

Q172 Any abuse of prescription medications?

Yes (1)

No (2)

Q173 Any marijuana use (including medical)?

Yes (1)

No (2)

Q174 Any alcohol use?

Yes (1)

No (2)

Q175 Previous pregnancies (please enter a number)

Q176 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

Q177 Last live delivery date (MM/DD/YYYY)

Q178 Estimated due date (MM/DD/YYYY)

Q179 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)
-

Q180 Are you receiving medical care for an illness or health condition?

- Yes (1)
 - No (2)
-

Page Break

Q181 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

Q182 Please answer the following questions about [\\${Q24/ChoiceTextEntryValue/1}](#).

Q183 Was your baby born early?

Yes (1)

No (2)

Display This Question:

If Was your baby born early? = Yes

Q184 How many weeks early?

Q185 How much did your baby weigh at birth?

Q186 What was your baby's length at birth?

Q187 Was the baby's mother enrolled in WIC during pregnancy?

Yes (1)

No (2)

Q188 Does anyone smoke inside the home?

Yes (1)

No (2)

Q189 How many feedings does your baby take in 24 hours?

Q190 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)

Q191 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

Q192 Please answer the following questions about \${Q34/ChoiceTextEntryValue/1}.

Display This Question:

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

Q193 Was your baby born early?

Yes (1)

No (2)

Display This Question:

If Was your baby born early? = Yes

Q194 How many weeks early?

Display This Question:

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

Q195 How much did your baby weigh at birth?

Display This Question:

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

Q196 What was your baby's length at birth?

Display This Question:

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

Q197 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

Q198 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

Q199 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

Q200 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

Q201 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

Q202 Please answer the following questions about \${Q44/ChoiceTextEntryValue/1}.

Display This Question:

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

Q203 Was your baby born early?

Yes (1)

No (2)

Display This Question:

If Was your baby born early? = Yes

Q204 How many weeks early?

Display This Question:

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

Q205 How much did your baby weigh at birth?

Display This Question:

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

Q206 What was your baby's length at birth?

Display This Question:

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

Q207 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

Q208 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

Q209 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

Q210 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

Q211 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

Q212 Please answer the following questions about \${Q54/ChoiceTextEntryValue/1}.

Display This Question:

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

Q213 Was your baby born early?

Yes (1)

No (2)

Display This Question:

If Was your baby born early? = Yes

Q214 How many weeks early?

Display This Question:

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

Q215 How much did your baby weigh at birth?

Display This Question:

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

Q216 What was your baby's length at birth?

Display This Question:

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

Q217 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

Q218 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

Q219 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

Q220 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

Q221 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

Q222 Please answer the following questions about \${Q64/ChoiceTextEntryValue/1}.

Display This Question:

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

Q223 Was your baby born early?

- Yes (1)
- No (2)

Display This Question:

If Was your baby born early? = Yes

Q224 How many weeks early?

Display This Question:

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

Q225 How much did your baby weigh at birth?

Display This Question:

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

Q226 What was your baby's length at birth?

Display This Question:

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

Q227 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

Q228 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

Q229 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

Q230 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

Q231 Is your infant receiving medical care for an illness or health condition?

- Yes (1)
 - No (2)
-

Page Break

Q232 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

Q233 Please answer the following questions about \${Q74/ChoiceTextEntryValue/1}.

Q234 Has your child had a Blood Lead Screening?

- Yes (1)
 - No (2)
-

Q235 Does anyone smoke inside the home?

Yes (1)

No (2)

Q236 On an average day, how many hours does your child spend watching a screen, such as a television, computer, smartphone or tablet?

Q237 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

Q238 Please answer the following questions about \${Q84/ChoiceTextEntryValue/1}.

Display This Question:

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

Q239 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

Q240 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

Q241 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

Q242 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

Q243 Please answer the following questions about \${Q94/ChoiceTextEntryValue/1}.

Display This Question:

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

Q244 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

Q245 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

Q246 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

Q247 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

Q248 Please answer the following questions about \${Q104/ChoiceTextEntryValue/1}.

Display This Question:

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

Q249 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

Q250 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

Q251 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

Q252 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

Q253 Please answer the following questions about \${Q114/ChoiceTextEntryValue/1}.

Display This Question:

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

Q254 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

Q255 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

Q256 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

Q257 Is your child receiving medical care for an illness or health condition?

Yes (1)

No (2)

Page Break

Q258 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

Q259 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.

Q260 If you are not registered to vote where you live now, would you like to register to vote today?

Yes (4)

No (5)

Q261 A WIC staff member will contact you at the phone number you provided. Please click the arrow to fully submit your application.

This institution is an equal opportunity provider.

End of Block: Signature
