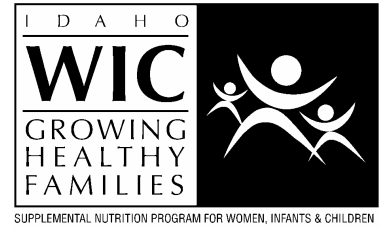


# Application for WIC

FORM NO: 101E (5/10)



DATE APPLIED: \_\_\_\_\_  
 APPT DATE: \_\_\_\_\_

*Please complete both sides of this application.*

<b>Responsible Adult</b>	FIRST	MI	LAST	MAIDEN NAME (if any)	
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<b>Physical Address</b>	STREET	CITY	COUNTY	STATE	ZIP CODE
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<b>Mailing Address (if different)</b>	STREET	CITY	COUNTY	STATE	ZIP CODE
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<b>Telephone</b>	HOME	WORK OR MESSAGE
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List all people who are applying for WIC services. Include due date of unborn children in space for name.

(Ethnicity, sex and race data are for statistical purposes only. They are not used to determine eligibility.)

**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 _____						

**More on the back**

How many people are living in your household (include unborn child/ren)? \_\_\_\_\_

Is anyone in your household receiving Food Stamps, TANF, Medicaid or CHIP?  no  yes

Is anyone in your household a migrant worker?  no  yes

What is the highest grade you have completed in school? \_\_\_\_\_

**Please read the statements below and sign to indicate you understand and agree to follow these conditions if you and your children are determined eligible to participate in the Idaho WIC Program.**

- All information I have provided is correct and WIC staff may verify any of the information. I may be prosecuted under the law and have to pay back what I received if I have intentionally lied or withheld the truth.
- I can receive WIC benefits from only one WIC office at a time.
- I have the right to appeal eligibility decisions by requesting a fair hearing within 60 days.
- I consent to the taking of height and weight measures and a finger stick blood test to check iron status for myself or my child. These are used to establish nutritional need for the WIC program.
- I authorize the WIC Program to share the eligibility information (such as name, address and birth date) for myself and my children listed on this form with local, state and federal WIC programs.
  - This information is also available to the Idaho Department of Health and Welfare's Family and Children Services, Behavioral Health, and Welfare divisions who share a common client directory with WIC. The data is only used for the purpose of creating unique client ID numbers to prevent duplication.
  - This information may also be shared with the Idaho Department of Health and Welfare Medicaid and Food Stamp programs for the purpose of referral.
- I authorize the WIC program to share immunization status with the Immunization program for referral purposes.
- I authorize the WIC Program to use health data and eligibility information for receiving WIC services and for evaluating the effectiveness of the program, monitoring, and auditing the program. I release these agencies from any and all responsibility and liability concerning the release of information I have consented to be released.
- I may review my record and I have the right to revoke this consent in writing at any time.

✕ \_\_\_\_\_  
**Signature of Responsible Adult** **Date**

*In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.*

*To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington DC, 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.*

**THIS BOX IS FOR WIC STAFF USE ONLY**

IDENTIFICATION	INCOME ELIGIBLE	INCOME SOURCE (employer)	Amount	**	Subtotal
<input type="checkbox"/> visual	<input type="checkbox"/> TANF-MA-FS-CHIP	1. _____	\$ _____	_____	\$ _____
<input type="checkbox"/> other _____	<input type="checkbox"/> check stub <input type="checkbox"/> W-2	2. _____	\$ _____	_____	\$ _____
_____	<input type="checkbox"/> unemployment	3. _____	\$ _____	_____	\$ _____
_____	<input type="checkbox"/> other _____				
	<b>**MONTHLY INCOME CONVERSION</b>	<b>Household size:</b> _____	<b>Monthly gross income</b> \$ _____		
	Weekly x 4.3	Is there other income (overtime, tips, bonuses, child support, SSI) ?			
	Bi-weekly (every 2 wks) x 2.15				
	Semi-monthly (twice/mo) x 2				
	Quarterly ÷ 3				
	Hourly (Rate x hrs/wk) x 4.3				
<b>RESIDENCE ELIG.</b>					
<input type="checkbox"/> driver license					
<input type="checkbox"/> utility bill <input type="checkbox"/> letter					
<input type="checkbox"/> other _____					
<b>PREGNANCY PROOF</b>					
<input type="checkbox"/> written		<b>Staff Signature and Date</b>			