

WELCOME TO JACKSON COUNTY WIC  
WIC APPLICATION FORM



How did you hear about the WIC Program? \_\_\_\_\_

Your Name: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

Number of people living in your household (counting yourself): \_\_\_\_\_

Gross household income (include child support, SSI, etc.): \$ \_\_\_\_\_

Pay above is (before taxes):    weekly    every 2 weeks    monthly    yearly

Are you pregnant?    Yes    No

When is your expected due date? \_\_\_/\_\_\_/\_\_\_

Have you had a baby in the last 6 months?    Yes    No

Are you breastfeeding a baby who is under one year of age?    Yes    No

List name, sex, and date of birth for each of your children under age 5:

Name	Sex	Birth Date
_____	M F	___/___/___

Please return to:  
Jackson County WIC  
420 Hwy 54 W., P.O. Box 457  
Black River Falls, WI 54615

Or fax to  
Jackson County WIC  
715-284-7713

This institution is an equal opportunity provider.