

Your name: \_\_\_\_\_

**Welcome to WIC!**

Please share the following information about your household. It will help us serve you.

**1. How many people (related or not related) live in your household? \_\_\_\_\_**

Include:

- Your spouse, partner and any other people you share income or resources with.
- Children who live with you at least half of the time.
- Unborn babies (unless you object)

Don't include:

- Foster children in your care. (WIC counts foster children as their own household).

**2. Which programs are you currently on?**

- Medical Assistance

Please provide your ProviderOne Services card number: \_\_\_\_\_

- Temporary Assistance to Needy Families (TANF)
- Supplemental Nutrition Assistance Program (SNAP)
- Food Distribution Program on Indian Reservations (FDPIR)

**3. Which programs are members of your household on?**

- Medical Assistance

Is this person a pregnant woman? \_\_\_\_\_

If yes, please provide this person's ProviderOne Services card number: \_\_\_\_\_

Is the person an infant? \_\_\_\_\_

If yes, please provide this person's ProviderOne Services card number: \_\_\_\_\_

- Temporary Assistance to Needy Families (TANF)
- Supplemental Nutrition Assistance Program (SNAP)
- Food Distribution Program on Indian Reservations (FDPIR)

**4. Please provide information about your household's income:**

Source* of income	Income amount (before taxes or deductions)	How often is this income received?

If you need more room, use the other side of this form.

\*Source examples: Work, military, child support, unemployment, SS/SSI, gifts, bonuses, etc.

**This institution is an equal opportunity provider.**  
Washington State WIC Nutrition Program doesn't discriminate.

Additional household income information:

Source* of income	Income amount (before taxes or deductions)	How often is this income received?

\*Source examples: Work, military, child support, unemployment, SS/SSI, gifts, bonuses, etc.

**WIC Nutrition Program doesn't discriminate.**

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

Mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410

Email: [program.intake@usda.gov](mailto:program.intake@usda.gov)

Fax: (202) 690-7442

**This institution is an equal opportunity provider.**  
Washington State WIC Nutrition Program doesn't discriminate.



DOH 962-972 January 2017

