

WIC – The Special Supplemental Nutrition Program for Women, Infants and Children

The goal of the WIC Program is to help keep pregnant women, new mothers, and infants and young children healthy and strong.

WIC provides:

- Nutrition Information
- Breastfeeding information and support services
- Checks to buy foods such as milk, eggs, cheese, juice, cereal, dried beans and peas, peanut butter and infant formula
- Health screening and information about other community services

You or your child may qualify if:

- You are pregnant of just had a baby (up to six months after delivery or if breastfeeding, up to 12 months after delivery), or have a baby or child under the age of five, and
- You meet the income guidelines (Many people work and still qualify for WIC), and
- You are found to have a nutrition or health need that can be helped by WIC food and nutrition information.

To find out if you qualify, complete this application and mail to: **Wood County WIC Program Support, 184 2nd Street North, Wisconsin Rapids, WI 54494-4162**
 Email applications are also available on the Wood County web site at www.co.wood.wi.us (go to Departments Sites and click Health Department. Then choose Protecting Your Family’s Health and click on WIC under Quick Links).

If you do not hear from us within 12 days of mailing your application please call 421-8950 in Wisconsin Rapids or 387-8646 in Marshfield.

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Application for the Wood County WIC Program

Please Print _____	Office Use Only: Date Received: _____	
Answer the following questions to the best of your knowledge. All information will be kept confidential.		
Your Name _____	Date of Birth _____	
Address _____		
Street or rural route		

City	Zip	County
Phone _____		
(Where you can be reach during the day)		
Number of people in your family _____		
(Counting you)		
Household income \$ _____ week 2 weeks month year		
(Before taxes)		
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 under 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	_____/_____/_____

