W.I.C. INTAKE FORM

Date: _____

BRING PROOF OF IDENTITY, INCOME AND RESIDENCE

At what clinic would you like to be seen?
☐ Boulder ☐ Longmont ☐ Lafayette

Have you or your children ever been on the W.I.C. Program? ☐ Yes ☐ No

BRING IMMUNIZATION RECORDS

If YES, where: _____

When did you last cash W.I.C. checks? _____

Total number of people in household: _____ Gross income (before taxes $ _____

Name: _____ Address: _____

County: _____ City: _____ Zip: _____ Telephone: ( ) _____

Message / Work Phone: ( ) _____ Email: _____

PERSON(S) APPLYING FOR THE W.I.C. PROGRAM:

Name(s)	Date of Birth	For W.I.C. Purposes Only
1. _____	_____	ID # _____
2. _____	_____	ID# _____
3. _____	_____	ID# _____
4. _____	_____	ID# _____
		ID# _____

Are any of the above pregnant? ☐ Yes ☐ No Due Date: _____

Are any of the above breastfeeding? ☐ Yes ☐ No

Using formula? ☐ Yes ☐ No Formula Name? _____

Does anyone in your family receive any of the follow? (Please circle ALL that apply)

MEDICAID TANF FOOD STAMPS

FOR OFFICE USE ONLY Referred to: ☐ NFP ☐ Genesis

Appointment Date: _____ Time: _____ Paperwork given? ☐ Yes ☐ No