



Benton County WIC Application



Name: _____ Current # in Household: _____ (include unborn baby)
 Address: _____ Apt: _____ City: _____, MN Zip Code: _____
 Phone: _____ Text appointment reminder okay? Yes No
 Email: _____

HAVE YOU OR YOUR CHILDREN EVER BEEN ON WIC BEFORE? If yes, where & what year? _____
 Do you need an interpreter? Yes No Language: _____

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 7b _____ of most recent 1040 Federal Tax Return for all in household.

Income Eligibility Criteria - Effective April 1, 2022 – June 30, 2023

Number of Person(s) in Household (Pregnant women count as 2 persons)	Gross Household Income			
	Annual	Monthly	Bi-Weekly	Weekly
1	25,142	2,096	967	484
2	33,847	2,823	1,303	652
3	42,606	3,551	1,639	820
4	51,338	4,279	1,975	988
5	60,070	5,006	2,311	1,156
6	68,802	5,734	2,647	1,324
7	77,534	6,462	2,983	1,492
8	86,266	7,189	3,318	1,659
Each Additional Household Member Add:	+8,732	+728	+336	+168

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 (birth to 12 months)

WIC offers Similac Advance, Similac Sensitive, Similac Sensitive Spit-up, Similac Total Comfort and Similac Soy Isomil

Name: _____ Date of Birth: _____ Gender: ___ Male ___ Female

Does this baby drink infant formula? ___ Yes ___ No If yes, what brand? _____

Name: _____ Date of Birth: _____ Gender: ___ Male ___ Female

Does this baby drink infant formula? ___ Yes ___ No If yes, what brand? _____

CHILD

Name: _____ Date of Birth: _____ Gender: ___ Male ___ Female

Name: _____ Date of Birth: _____ Gender: ___ Male ___ Female

Name: _____ Date of Birth: _____ Gender: ___ Male ___ Female

Name: _____ Date of Birth: _____ Gender: ___ Male ___ Female

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

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA’s TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant’s name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. **mail:**
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or
2. **fax:**
(833) 256-1665 or (202) 690-7442; or
3. **email:**
program.intake@usda.gov