

**Step 1. Consent to Provide Information**

**Use of Information**  
 The information you give WIC is private. It will be used to decide if you or your child is eligible for WIC and how best to serve you. Without complete information, we might not be able to certify you for WIC. The information may be shared only with people directly connected with the administration of WIC, unless you sign a consent. It may also be used for reports and audits, but your name will not be used.

**Release of Information**  
 Sending information electronically (e.g. email, internet) might not be secure and you can revoke this release at anytime. If you do not provide your consent, you may contact a WIC clinic near you to apply ([Minnesota WIC Agency Directory](#)).

\* must provide value

I consent that I am sharing private information and agree to share this with the Minnesota WIC Program.

**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?   
First and Last name

\* must provide value

Household street address:   
If no current address, write "None" for address fields

\* must provide value

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?   
Format: xxxxxxxxxx

\* must provide value

Can a message be left at this phone number?

\* must provide value

Yes

No

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What is your email address?

How do you prefer to be contacted?

\* must provide value

What language do you speak at home?

\* must provide value

Do you need an interpreter?  Yes  No

\* must provide value

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How did you hear about WIC?

\* must provide value

**Step 3. WIC History**

Have you, or one of your children, participated in the Minnesota WIC Program before?

\* must provide value

Yes

No

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Have you received WIC food from somewhere other than Minnesota in the past 3 months?

\* must provide value

Yes

No

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Step 4: Does your household income qualify for WIC?

Are you, or a family member, enrolled in any of these programs right now? Choose **all** that apply.

\* must provide value

- Medical Assistance (MA)
- Minnesota Care
- Supplemental Nutrition Assistance Program (SNAP)
- Minnesota Family Investment Program (MFIP)
- Energy Assistance Program (EAP)
- Head Start
- Free or Reduced Price School Meals
- TEFRA or SSI (only the person receiving these benefits would be eligible for the WIC Program)
- None of the above

To receive WIC services, your household income must meet the WIC guidelines. WIC uses the number of people in your household and your household's gross income (before taxes are taken out).

**A household includes all people who live together and share income and household expenses (bills, food, etc.).**

**WIC counts a pregnant woman as two household members.**

How many people are in your household?

\* must provide value

- 1  2  3  4  5  6  7  8  9  10  More than 10

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How would you like to provide your gross household income (before taxes are taken out)?

\* must provide value

- Weekly  Bi-Weekly  Monthly  Yearly

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What is your \_\_\_\_\_ gross household income?

\* must provide value

Please do not use commas (,) or dollar sign (\$)

If you have additional comments or questions about your financial situation please comment here.

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Step 5: Tell us about your household.

You will need to provide proof of a Minnesota home address. You can provide proof of your address now or at your appointment.

Any one of the following can be used as long as the address is shown:

- Bill
- Driver's License
- Lease or Rental Agreement
- Mail Addressed to You
- Pay Stub
- Rent Receipt
- State ID
- Statement from Employer
- Statement from Landlord
- WIC Appointment Letter

Do you want to upload a proof of your household address now (e.g. photo, PDF)? Uploading documents is optional but loading them now may save time during your appointment.

\* must provide value

- Yes  
 No

reset

Upload proof of household address:

\* must provide value

[Upload file](#)

**Earlier in the application you selected: Is pregnant, Is a child or foster child under the age of 5.**

**Please complete the following information about the woman in your household.**

First name (woman):

\* must provide value

Last name (woman):

\* must provide value

Last name (woman):	<input type="text"/>
<small>* must provide value</small>	
Date of birth (woman):	<input type="text" value="MM-DD-YY"/> <small>M-D-Y</small>
<small>* must provide value</small>	
<p>You will need to provide proof of identity. You can provide proof of identity now or at your appointment.</p> <p>Any one of the following can be used:</p> <ul style="list-style-type: none"><li>• Birth Certificate</li><li>• Checkbook</li><li>• Driver's License</li><li>• Health Benefits Card</li><li>• Hospital Discharge Paper</li><li>• Immigration Record</li><li>• Medical Record</li><li>• Naturalization Record</li><li>• Official Government/State ID</li><li>• Passport/Visa</li><li>• Pay Stub</li><li>• Photo ID</li><li>• School ID</li><li>• Social Security Card</li><li>• Voter Registration Card</li></ul> <p><b>Do you want to upload a proof of identity (e.g. photo, PDF)?</b> Uploading documents is optional but loading them now may save time during your appointment.</p> <p><small>* must provide value</small></p> <p><input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p style="text-align: right;"><small>reset</small></p>	
Upload proof of identity (woman):	<input type="text"/>
<small>* must provide value</small>	
<a href="#">Upload file</a>	

How many children under 5 are in your household?	
<small>* must provide value</small>	
<input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6	
<small>reset</small>	
<b>Child or Infant #1:</b>	
First name:	<input type="text"/>
<small>* must provide value</small>	
Last name:	<input type="text"/>
<small>* must provide value</small>	
Gender:	<input type="text" value="v"/>
<small>* must provide value</small>	
Date of birth:	<input type="text" value="MM-DD-YY"/> <small>M-D-Y</small>
<small>* must provide value</small>	

You will need to provide proof of identity. You can provide proof of identity now or at your appointment.

Any 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

**Do you want to upload a proof of identity (e.g. photo, PDF)?** Uploading documents is optional but loading them now may save time during your appointment.

\* must provide value

- Yes  
 No

reset

Upload proof of identity:

\* must provide value

[Upload file](#)

#### 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  
 Both

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**Application Complete:** You will be able to provide additional information when WIC Staff contact you.

This institution is an equal opportunity provider. [WIC Non-Discrimination Statement - Minnesota Dept. of Health](#)

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