WIC – The Special Supplemental Nutrition Program for Women, Infants and Children

WISCONSIN
WIC
HERE FOR YOU

The goal of the WIC Program is to support the health of pregnant women, new mothers, infants and young children through nutrition education and supplemental foods.

WIC lays the groundwork for healthy eating for a lifetime!

WIC provides:
➢ Nutrition Information
➢ Breastfeeding promotion and support
➢ Benefits to help purchase foods including milk, eggs, fruits, vegetables, breads and other items
➢ Health screening and information about other community agencies and services

You or your child may qualify if:
➢ You are pregnant
➢ You have a child under the age of five years old
➢ You meet the WIC income
➢ You have a nutrition or health need that can be helped by WIC food and nutrition education.

To find out if you qualify, complete this application email to: laxwic@lacrossecounty.org.

Mailing Address: **La Crosse County WIC Program, 300 4th Street North, La Crosse, WI 54601**.

If you do not hear from us within ten days, please call 608-785-9865. Calls also welcome to ask about eligibility or to make an appointment.

USDA is an equal opportunity provider and employer.
Please find the full non-discrimination statement at:
https://www.dhs.wisconsin.gov/wic/non-discrimination.htm#english

www.lacrossecounty.org/health
Updated: 5/1/2015

Application for the La Crosse County WIC Program

Please Print   *Office Use Only: Date Received: _____*

Answer the following questions to the best of your knowledge. All information will be kept confidential.

Your Name [   ] Date of Birth [   ]

Address [   ]
         Street or rural route

[   ] [   ] [   ]
City   Zip   County

Phone [   ]
      (Where you can be reach during the day)

Number of people in your family [   ] (Counting you)

Household income $ [   ] [ ] week [ ] 2 weeks [ ] month [ ] year
                   (Before taxes)

Are you pregnant? [ ] Yes [ ] No   [   ]
                                               Due date

Have you had a baby in the last 6 months?   [ ] Yes [ ] No

Are you breastfeeding? [ ] Yes [ ] No

Names and birthdates of your children under age 5.

Name	Sex M/F	Birth date