



Benton County WIC Application

Women, Infants and Children (WIC)



Name: _____ Current # in Household: _____ (include unborn baby)

Address: _____ Apt: _____ City: _____ MN Zip Code: _____

Phone: _____ Message can be left at: _____

HAVE YOU OR YOUR CHILDREN EVER BEEN ON WIC BEFORE? _____ If yes, where & what year? _____

REQUIRED INCOME INFORMATION: Do you or any of your family members receive:

___ SNAP (Food Support) ___ MFIP ___ Medical Assistance (MA) ___ Minnesota Care ___ SSI (Social Security)
___ Fuel Assistance ___ Headstart ___ Free/Reduced \$ School Lunch ___ TEFRA

Due to Federal Regulations, you MUST bring PROOF of Income for all members of the household.

(examples – Pay Stub, Child Support, Social Security, Unemployment, Tax Return, or other sources.

You may also bring a Letter of Approval for MA, MFIP, SNAP, or MN Care)

INCLUDE ALL SOURCES OF INCOME FOR THE HOUSEHOLD: GROSS INCOME (before taxes)

If your income is from MFIP, Workers' Comp, Social Security, Child Support, SSI, or other sources, please list

monthly amount: \$ _____ Source _____ \$ _____ Source _____

Unemployment Compensation: \$ _____ week

1st Person in Home: Hourly Wage \$ _____ Number of hours worked weekly _____

Overtime? ___ Yes ___ No Average hours per week of Overtime _____

2nd Person in Home: Hourly Wage \$ _____ Number of hours worked weekly _____

Overtime? ___ Yes ___ No Average hours per week of Overtime _____

Or enter amount from line (22) _____ of most recent 1040 Federal Tax Return for all in household.

Income Eligibility Criteria - Effective April 1, 2014 – June 30, 2015

| Number of Person(s) in Household (Pregnant women count as 2 persons) | Gross Household Income | | |
|---|------------------------|---------|---------|
| | Annual | Monthly | Weekly |
| 1 | \$21,590 | \$1,800 | \$416 |
| 2 | \$29,101 | \$2,426 | \$560 |
| 3 | \$36,612 | \$3,051 | \$705 |
| 4 | \$44,123 | \$3,677 | \$849 |
| 5 | \$51,634 | \$4,303 | \$993 |
| 6 | \$59,145 | \$4,929 | \$1,138 |
| 7 | \$66,656 | \$5,555 | \$1,282 |
| 8 | \$74,167 | \$6,181 | \$1,427 |
| Each Additional Household Member Add: | + \$7,511 | + \$626 | + \$145 |

Please turn over to complete application



WOMEN

Name: _____ Date of Birth: _____ I am pregnant and due date is: _____
___ I am currently breast-feeding ___ I am a non-breast-feeding woman less than 6 months postpartum

INFANT

WIC offers Similac Advance, Similac Sensitive, Similac Sensitive Spit-up, Similac Total Comfort and Gerber Good Start Soy

Name: _____ Date of Birth: _____
Does this baby drink infant formula? ___ Yes ___ No If yes, what brand? _____
Name: _____ Date of Birth: _____
Does this baby drink infant formula? ___ Yes ___ No If yes, what brand? _____

CHILD

Name: _____ Date of Birth: _____
Name: _____ Date of Birth: _____
Name: _____ Date of Birth: _____
Name: _____ Date of Birth: _____



MAIL application to: Benton County WIC Program
PO Box 740
Foley, MN 56329

Phone: (320) 968-5156
Fax: (320) 968-5330

Please be sure both sides of application are filled out completely before sending in

“This institution is an equal opportunity provider”