



# Application for the Wood County WIC Program

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.

Are you a nurse or other health professional filling this out as a patient referral to WIC)?

No  Yes

Have you previously received WIC benefits?

No  Yes

Is this a new or updated application?

New  Updated

Preferred Appointment Location:

Wisconsin Rapids  Marshfield

Your First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Preferred Pronouns:

He/Him/His  She/Her/Hers  They/Them/Theirs  Ze/Zir/Zirs  Ze/Hir/Hirs

Previous Last Name(s) \_\_\_\_\_

Your Birth Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

County \_\_\_\_\_

Daytime Telephone \_\_\_\_\_

Number of people in your family (including you) \_\_\_\_\_

Household Income:

Weekly \$ \_\_\_\_\_ **OR** Every 2 weeks \$ \_\_\_\_\_ **OR** \$Monthly \_\_\_\_\_

Are you pregnant?

No  Yes

Due Date \_\_\_\_\_

Have you had a baby in the last 6 months?

No  Yes

Are you breastfeeding a baby who is under one year of age?

No  Yes

Name, sex, and birth date for each of your children under age 5

**Child 1**

Name \_\_\_\_\_

Gender:  Male  Female Birth Date \_\_\_\_\_

**Child 2**

Name \_\_\_\_\_

Gender:  Male  Female Birth Date \_\_\_\_\_

**Child 3**

Name \_\_\_\_\_

Gender:  Male  Female Birth Date \_\_\_\_\_

**Child 4**

Name \_\_\_\_\_

Gender:  Male  Female Birth Date \_\_\_\_\_

**Child 5**

Name \_\_\_\_\_

Gender:  Male  Female Birth Date \_\_\_\_\_

Would you like a language interpreter for your WIC appointment?

No  Yes

If requesting an interpreter, what language? \_\_\_\_\_

This institution is an equal opportunity provider.

WIC: Nondiscrimination Statement: <https://www.dhs.wisconsin.gov/wic/non-discrimination.htm>

**Submit completed application to:**

Wood County Health Department

River Block Building - 3<sup>rd</sup> Floor

111 W. Jackson St, Wisconsin Rapids, WI 54495

\*Upon completion of the WIC application, please await a phone call from your local WIC agency. If you are in need of immediate assistance, you may call 715-421-8950 to speak with a WIC staff person.