

Application for the Idaho WIC Program



DATE OF INITIAL CONTACT _____ APPLICATION DATE _____ APPT DATE: _____

SECTION A – Contact Information. Please complete all sections of the application.

Responsible Adult	FIRST	MI	LAST	MAIDEN NAME (if any)	DATE OF BIRTH (opt)
Physical Address	STREET		CITY	COUNTY	STATE ZIP CODE
Mailing Address (if different)	STREET		CITY	COUNTY	STATE ZIP CODE
Telephone	HOME		WORK OR MESSAGE		

SECTION B – Applicant Information. Please answer the following questions.

- 1) How many people are living in your household (include unborn child/ren)? _____
- 2) Is anyone in your household receiving SNAP, TANF, Medicaid or CHIP? no yes
- 3) Is anyone in your household a migrant worker? no yes
- 4) What is the highest grade you have completed in school? _____

List all the individuals who are applying for WIC services. Include due date of unborn children in the space for name. (Ethnicity, sex and race data are for statistical purposes only. They are not used to determine eligibility. If you choose not to answer, WIC staff will select for you.)

FOR WIC USE

LEGAL NAME			SEX	ETHNICITY	RACE (check all that apply)	ID NUMBERS F _____
FIRST NAME	MI	LAST NAME				
_____		_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Pacific Islander or Native Hawaiian <input type="checkbox"/> White	
Date of Birth _____						
_____		_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Pacific Islander or Native Hawaiian <input type="checkbox"/> White	
Date of Birth _____						
_____		_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Pacific Islander or Native Hawaiian <input type="checkbox"/> White	
Date of Birth _____						
_____		_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Pacific Islander or Native Hawaiian <input type="checkbox"/> White	
Date of Birth _____						