

Information Collection Form

What is the best phone number for us to reach you at? _____

What is your address? _____

Is this address where we can send you mail? If not, where would you like to receive your mail?

How many people live in your household? (Please include your unborn child if pregnant) _____

Do you receive FIP, Medicaid, or Food Stamps? **Yes** **No**
If yes, can you provide proof of that? (Would need an award letter or a Medicaid card)

Is there any income in your household? **Yes** **No**
If yes, please list all sources of income (This would include wages, child support, military allotment, alimony, etc) as well as how often that income is received.

Are you registered to vote where you currently live? **Yes** **No**
If no, would you like to register to vote today? **Yes** **No**

To protect your confidentiality, this form will be shredded once all information has been entered into the computer system.

New Family Information Form

What is your name and date of birth?

What was the highest level of education you received? _____

Please list any children in your care (**including date of birth and race/ethnicity**), under the age of 5, that you would like to receive WIC services for.

If you would like to list an additional parent/guardian on your file please write their name and date of birth.

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