

ALAMEDA COUNTY WIC PROGRAM

APPLICATION FORM

PLEASE COMPLETE ALL QUESTIONNAIRES BEFORE COMING TO YOUR APPOINTMENT

NAME: _____ New Active

APPOINTMENT: _____
Day *Date* *Time* *Clinic*

PLEASE BRING THESE ITEMS TO YOUR WIC APPOINTMENT. (Call 595-6400 for Appointments)

1. **NUTRITION QUESTIONNAIRE:** Please complete all forms **before** coming to your appointment; it helps us serve you faster.
2. **IDENTIFICATION:** such as Driver's License, California ID, Green Card, Social Security Card, birth or baptismal certificates, baby's crib card from hospital, immunization records or medical records, Matricula Consular Identification.
3. **CURRENT PROOF OF ADDRESS:** Such as: Utility bill or other mail, rental agreement or rent receipt with your name and address, or a statement from the person who supports you.
4. **CURRENT PROOF OF INCOME:** Such as: most recent month's paycheck stubs, letter from welfare office, Social Security or unemployment, disability papers, child support letters, letter of support by a relative or friend, military earning statement, income tax return or financial records if self-employed, foster parent agreement.
5. **WIC REFERRAL FORM:** Current information completed by clinic or doctor's office for each person being certified or enrolled.
6. **VACCINATION RECORD** for your children.

THANK-YOU FOR BEING ON TIME FOR YOUR APPOINTMENT.

Please list women that are pregnant or just delivered, and all children under 5 who are living with you:

Full <u>Birth</u> Name	Date of Birth	Social Security Number (if available)	Place of Birth: County, State or Country	Mother's <u>First</u> Name

Do you get: Yes No Medi-Cal? Race/Ethnicity:
 Yes No Other Health Insurance – what? _____ White African American
 Yes No Calworks (AFDC/TANF)? Hispanic Asian/Pacific Islander
 Yes No Food Stamps? American Indian/Alaskan

What is your family's monthly income before taxes, including overtime? Self _____ Partner _____

How many people are in your family? (people living with you that you support, including yourself) _____

Highest grade completed _____

How did you hear about WIC? _____

Have you or anyone in your family worked in agriculture during the past 2 years? Yes No
 If 'yes', did you have to leave the area to do this work? Yes No

If you cannot come to your WIC appointment, you can send an alternate, except at certification appointments.

Please list your alternates: _____