

Santa Barbara County WIC Program Application

Your Name: _____

Are you or your child(ren) receiving WIC now? **YES** or **NO**
 If YES, please see the receptionist or call the WIC office. Thank you.

Have you ever received WIC before? **YES** or **NO**
 When did you last receive WIC? _____ (year)
 Where? _____ (city & state)
 Are you or your children receiving Medi-Cal? **YES** or **NO**



Please mark who you are applying for: Pregnancy Infant (under 1 year old) Child (under 5 years old)
 Breastfeeding Non-breastfeeding Foster child/children

How many people are in your family? (including the unborn child) _____
 What is the gross **monthly** income? (before taxes) \$ _____

Address: _____ City _____
 Zip Code _____ Telephone #: (____) _____ - _____ Alternate Telephone #: (____) _____ - _____

Applicant #1: _____ Birth Date: ____/____/____ Mother's First Name: _____
 Applicant #2: _____ Birth Date: ____/____/____ Mother's First Name: _____
 Applicant #3: _____ Birth Date: ____/____/____

**** WIC EMPLOYEE FILLS OUT THE SECTION BELOW ****

ISIS #: _____ Appointment Date: ____/____/____ Time: ____ am/pm

**The appointment will take 1 1/2 hours to 2 hours ** Please be on time
 Please bring ONE item from EACH category**

1. Identification for each person enrolling in WIC:

- a. Identification **OR**
- b. Birth certificate; crib card for newborn infant(s) **OR**
- c. Medi-cal card **OR**
- d. Immunization card

2. Proof of income

- a. One month of check stubs for each person working in the family; (Including disability, unemployment, and social security check stubs) **OR**
- b. Medi-cal card **OR**
- c. Income tax return **OR**
- d. Letter from employer to verify one month of income

3. Proof of current address (with YOUR NAME or PARTNER'S NAME on it)

- a. Mail delivered by the post office **OR**
- b. Rent receipt with your name and address on it

4. Medical information

- a. Proof of pregnancy and/or the blue WIC referral form
- b. White WIC referral form with **current** height, weight, and hemoglobin of child
- c. Your child (children) **must** come to the appointment

Betteravia WIC 2125 S. Centerpointe Pkwy Ste# 302 Santa Maria 805-346-8450	North Santa Maria WIC 400 N. McClelland St. Santa Maria 805-614-9626	Lompoc WIC 301 N. "R" St. Lompoc 805-737-6470	Santa Barbara WIC 315 Camino Del Remedio Santa Barbara 805-681-5275
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