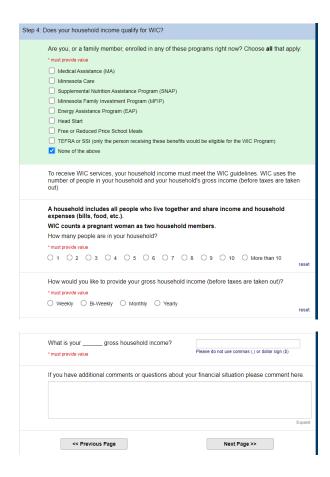
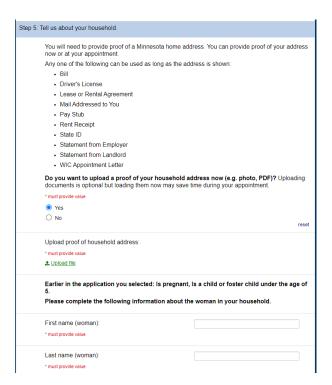


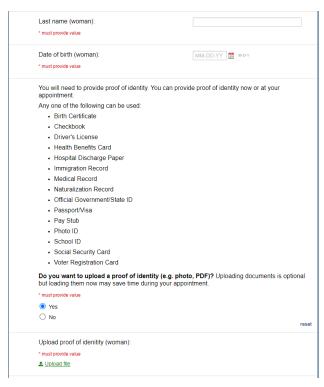
Save & Return Later							
Step 2: Is WIC for you?							
Choose all that apply. Someone in your household: "must provide value							
☑ Is pregnant							
☐ Has had a baby within the last 6 months							
Is breastfeeding a baby less than 12 months old							
 ☐ Has had a loss of a pregnancy less than 6 months ago ✓ Is a child or foster child under the age of 5 							
None of the above							
Choose your county or tribal government:	•						
* must provide value							
Who should we contact in the household?							
* must provide value	First and Last name						
Household street address:							
* must provide value	If no current address, write "None" for address fields						
City:							
* must provide value							
Zip Code:							
* must provide value							
Do you receive mail at this address?							
* must provide value							
○ Yes							
○ No	reset						
What is the best phone number to contact you? "must provide value	Format xxxxxxxxxx						
- must provide value							
Can a message be left at this phone number?							
* must provide value							
○ Yes ○ No							
O No	reset						
What is your email address?							
How do you prefer to be contacted? * must provide value	•						
* must provide value							
What language do you speak at home?	•						
* must provide value							
Do you need an interpreter?	○ Yes						
* must provide value	○ No reset						
How did you hear about WIC? * must provide value	~						
- must provide value							
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Step 3: WIC History							
Have you, or one of your children, participated in the	Minnesota WIC Program before?						
*must provide value							
○ Yes							
O No	rese						
Have you received WIC food from somewhere other than Minnesota in the past 3 months?							
* must provide value							
O Yes O No							
U 110	rese						

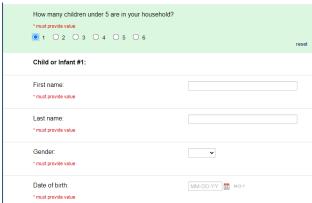
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Y	ou will need to provide proof of identity. You can provide proof of identity now or at your ppointment.	
А	ny one of the following can be used:	
	Baptismal Certificate	
	Birth Certificate	
	Crib Card	
	Health Benefits Card	
	Hospital Discharge Paper	
	Immigration Record	
	Immunization Record/Registry	
	Medical Record	
	Naturalization Record	
	Official Government/State ID	
	Passport/Visa	
	Photo ID	
	School ID	
	Social Security Card	
P	o you want to upload a proof of identity (e.g. photo, PDF)? Uploading documents is option	al
	ut loading them now may save time during your appointment.	
*1	must provide value	
	Yes Yes	
	O No	
		reset
U	Ipload proof of idenitity:	
	must provide value	
	Upload file	
•		
Step 6: Whe	en do you prefer to be contacted?	
W	hat days of the week work best to reach you?	
* n	nust provide value	
	Monday	
	Tuesday	
	Wednesday	
	Thursday	
	e ::::::::::::::::::::::::::::::::::::	

Step 6: When do you prefer to be contacted?				
,	What days of the week work best to reach you?			
	* must provide value			
	☐ Monday			
	Tuesday			
	Wednesday			
	☐ Thursday			
	Friday			
	Do mornings or afternoons work best for you?			
	* must provide value			
	○ Morning			
	○ Afternoon			
	O Both	reset		
	Application Complete: You will be able to provide additional information when WiC Staff contact you.			
	This institution is an equal opportunity provider. <u>WIC Non-Discrimination Statement - Minnesota Dept.</u> <u>Health</u>	of		
	<< Previous Page Submit			