

Chisago County Public Health WIC Application Form *ONLY RESIDENTS MAY APPLY*
Please Check Page Two to see if you qualify.

Parent's Name: _____

Address: _____

City: _____ Zip Code: _____

A good time to call is: _____

Home phone # _____

Cell phone # _____

Office Use Only Date Received Application _____

Left Message _____ IC _____ FAO _____

Appt. Date _____ Time _____

Family/Household Size _____ If pregnant, include number of fetuses. **** Include any children that you are paying child support for. **** **** Foster children automatically qualify. ****

PLEASE LIST: Pregnant or Postpartum women & ONLY children under 5 years old

	Last name, First name, Middle initial	Birth Date	Sex	Due Date	Breast Feeding or Formula Brand
1					
2					
3					
4					

Are there any medical needs we should be aware of when scheduling your appt.? _____

Has anyone above ever been on WIC before? ___yes ___No If yes, When? _____ Where? _____

If on WIC before, was a different name used: _____ Maiden Name: _____

STOP: *Applicants CURRENTLY receiving services below automatically qualify for WIC and do not have to fill out INCOME information*

Check services receiving

- MA MNCARE SNAP
- MFIP HEAD START FUEL ASSISTANCE
- FREE OR REDUCED LUNCH

INCOME INFORMATION:

PLEASE REPORT GROSS INCOME (BEFORE TAXES)

Do you receive Child Support? \$ _____/month

Do you receive SSI or RSDI? (social security) \$ _____/month

Do you receive Unemployment, Comp or Disability? \$ _____/month

Do you receive Veterans or Other Pensions? \$ _____/month

Do you receive Rental Income from tenants? \$ _____/month

Is there any Other Income in your household? \$ _____/month

Subtotal (Above) \$ _____ x 12 \$ _____

Yearly gross Income from employer (Below) \$ _____

TOTAL GROSS INCOME (BEFORE TAXES) \$ _____

Name of Person Employed _____ Place of Employment _____

Income #1: Hourly Wage: _____ hours /wk: _____ **Weekly gross:** _____ Seasonal: _____ Annual Income: _____

Name of Person Employed _____ Place of Employment _____

Income #2: Hourly Wage: _____ hours /wk: _____ **Weekly gross:** _____ Seasonal: _____ Annual Income: _____

Annual income based on Federal Tax Form 1040A—line 15, Tax Form 1040EZ—Line 6, or Line 22 on Tax Form 1040.

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 and employer.