



- Use EWIC Card with WIC App**
- * EWIC Debit card – approved with PIN number
 - * Paperless – PDF file of WIC foods
 - * All Family benefits in one list (only buy what you need)
 - * Search preapproved grocery stores
 - * Scan UPC codes to identify WIC foods
 - * Fast Checkout – all one transaction (no separating WIC foods from other groceries)

WHAT IS WIC?

A Federal **Supplemental** Nutrition Program that provides: Healthy foods, Nutrition & Breastfeeding tips and advice, referrals for other resources.

To Qualify for WIC:

- Must be Pregnant, postpartum and/or breast-feeding; have a child under the age of 5 (including foster children).
- Live in Chisago County.
- Meet income guidelines (see chart below) **OR** **Stop: Automatically Qualify If you or children receive SNAP, MFIP, Medical Assistance, MNCARE or TEFRA (child only).**

NOTE: Are you over the income guidelines below and are pregnant or have a child under age 2? See our WIC website for the much higher MA guidelines. Consider applying for MA as a secondary insurance if you have a deductible or co-pays. Participating in MA qualifies you for WIC.

At the WIC appointment we will determine your income eligibility, and offer nutrition counseling. You will be asked to bring proof of I.D., physical residence and income (or proof of MA, SNAP, MFIP) for **each** applicant and also bring children you are applying for.

For more information check out our website: <https://www.chisagocounty.us>

HOW DO YOU APPLY?

Call WIC between 8:00 am & 4:30 pm, Monday through Friday to see if you qualify and to schedule an appointment.

***For Chisago County Residents Only* 651-213-5206, or 1-888-234-1246**

or

Fill out income Application Form on the reverse side to see if you are income eligible for the WIC Program.

or

If you prefer, mail this application to:
Chisago County WIC Program
6133 402nd Street
North Branch, MN 55056

or

Fax application to: **651-213-5401**



WIC Income Guidelines April 1st, 2021 to June 30th, 2022
185% FPG *Maximum allowable Gross-Income standards*

Pregnant women (Include unborn babies) Postpartum women and families with Children from birth till 5 th birthday *NOTE: Pregnant women count as 2*		
Family Size	Annual	Weekly
1	23,828	459
2	32,227	620
3	40,626	782
4	49,025	943
5	57,424	1,105
6	65,823	1,266
7	74,222	1,428
8	82,621	1,589
Each additional Member Add	8,399	162

Chisago County Public Health WIC Application Form *ONLY RESIDENTS MAY APPLY*
Please Check reverse side to see if you qualify.

Parent's Name: _____

Address: _____

City: _____ Zip Code: _____

A good time to call is: _____

Home phone # _____

Cell phone # _____

Office Use Only Date Received Application _____

Left Message _____ IC _____ FAO _____

Appt. Date _____ Time _____

Family/Household Size _____ If pregnant, include number of fetuses. **** Include any children that you are paying child support for. **** **** Foster children automatically qualify. **** **** Refer to income guidelines on reverse side ****

PLEASE LIST: Pregnant or Postpartum women & Children under 5

	Last name, First name, Middle initial	Birth Date	Sex	Due Date	Breast Feeding or Formula Brand
1					
2					
3					
4					

Are there any medical needs we should be aware of when scheduling your appt.? _____

Has anyone above ever been on WIC before? ___yes ___No If yes, When? _____ Where? _____

If on WIC before, was a different name used: _____ Maiden Name: _____

STOP: *Applicants CURRENTLY receiving services below automatically qualify for WIC and do not have to fill out INCOME information*

Check services receiving

- MA MNCARE SNAP
- MFIP HEAD START FUEL ASSISTANCE
- FREE OR REDUCED LUNCH

INCOME INFORMATION:

PLEASE REPORT GROSS INCOME (BEFORE TAXES)

Do you receive Child Support? \$ _____/month

Do you receive SSI or RSDI? (social security) \$ _____/month

Do you receive Unemployment, Comp or Disability? \$ _____/month

Do you receive Veterans or Other Pensions? \$ _____/month

Do you receive Rental Income from tenants? \$ _____/month

Is there any Other Income in your household? \$ _____/month

Subtotal (Above) \$ _____ x 12 \$ _____

Yearly gross Income from employer (Below) \$ _____

TOTAL GROSS INCOME (BEFORE TAXES) \$ _____

Name of Person Employed _____ Place of Employment _____

Income #1: Hourly Wage: _____ hours /wk: _____ **Weekly gross:** _____ Seasonal: _____ Annual Income: _____

Name of Person Employed _____ Place of Employment _____

Income #2: Hourly Wage: _____ hours /wk: _____ **Weekly gross:** _____ Seasonal: _____ Annual Income: _____

Annual income based on fed tax form 1040A—line 15, Tax 1040EZ—Line 6, or Line 22 on Form 1040.

I certify that the information I have provided for my eligibility is correct to the best of my knowledge. I understand that intentionally giving false or misleading information will result in my not receiving WIC benefits.

Signature: _____ Date: _____

This institution is an equal opportunity provider and employer.