

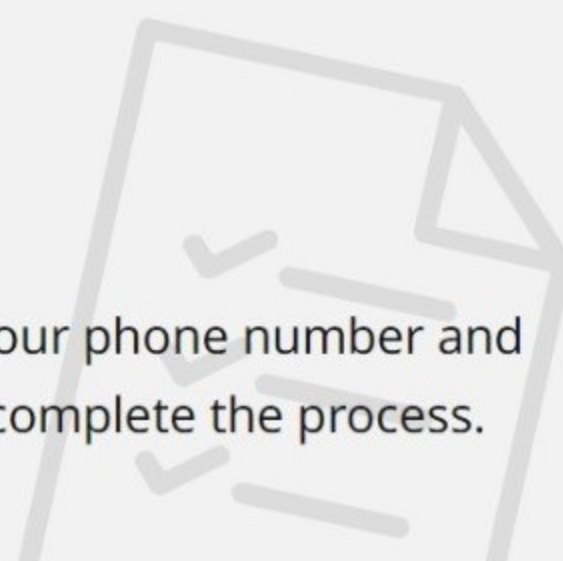
Apply for WIC online

Get started with the Women, Infants, & Children (WIC) Nutrition Program.

You will need:

Before you begin, [check your eligibility for WIC](#).

Please fill out the fields below to begin the process. Provide your phone number and a representative will contact you with information on how to complete the process.



CONTACT

Women, Infants, & Children (WIC) Program

 Online

wicinfo.dph@massmail.state.ma.us

Name *

First Name
Last Name

Address 1 *

Address 2 (optional)

City *

State *

Zip / Post Code *

Preferred Language *

- English
- Spanish
- Cantonese
- Mandarin
- French
- Portuguese
- Russian
- Arabic
- Other

Contact me by *

Email (optional)

Confirm Email* (optional)

Phone (optional)

Best time to contact you *

- Early morning (8 a.m.–10 a.m.)
- Morning (10 a.m.–12 p.m.)
- Afternoon (12 p.m.–2 p.m.)
- Late afternoon (2 p.m.–5 p.m.)
- Evening (5 p.m.–6 p.m.)
- Saturday morning (9 a.m.–11 a.m.)

Date of Birth *

How did you hear about WIC? *

- Facebook or Internet search
- WIC office
- Friend/family member
- Advertisement (TV, radio, billboard)
- Doctor's office/clinic
- DTA office
- Other

Check if your already enrolled in WIC (optional)

- I am already enrolled in WIC

By clicking submit, I am allowing the electronic transmission of the information above to the Department of Public Health. I understand that the Department of Public Health will share this information with a local WIC agency in my area, who may use this information to screen my WIC eligibility. Please see the [Mass.gov privacy policy](#) for further information on the electronic transmission of information to the WIC program. I also understand that by submitting this information, I am not guaranteed enrollment in the program.

This institution is an equal opportunity provider.

SUBMIT FORM