## WIC APPLICATION FORM

How did you hear about	he WIC Program?			
Your Name:/ Date of Birth:/ Address:	<i></i>			
Street	City	Z	Zip	County
Daytime Phone Number:	( )			
Number of people living	in your household (c	ounting you	າ):	
Gross household income: (before taxes)	\$per:		2 weeks	s month year
Are you pregnant? Y	es No			
When is your expected d	ue date?//_			
Have you had a baby in t	he last 6 months?	Yes N	No	
Are you breastfeeding a l	oaby who is under on	e year of ag	ge? Yes	No
Please list name, sex, and	date of birth for eac	h of your cl	nildren unde	r age 5:
Name		Sex		Birth Date
		M	F	/
		M	F	//
		M	F	//
		M	F	/
		М	F	1 1

This form can be printed, filled out, and mailed to:

Trempealeau County WIC Program
36245 Main Street
PO Box 67
Whitehall, WI 54773

**OR** the form can be filled in electronically and emailed to: *ashort@tremplocounty.com*