

WIC Application

Participation in the WIC program is voluntary. Completion of this form is required to determine WIC eligibility and any personally identifiable information collected will be used for that purpose only.

Answer the following questions to the best of your knowledge. All information will be kept confidential.

Your Name _____

Address _____
Street or rural route

City Zip County

Daytime Telephone (_____) _____
(Counting You)

Applicants Date of Birth ____/____/_____

Number of people in your family _____

Household income \$ _____ Week 2 Weeks Month Year

Are you pregnant? YES No Due Date: ____/____/_____

Have you had a baby in the last 6 months? Yes No

Are you breastfeeding a baby who's less than one year of age? Yes No

Names and birthdates of your children under age 5?

Name	Sex	Birthdate
_____ -	M/F	____/____/_____
_____ -	M/F	____/____/_____
_____ -	M/F	____/____/_____
_____ -	M/F	____/____/_____
_____ -	M/F	____/____/_____