

**WASHOE COUNTY  
HEALTH DISTRICT**

ENHANCING QUALITY OF LIFE

**WIC APPLICATION**

**South Reno**

601 W Moana Lane #3  
Reno, NV 89509  
(775) 828-6600  
srwic@washoecounty.gov

**Health District**

1001 E 9th Street, Bldg. B  
Reno, NV 89512  
(775) 328-2299  
hdwic@washoecounty.gov

**Incline Village**

880 Alder Avenue  
Incline, NV 89451  
(775) 828-6600  
srwic@washoecounty.gov

<b>Applicant's Name:</b>		<b>Birthdate:</b>	
<b>Street Address:</b>		<b>City:</b>	<b>Zip:</b>
<b>Mailing Address:</b>		<b>City:</b>	<b>Zip:</b>
<b>Cell Phone:</b>	<b>Home Phone:</b>	<b>E-mail:</b>	
<b>Children's Name (under 5 years of age only):</b>		<b>Applicant's Relationship to child(ren):</b>	
<b>Last:</b>	<b>First:</b>	<b>Birthdate:</b>	
<b>Last:</b>	<b>First:</b>	<b>Birthdate:</b>	
<b>Last:</b>	<b>First:</b>	<b>Birthdate:</b>	
<b>Last:</b>	<b>First:</b>	<b>Birthdate:</b>	
<b>Last:</b>	<b>First:</b>	<b>Birthdate:</b>	
<b>Where did you hear about WIC :</b>			
<b>Have you ever been on WIC</b> <input type="checkbox"/> yes <input type="checkbox"/> no <b>Where:</b>		<b>Last benefits received:</b>	
<b>Are you Pregnant:</b> <input type="checkbox"/> yes <input type="checkbox"/> no	<b>Due date:</b>	<b>Pre-Pregnancy Weight:</b>	
<b>Breastfeeding:</b> <input type="checkbox"/> yes <input type="checkbox"/> no	<b>Do you use Formula?</b> <input type="checkbox"/> yes <input type="checkbox"/> no	<b>Which Brand:</b>	
<b>How many people live in the household:</b>		<b>How many people receive income in the household:</b>	
<b>Do you receive any of the following:</b> TANF <input type="checkbox"/> Medicaid <input type="checkbox"/> SNAP/Food Stamps <input type="checkbox"/>			
<b>Income may Include: salary, wages, tips, child support, commission, maternity leave, unemployment, disability, social security, student grants, alimony, and savings.</b>			
<b>Relationship:</b>	<b>Hourly rate: \$</b>	<b>Hours per week:</b>	
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<i>For Office use Only:</i>			
<b>Taken by:</b> _____	<b>Date:</b> _____	<b>Chart Ordered:</b> _____	<b>WIC Card:</b> _____
<b>Comments:</b> _____			
<b>POI, POA, POB, IZ, Rx, Custody letter</b>			
<b>Appointment Date/Time:</b> _____		<b>Monthly Estimated Income</b> _____	