WIC Program Application

5303 S. Cedar St, Lansing, MI 48911 • Phone: (517) 887-4326 • Fax: (517) 676-7278

Note to Applicant: Please ask a healthcare provider to help you complete this form. If you do not have a healthcare provider to assist you, please provide as much information as you are able. Please return the completed form to the WIC office, located in the Ingham County Health Department, or mail it to: 5303 S. Cedar St., PO Box 30161, Lansing MI 48909-7661

Please note that if your infant needs a special infant formula, WIC can only provide this after your healthcare provider completes the *Special Formula Request Form* which can be located at michigan.gov/wic under the *Medical Providers* link. Your healthcare provider will need to fax the *Special Formula Request Form* to (517) 676-7278.

GENERAL INFORMATION	
Applicant's name:	_____
Date of birth:	_____
Phone:	( ) - ☐ Home ☐ Cell ☐ Work
Address:	_____
City and Zip:	_____
Medicaid #:	_____
Number in household:	_____
Household gross income:	$ _____ ☐ Weekly ☐ Monthly ☐ Annually
Assistance received:	☐ SSI ☐ Food Stamps ☐ FIP ☐ Medicaid
Race:	☐ White ☐ Black or African American ☐ Asian ☐ Native Hawaiian or Pacific Islander ☐ American Indian or Alaskan Native
Ethnicity:	☐ Hispanic/Latino ☐ Arabic
If interpreter desired:	Language: _____

MOTHER (BREASTFEEDING, PREGNANT, OR POSTPARTUM)	
Date of exam:	_____
Mother's name:	_____
Date of birth:	_____
Current weight:	_____ Circle: lbs / kg
Pregnancy weight gain:	_____ Circle: lbs / kg
Weeks gestation:	_____
Expected due date:	_____
# of pregnancies:	_____
# of live births:	_____
*Medical concerns or special dietary needs:	

INFANTS AND CHILDREN UNDER 5 YEARS OF AGE (USE A SECOND FORM IF MORE THAN 3 CHILDREN)

	INFANT/CHILD 1	INFANT/CHILD 2	INFANT/CHILD 3
Name:	_____	_____	_____
Date of birth:	_____	_____	_____
*Medical concerns or special dietary needs:			

**If a special formula or supplemental beverage is medically indicated, the Special Formula Request Form must be completed by a healthcare provider. This request will be subject to approval by a WIC staffed Registered Dietitian Nutritionist.*

Signature of Physician or Health Care Provider: _____ Date: _____

WHAT WIC PROVIDES

Healthy Foods	Nutrition Education	High Risk Nutrition Counseling	Breastfeeding Support
Supplemental nutritious foods are provided for infants, children under 5, and women who are breastfeeding, pregnant, or postpartum.	• Infant and toddler feeding • Breastfeeding • Prenatal weight gain • Anemia or iron deficiency • Child growth and development • Many other nutrition topics that parents deal with today	Individualized, nutrition counseling is provided by registered dietitians at no cost to you.	The American Academy of Pediatrics recommends breastfeeding for the first year of life. Peer Counselors and Certified Lactation Consultants provide support and counseling to help you achieve this goal.

INCOME GUIDELINES

Family Size**	Hourly	Weekly	Biweekly	Monthly	Annually
1	$10.46	$419	$838	$1,815	$21,775
2	$14.16	$567	$1,134	$2,456	$29,471
3	$17.86	$715	$1,430	$3,098	$37,167
4	$21.56	$863	$1,726	$3,739	$44,863
5	$25.26	$1,011	$2,022	$4,380	$52,559
6	$28.96	$1,159	$2,318	$5,022	$60,255
7	$32.66	$1,307	$2,614	$5,663	$67,951
8	$36.36	$1,455	$2,910	$6,304	$75,647
9	$40.06	$1,603	$3,206	$6,946	$83,343
10	$43.76	$1,751	$3,502	$7,587	$91,039

***Pregnant women are counted as 1+ the number of expected infants*

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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.

This institution is an equal opportunity provider.