

Monroe County Health Department

Serving the Community since 1921

315 West Oak Street · Sparta, WI 54656 · (608) 269-8666 · Fax (608) 269-8872

The Monroe County Special Supplemental Nutrition Program for Women, Infants and Children (WIC)

Pre-screening Application

The following information will be used to determine if you and/or your child (ren) qualify for WIC services. If you do, you will have an appointment scheduled to determine if you and/or your child (ren) are also at nutritional risk.

Do you need an interpreter? Y N				Date:			
Have you or your child(ren) been on WIC before? Yes No If yes, when? Different name?				What state/county If no, where did you hear about WIC?			
Do you have a Wisconsin eWIC Card?	Yes	No	Lost				
Full Name:				Birthdate			
Address:				Email:			
Cell Phone:		Text? Y	N	Home Phone:			
Total <u>number of people</u> in your family (including yourself and the unborn baby if		:					
Total gross household income:(before taxes/deductions)	Weekly	Biweekly		Semi-monthly	Monthly	Anr	nually
*Gross = hourly rate x hours worked	Weekly	Biwee	ekly	Semi-monthly	Monthly	Anr	nually
Are you pregnant? Yes No If yes, estimated due date: Are you a postpartum mother? Yes If yes, are you breastfeeding? Yes	No No Foi	rmula? Ye	es No	FoodShareBadgerCareWisconsin	cipating in any of t : Applie : Applie Works Program (V	ed Ye	es No es No es No
Name(s) of child(ren) under age 5:	Sex M F	Birthdate	e R	elationship	Language you pref English Spanish		? Other
	M F			_	Any special accomi	modation	s needed
	M F				for appointments? Explain:		Y N
VIC staff to complete this section:	_						
Application: in person phone	e ma	il e	mail	W	isconsin transfer?	Yes	No
Appointment offered on:	Refused:		Out	of state transfer?	Yes	No	
Appointment Date:	pintment Date: Time:			PI	acement change?	Yes	No
eminder mailed Verbal Auth:			Family ID:				

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at 202-720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at 800-877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online

at: https://www.usda.gov/sites/default/files/documents/ad-3027.pdf, from any USDA office, by calling 866-632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. mail:

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

2. **fax:**

833-256-1665; or 202-690-7442

3. **email:**

program.intake@usda.gov.

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