

Pueblo WIC Program Application Form

1. Parent/Parent-to-be/Guardian to Complete – Please Print

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

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

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

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

3. Return completed form to WIC staff to schedule an appointment.

This is an equal opportunity program. If you believe you have been discriminated against because of race, color, national origin, age, sex, or handicap, write immediately to the Secretary of Agriculture, Washington D.C., 20250