



Vilas County WIC Program  
330 Court Street  
Eagle River, WI 54521  
715-479-3656

Wisconsin WIC Pre-Application

**Please Print**

Today's Date: \_\_\_\_\_

Have you ever been on WIC before in Wisconsin? Yes \_\_\_\_\_ No \_\_\_\_\_

What was your last name when you were last in WIC? \_\_\_\_\_

Your Name: \_\_\_\_\_

Your Date of Birth: \_\_\_\_\_

Your Physical Address: \_\_\_\_\_

\_\_\_\_\_

Your Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

If phone is a cell phone, is it OK for us to text appointment reminders? Yes \_\_\_\_ No \_\_\_\_

Email Address: \_\_\_\_\_

Your Date of Birth: \_\_\_\_\_

Are you pregnant? \_\_\_\_\_ Due Date: \_\_\_\_\_

Are you breastfeeding? \_\_\_\_\_ Delivery Date: \_\_\_\_\_

Name of Children Under the age of 5:	Sex	Birthdates
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Are you on Forward Health/Badgercare Yes \_\_\_\_\_ No \_\_\_\_\_

Are you on Foodshare Yes \_\_\_\_\_ No \_\_\_\_\_

Total Family Income per Month: \_\_\_\_\_

Are you paid (circle):    Weekly            Bi-Weekly            Monthly

This institution is an equal opportunity provider.