WIC APPLICATION FORM

How did you hear about the WIC Program?_____

Your Name:_____
Date of Birth:_____
Address:

_____

Street City Zip County

Daytime Phone Number: _____

Number of people living in your household (counting you):_____

Gross household income: $_____per: ☐ week ☐ 2 weeks ☐ month ☐ year
(before taxes) (check one)

Are you pregnant? ☐ Yes ☐ No

When is your expected due date? _____

Have you had a baby in the last 6 months? ☐ Yes ☐ No

Are you breastfeeding a baby who is under one year of age? ☐ Yes ☐ No

Please list name, sex, and date of birth for each of your children under age 5:

Name	Sex	Birth Date
_____	☐ M ☐ F	_____
_____	☐ M ☐ F	_____
_____	☐ M ☐ F	_____
_____	☐ M ☐ F	_____
_____	☐ M ☐ F	_____

This form can be printed, filled out, and mailed to:

Trempealeau County WIC Program
36245 Main Street
PO Box 67
Whitehall, WI 54773

OR

Submit Form by Email

Submit Form