



WIC APPLICATION

Together, Inspiring Healthier Communities

281 LaClair St., Coos Bay, OR 97420

541-266-6705

YOUR NAME: _____ **YOUR BIRTHDATE** _____ **TODAY'S DATE** _____
STREET ADDRESS: _____ **CITY:** _____ **ZIP:** _____
MAILING ADDRESS: _____ **CITY:** _____ **ZIP:** _____
CELL PHONE: _____ **HOME PHONE:** _____ **MSG PHONE:** _____
OK to receive voice mail messages? Y or N **OK to receive text messages?** Y or N **Email address:** _____

PLEASE LIST ALL CHILDREN IN YOUR HOUSEHOLD UNDER THE AGE OF 5 YEARS OLD: (include additional names on back of this page)

FIRST NAME: _____ M.I. _____ LAST NAME: _____ BIRTHDATE: _____ M or F Covered by OHP: Y or N

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Your relationship to children (eg., parent/guardian/foster parent) _____

FOR NEW PREGNANT OR POSTPARTUM WOMEN: Are you currently pregnant? Y or N If yes, what is your due date? _____

If postpartum, what was your due date for this pregnancy? _____ **Are you breastfeeding?** Y or N If formula, which brand? _____

MARITAL STATUS: Married _____ Divorced _____ Single _____ Domestic partner (lives with you but not married) _____

HIGHEST LEVEL OF EDUCATION YOU HAVE COMPLETED? (diploma, some college, degree) _____

RACE: American Indian/Alaskan Native Asian Black/African American Native Hawaiian/Pacific Island White **HISPANIC OR LATINO?** Y or N

DO YOU RECEIVE ANY OF THE FOLLOWING? **SNAP** (food stamps) Y or N **OHP** Y or N **TANF:** Y or N If yes, \$ _____ /month

YOUR MONTHLY GROSS INCOME (before taxes): \$ _____ (wages)

SPOUSE/PARTNER GROSS INCOME \$ _____ (wages) **# of people in YOUR household:** _____

SOCIAL SECURITY/DISABILITY: \$ _____ /month

OTHER INCOME (unemployment, maternity leave, student grants, etc.) \$ _____ **Please specify:** _____ **CHILD SUPPORT:** \$ _____ /month

WIC is open to all eligible persons regardless of race, sex, color, age, handicap or national origin. This institution is an equal opportunity provider.

W: Intake/WIC-IntakeForms/WICApplication 11/2021