

# Garfield County WIC Program Application Form

## 1. Parent/Guardian to Complete – Please Print

<b>Have you applied or Been on WIC before?</b> No    Yes		<b>If Yes, Where?</b>	<b>When?</b>	<b>Date of Birth</b>	
<b>Last Name</b>			<b>First Name</b>		<b>Middle Initial</b>
<b>Address</b> (Include apartment/space number)			<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Preferred Contact Ph. #</b>		<b>Alternate Contact Ph. #</b>		<b>Email Address</b>	
<b># of people living in home</b>	<b>Monthly Household Gross Income</b>		<b>Public assistance</b> (Circle All That Apply) TANF      Food Stamps      Medicaid		
<i>(Please circle only one for each question)</i> <b>Hispanic or Latino?</b> Yes or No <b>Nationality:</b> White/Caucasian African American American Indian Native Hawaiian/Pacific Islander			<i>(Please circle only one for each question)</i> <b>Mother's Education level:</b> 8 <sup>th</sup> Grade    1 year of college 9 <sup>th</sup> Grade    2 years of college 10 <sup>th</sup> Grade    3 years of college 11 <sup>th</sup> Grade    4 or 5 years of college 12 <sup>th</sup> Grade		

## 2. Eligible Applicant(s) – Complete one box per applicant.

<b>Eligibility</b> (check all that apply) <input type="checkbox"/> <b>Pregnant</b> <input type="checkbox"/> <b>Breastfeeding</b> (up to 12 months) <input type="checkbox"/> <b>Postpartum</b> (up to 6 months) <input type="checkbox"/> <b>Infant</b> <input type="checkbox"/> <b>Child Under Five Years Old</b>	<b>Last Name</b>	<b>First Name</b>	<b>Middle Initial</b>
	<b>Date of Birth</b>	<b>Age</b>	<b>Male or Female</b>
<input type="checkbox"/> <b>Pregnant</b> <input type="checkbox"/> <b>Breastfeeding</b> (up to 12 months) <input type="checkbox"/> <b>Postpartum</b> (up to 6 months) <input type="checkbox"/> <b>Infant</b> <input type="checkbox"/> <b>Child Under Five Years Old</b>	<b>Last Name</b>	<b>First Name</b>	<b>Middle Initial</b>
	<b>Date of Birth</b>	<b>Age</b>	<b>Male or Female</b>
<input type="checkbox"/> <b>Pregnant</b> <input type="checkbox"/> <b>Breastfeeding</b> (up to 12 months) <input type="checkbox"/> <b>Postpartum</b> (up to 6 months) <input type="checkbox"/> <b>Infant</b> <input type="checkbox"/> <b>Child Under Five Years Old</b>	<b>Last Name</b>	<b>First Name</b>	<b>Middle Initial</b>
	<b>Date of Birth</b>	<b>Age</b>	<b>Male or Female</b>
<input type="checkbox"/> <b>Pregnant</b> <input type="checkbox"/> <b>Breastfeeding</b> (up to 12 months) <input type="checkbox"/> <b>Postpartum</b> (up to 6 months) <input type="checkbox"/> <b>Infant</b> <input type="checkbox"/> <b>Child Under Five Years Old</b>	<b>Last Name</b>	<b>First Name</b>	<b>Middle Initial</b>
	<b>Date of Birth</b>	<b>Age</b>	<b>Male or Female</b>

## 3. Garfield County WIC

195 W. 14<sup>th</sup> Street

Rifle, CO 81650

Tel: 970-625-5200

Fax: 970-625-4804

Garfield County WIC

2014 Blake Ave.

Glenwood Springs, CO 81601

Tel: 970-945-6614

Fax: 970-947-0155