



# Monroe County Health Department

*Serving the Community since 1921*

315 West Oak Street · Sparta, WI 54656 · (608) 269-8666 · Fax (608) 269-8872

## The Monroe County Special Supplemental Nutrition Program for Women, Infants and Children (WIC)

### Pre-screening Application

The following information will be used to determine if you and/or your child (ren) qualify for WIC services. If you do, you will have an appointment scheduled to determine if you and/or your child (ren) are also at nutritional risk.

Date: \_\_\_\_\_

Have you or your child(ren) been on WIC before?    Yes    No                      What state? \_\_\_\_\_

If yes, when? \_\_\_\_\_ Name it was under? \_\_\_\_\_                      What county? \_\_\_\_\_

Do you have a Wisconsin eWIC Card?            Yes    No    Lost

Full Name: \_\_\_\_\_                      Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_                      Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Text?    Y    N    Home Phone: \_\_\_\_\_

Total number of people in your family/household: \_\_\_\_\_  
(including yourself and the unborn baby if pregnant)

Total gross household income: \_\_\_\_\_  
**(before taxes/deductions)**

Weekly	Biweekly	Semi-monthly	Monthly	Annually
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\*Gross = hourly rate x hours worked

Weekly	Biweekly	Semi-monthly	Monthly	Annually
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Are you pregnant?    Yes    No  
If yes, estimated due date: \_\_\_\_\_

Are you participating in any of these programs?

- FoodShare:                      Applied    Yes    No
- BadgerCare:                      Applied    Yes    No
- Wisconsin Works Program (W-2)    Yes    No
- Kinship Care    Yes    No

Are you a postpartum mother?    Yes    No  
If yes, are you breastfeeding?    Yes    No    Formula?    Yes    No

Name(s) of child(ren) <b>under age 5</b> :	Sex	Birthdate	Relationship
_____	M    F	_____	_____
_____	M    F	_____	_____
_____	M    F	_____	_____
_____	M    F	_____	_____

### WIC staff to complete this section:

Application:    _____ in person    _____ phone    _____ mail    _____ email	Wisconsin transfer?    Yes    No
Appointment offered on:    _____                      Refused:    _____	Out of state transfer?    Yes    No
Appointment Date:    _____                      Time:    _____	Placement change?    Yes    No
Reminder mailed    _____                      Verbal Auth:    _____	Family ID:    _____

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

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