

wicr.wv.gov wwwicr.wv.gov Home

File Edit View Favorites Tools Help

User Name Password [Login](#) [Reset Password?](#) [Help](#)

[En Español](#)

WIC
 Women, Infants and Children (WIC) is a supplemental nutrition program for pregnant women, breastfeeding women, women who had a baby within the last six months, infants, and children under the age of five. The WIC program provides breastfeeding support, nutrition education, referrals to appropriate health agencies, and nutritious foods for eligible applicants. The WIC program is the Special Supplemental Nutrition Program for Women, Infants and Children. The WIC Program is administered by the State Department of Health through a grant provided by the Food and Nutrition Service (FNS) of the United States Department of Agriculture (USDA).

- Supplemental foods high in nutrients during time of critical growth and development.
- Nutrition education designed to improve dietary habits and health status and to emphasize the relationship between nutrition and health.
- Information, support and encouragement for breastfeeding.
- Referrals for other health services.

Welcome to WIC Program!

[Am I Eligible?](#)
for first time users

[Register](#)
for WIC Participants

Copyright © 2011 State Department WIC Services— All Rights Reserved. Privacy Policy Terms of Use Non-Discrimination Statement EEO

wicr.wv.gov wwwicr.wv.gov Apply WIC Services Online

File Edit View Favorites Tools Help

Online Application Process [Help](#)

[Prescreening](#) [Registration](#) [Family Information](#) [Clinic Selection](#) [Health Information \(Optional\)](#) [Appointments](#)

Prescreening

Please enter information below to verify your eligibility for WIC Services

Do you currently live in West Virginia?
 Yes No

Please check all that applies to your family:

I have children under 5
 I had a baby in the last six months
 I am nursing my baby
 I am pregnant

How many people live in your household?
 Your household is everyone who lives in your home (including children) and shares income and household expenses (bills, food, etc.). Your household may include people who are related to you and people who are not.
 Note: If a woman in your household is pregnant, you may increase your household size by the number of expected births.

Are you or anyone in your household currently enrolled in any of the following programs? (Check all that apply):

Supplemental Nutrition Assistance Program (SNAP)
 Medicaid
 Temporary Assistance to Needy Families (TANF)
 None of the above

[Next](#) [Cancel](#)

Copyright © 2011 State Department WIC Services— All Rights Reserved. Privacy Policy Terms of Use Non-Discrimination Statement EEO

wiccr.wv.gov wiccr.wv.gov wichousehold.wv.gov

File Edit View Favorites Tools Help

Online Application Process

[Prescreening](#) |
 [Registration](#) |
 [Family Information](#) |
 [Clinic Selection](#) |
 [Health Information \(Optional\)](#) |
 [Appointments](#)

[Help](#)

Online - User Registration

User Name *

Password *

8-character(s) minimum; 15-character(s) maximum; 1-uppercase character(s) minimum.

Confirm Password *

E-mail *


Security Question *

Please select one

Security Answer *

Word Verification *

Type the characters you see in the picture below.



* Required Fields

Copyright © 2011 State Department WIC Services— All Rights Reserved. Privacy Policy Terms of Use Non-Discrimination Statement EEO

wiccr.wv.gov wiccr.wv.gov wichousehold.wv.gov if i want to get a screen shot of...

File Edit View Favorites Tools Help

Online Application Process

[Prescreening](#) |
 [Registration](#) |
 [Family Information](#) |
 [Clinic Selection](#) |
 [Health Information \(Optional\)](#) |
 [Appointments](#)

[Help](#)

Family Information

Family Members

Please enter family members who may be WIC eligible

Last Name
 First Name
 M.I.
 Suffix
 Date of Birth

(MM/DD/YYYY)

Applicant List

Last Name	First Name	M.I.	Suffix	Gender	Date of Birth	Category

Parent/Guardian

Please enter parent/guardian de bits

Last Name
 First Name
 M.I.
 Suffix

At what address do you live?

Please enter a address

E-mail Address *

ZIP Code * **City *** **State *** **County ***

Is this your mailing Address?

How can we contact you?

Copyright © 2011 State Department WIC Services— All Rights Reserved. Privacy Policy Terms of Use Non-Discrimination Statement EEO

wwwickr.wv.gov wwwickr.wv.gov wichousehold.wv.gov

File Edit View Favorites Tools Help

Online Application Process [Help](#)

[Prescreening](#)
 [Registration](#)
 [Family Information](#)
 [Clinic Selection](#)
 [Health Information \(Optional\)](#)
 [Appointments](#)

Where are the WIC Clinics Near Me?
 WIC clinics are conveniently located around the state. Enter your zip code and distance below then click search to get a list of clinics close to you. After you see the clinic list, you can click on Map to get driving directions.

WIC Clinic Locations

Find Clinics

ZIP Code:

Find a clinic within: Miles.

Clinic List

	Name	Address	Phone	Hours	Miles
	11201_KANAWHA COUNTY WIC PROGRAM	4188 WEST WASHINGTON STREET ROUTE 62, CHARLESTON, WV 25313	(111) 111-1111	M-F 8:00 AM-6:30 PM	6.98

Copyright © 2011 State Department WIC Services— All Rights Reserved. Privacy Policy Terms of Use Non-Discrimination Statement EEO

wwwickr.wv.gov Login wichousehold.wv.gov

File Edit View Favorites Tools Help

Online Application Process [Help](#)

[Prescreening](#)
 [Registration](#)
 [Family Information](#)
 [Clinic Selection](#)
 [Health Information \(Optional\)](#)
 [Appointments](#)

These questions will be asked during your clinic visit. Would you like to get started now?

Does anyone smoke inside your house?
 Yes No

Please answer one of the following:

What date did your last menstrual period start? *

What date is your baby due? *

What was the date of your first doctor's visit for this pregnancy?

Copyright © 2011 State Department WIC Services— All Rights Reserved. Privacy Policy Terms of Use Non-Discrimination Statement EEO

information has been submitted.

Note:

At the WIC appointment, please bring all the following:

- **Proof of residency** such as a current utility bill with a street address (no PO boxes), rent or mortgage receipt, or a Medicaid card.
- **Proof of identity for yourself and each child you are applying** such as a Drivers License, Medicaid Card, Birth Certificate, or Passport.
- **Proof of income** (pay stubs) or proof of enrollment in a state program (automatic income eligibility if currently enrolled in TANF, Food Stamps, or Medicaid)
- **Proof of income** for each household member who works. You must bring documentation such as check stubs showing the last 30 days of pay. If you receive Medicaid you may bring your Medicaid card as proof of income. You may also bring a letter from Human Services showing the amount you receive in Food Stamps or the Family Employment Program.
- **Immunization records** for your children being certified.
- Bring any children you are applying for

At the clinic, you will be evaluated for nutritional risk. Nutritional risk is one of the main qualifying factors in determining benefit eligibility for pregnant, postpartum, or breastfeeding women, and infants and children under five.