



WIC APPLICATION – please print legibly



Together, Inspiring Healthier Communities
281 LaClair St., Coos Bay, OR 97420
541-266-6705 wic@chw.coos.or.us

YOUR NAME: YOUR BIRTHDATE TODAY'S DATE

HAVE YOU EVER PARTICIPATED IN THE WIC PROGRAM IN OREGON OR ANY OTHER STATE? Y OR N If yes, what name was it under?

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 the 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: (Circle) 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.