

## WIC Application

### List Names of People You Are Applying For:

Name (Last, First)	Birth Date	Due/Delivery Date

Parent/Guardian Name: (Last, First)	County:	Phone Number:
Address:	City:	Zip Code:

Does anyone in your household receive:  
 Reduced or Free School Lunch? (school age children)  
 Head Start?  
 TEFRA? (Child Only)  
 SSI?  
 If yes: You are already financially income eligible for WIC.

Fuel Assistance? Yes or No  
 Food Stamps? Yes or No  
 MN Health Care Program? MA  
 Federal MFIP Program? Yes or No

Family Household Size: \_\_\_\_\_ (Pregnant women count as 2.) People in "family" are related or non-related and share in consumption of the same goods and services. A foster child is considered a family of one.

Does Head of this Household pay child support for children not living with you?  
 Yes \_\_\_ No \_\_\_\_\_ How many children? \_\_\_\_\_ (include them in household size above.)

Household Gross Income: (Gross income includes income before taxes or deductions, not just take home pay.)

Hourly Wage: \_\_\_\_\_ Hours per week: \_\_\_\_\_ Monthly Gross: \_\_\_\_\_ Yearly Gross: \_\_\_\_\_  
 Hourly Wage: \_\_\_\_\_ Hours per week: \_\_\_\_\_ Monthly Gross: \_\_\_\_\_ Yearly Gross: \_\_\_\_\_  
 How much child support, MFIP, SSI, Unemployment, Worker's Comp. &/or sources of income do you receive \_\_\_\_\_ per week or month? (circle one)

I certify that the information I have provided for my eligibility is correct to the best of my knowledge. I understand that intentionally giving false or misleading information will result in my not receiving WIC benefits.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

"This institution is an equal opportunity provider."

# WIC Application (cont.)

## What is WIC?

The Special Supplemental Nutrition Program for Women, Infants, and Children is a federally and state funded program that has been shown to improve the health of its participants.

### How are you eligible?

- Be a pregnant, postpartum, breast feeding woman, or a child from birth to age five years.
- Live in Kanabec County
- Meet income guidelines
- Have a medical or nutritional need

### What does WIC provide? New Food Package April 2015.

- Quality food such as milk, cheese, yogurt, cereal, juice, eggs, pb, fruits, veggies, bread, rice, pasta etc.
- Information on nutrition and health by professional staff.
- Breastfeeding education and support.
- Information about other Health or Social Service programs.

### How do you apply?

1. Fill out income worksheet on the back to see if you are income eligible. If you or your children receive Food Stamps, MFIP, Medical Assistance or TEFRA (child only), you are automatically income eligible. *(If you prefer, we can screen for income eligibility by phone.)*
2. Call WIC between 8 a.m. and 4:30 p.m., Monday through Friday, to schedule an appointment WIC has appointments available later by appointment only. If unable to reach the WIC office, you may call Kanabec County Community Health at 320-679-6330 main business office.
3. At the WIC appointment we will determine health and/or nutrition eligibility. (most people qualify)
4. You will be asked to bring proof of I.D., residence and income (or proof of MA, Food stamps, MFIP) for each applicant and also bring children for whom you are applying.
5. If you prefer, mail this application to:

Kanabec County Community Health

Mora Office: 905 East Forest Ave Suite 140, Mora, MN 55051 Phone: 320-679-6329

Or we will call you:

Home phone: \_\_\_\_\_ Message phone: \_\_\_\_\_ Time: \_\_\_\_\_

\*Pregnant women count as 2

### Pregnant women\* and families on a MN Health Care Program 7-1-19 - 6-30-20

Family Size:	Annual Income:
1	\$34,347
2	\$46,502
3	\$58,657
4	\$70,812
5	\$82,967
6	\$95,122

### Families with children ages 0 - 5 yrs 5-1-19 thru 6-30-2020

Family Size:	Annual Income:
1	\$23,107
2	\$31,284
3	\$39,461
4	\$47,638
5	\$55,815
6	\$63,992