

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

The goal of the WIC Program is to promote and maintain the health and well-being of pregnant women, new mothers, infants and young children.

WIC provides:

- Nutrition assessment and counseling
- Breastfeeding education and support
- Help to buy healthy foods
- Practical tips on food shopping, recipes, feeding your infant/child
- Friendly guidance on taking care of your baby
- Lead screening
- Referral to other community services

You or your child may qualify if:

- You are pregnant, just had a baby (up to 12 months after delivery for breastfeeding moms,
- or up to 6 months after delivery if not breastfeeding), or have a baby/child under
- the age of 5
- You meet income guidelines (many working families qualify)
- You are a Wisconsin resident

To find out if you qualify and schedule an appointment, you can:

- Apply through the mail by completing this application and mailing to

Columbia County WIC Program

P.O. Box 136

Portage, WI 53901

- Apply over the phone by calling the Columbia County WIC Program at **(608) 742-9254**
- Apply through email by completing this application in Word and attaching it to an email sent to

danielle.sander@co.columbia.wi.us

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Application For Columbia County WIC Program

Answer the following Questions to the best of your knowledge. All information is kept Confidential.

Name: _____ Date of Birth: _____

Address: _____

City: _____ Zip: _____ County: _____

Phone: _____ Email: _____

Best way to contact you? Phone call Email Text Message

Have you ever been on WIC in the past? Yes No

Do you participate in any of the following programs? (Check all that apply)

BadgerCare Foodshare W2 TANF

Household Income: _____ per _____

Number of people in your household: _____ (If you are pregnant included the unborn baby)

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 is less than one year of age? Yes No

Name, sex and birthdate of all children under 5:

Name: _____ Sex: _____ Birthdate: _____

Name: _____ Sex: _____ Birthdate: _____

Name: _____ Sex: _____ Birthdate: _____

Name: _____ Sex: _____ Birthdate: _____

Name: _____ Sex: _____ Birthdate: _____