INFORMATION FOR WIC PROGRAM

1.) FULL NAME OF PERSON(S) TO BE PUT ON WIC_____
SOCIAL SECURITY#_____BIRTHDATE_____
SEX_____RACE_____MIGRANT_____Y/N

2.) FULL NAME OF PERSON(S) TO BE PUT ON WIC_____
SOCIAL SECURITY#_____BIRTHDATE_____
SEX_____RACE_____MIGRANT_____Y/N

3.) FULL NAME OF PERSON(S) TO BE PUT ON WIC_____
SOCIAL SECURITY#_____BIRTHDATE_____
SEX_____RACE_____MIGRANT_____Y/N

ACTUAL ADDRESS WHERE YOU LIVE_____
_____
HOW MANY PEOPLE LIVE AT THIS LOCATION_____
MAILING ADDRESS_____
_____
CURRENT TELEPHONE#_____

DO YOU RECEIVE: PLEASE CIRCLE ALL THAT APPLY
MEDICAID FOOD STAMPS WORK FIRST AFDC SSI

IF ANYONE WORKS, PLEASE FILL IN THE FOLLOWING INFORMATION:

NAME	WHERE WORKS	HOW MUCH DO THEY MAKE AN HOUR	HOW MANY HOURS A WEEK

IF YOU ARE APPLYING FOR AN INFANT OR CHILD:
MOTHERS FULL NAME_____BIRTHDATE_____
SOCIAL SECURITY#_____

IF YOU ARE PREGNANT:
WHEN IS YOUR BABY DUE_____
WHERE ARE YOU RECEIVING YOUR PRENATAL CARE_____

Sept. 2010