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## Which Benefits Would Your Household Like to Apply For?

The first step is to tell us which benefits **your household** would like to get by checking the box for each benefit your household would like to apply for. Later you will have the opportunity to select specific programs for each person in your home as you complete the application. Click the Next button at the bottom of the page to continue.

- Medical Assistance (including Health First Colorado (Colorado Medicaid), CHP+, or Tax Credits and Cost Sharing Reductions through Connect for Health Colorado)** [Show Details](#)
- Food Assistance** [Show Details](#)
- Colorado Works / TANF - Cash Assistance for Families with Dependent Children** [Show Details](#)
- Adult Financial - Cash Assistance for disabled or individuals over the age of 60** [Show Details](#)
- Child Care Assistance (CCCAP)** [Show Details](#)
- Nurse-Family Partnership (NFP) for first-time moms** [Show Details](#)
- Head Start** [Show Details](#)
- Low Income Energy Assistance Program (LEAP)** [Show Details](#)
- SafeCare Colorado** [Show Details](#)
- Women, Infants and Children (WIC)** [Hide Details](#)

You can participate in WIC if you:

- Meet income guidelines or are enrolled in Health First Colorado (Colorado's Medicaid Program), Colorado Works/Temporary Assistance for Needy Families (TANF), or Food Assistance/SNAP.
- Live in Colorado
- Are pregnant or a new mom
- Have a child younger than 5 years of age

What does WIC offer?

- Free, healthy food using an eWIC debit card
- Personalized nutrition consultation
- Breastfeeding information, support, and breast pumps
- Referrals to family health and other community services

\*WIC benefits are free and do not need to be repaid.

**LiVE Transit Program (RTD)** [Show Details](#)

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### Colorado WIC's online referral form ([www.ColoradoWICsignup.com](http://www.ColoradoWICsignup.com))

✎ **Personal Information** (Enter applicant information below. If applying for an infant/child, enter parent/caregiver's information)

\*Required

First Name:

Last Name:

Date of Birth:

Street Address:

City:

State:

Zip Code:

Email Address:

Phone Number:

Type:

Alternate Phone Number:

Type:

In addition to calling you, is it okay to send you a text message or email?

Preferred Language:

Have you been on WIC before?

Reason for Referral: (select all that apply)\*

Heard about WIC/Referred By:

Has an Infant/Child Under 5  
 Breastfeeding  
 Postpartum  
 Pregnant

Is anyone in your household enrolled in Medicaid, SNAP, TANF, or FDIPIR?

**Additional Family Members**  
 Please enter any additional family members who may be WIC eligible. This includes women who are pregnant, new moms, infants, and children under 5 years of age.

**Additional Comments** (Examples include: name of doctor/clinic submitting referral, specialty formula, breastfeeding needs, etc.)