

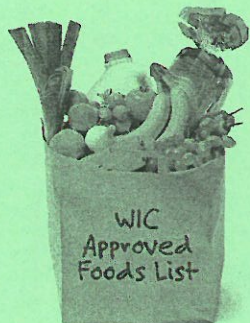


The WIC Program:

- Is a nutrition and breastfeeding program
- Helps eligible pregnant women, new mothers, babies and young children eat well, learn about nutrition, and stay healthy.
- Provide nutrition education and counseling, nutritious foods, and referrals to health and other social services.

WIC Website

<http://www.health.state.mn.us/divs/fh/wic/>



This institution is an equal opportunity provider

WIC ELIGIBILITY GUIDELINES
Effective July 1, 2019

Family Size	WIC Standard Annual Income	If your income is within these guidelines, you may still be WIC eligible** Annual Income
1	23,107	34,347
2	31,284	46,502
3	39,461	58,657
4	47,638	70,812
5	55,815	82,967
6	63,992	95,122
7	72,169	107,277
8	80,346	119,432
Each additional member add	+8,177	+ 12,155

**Families with incomes within these guidelines may still qualify for WIC if eligibility for:

- Medical Assistance (MA)
- Minnesota Care
- MFIP
- Food Stamps
- Fuel Assistance
- Headstart
- Free/Reduced Price School Lunch
- SSI (eligible individual only)
- TEFRA (eligible individual only)

If you have any questions, feel free to call your local county WIC office listed on the front.



**WOMEN
INFANT
CHILDREN**

WIC Makes a Difference

Southwest Health & Human Services

Lincoln County
319 N Rebecca St
PO Box 44
Ivanhoe, MN 56142
507-694-1452

Lyon County
607 W Main St Ste 200
Marshall, MN 56258
507-537-6713

Murray County
3001 Maple Rd
Slayton, MN 56172
507-836-6144

Pipestone County
1091 N Hiawatha Ave
Pipestone, MN 56164
507-825-5024

Redwood County
266 E Bridge St
Redwood Falls, MN 56283
507-637-4041

Rock County
2 Roundwind Road
PO Box 715
Luverne, MN 56156
507-283-5066

WIC PROGRAM PRESCREENING
LINCOLN, LYON, MURRAY, PIPESTONE, REDWOOD and ROCK
Please mail or return this form to your county WIC office listed on the front of this form

Parent's Name: _____ Phone # Home (____) _____
(First name) (Last name)

Address: _____ Cell #: (____) _____
(Street) (City) (State) (Zip code)

Mother's (your) birth date: _____ Total number of people in the household: _____

****"Household"- Means a family or group of people who live together*

Are you or your children receiving Medical Assistance (MA)? Yes/ No

Are you pregnant? YES/ NO Due date: _____

Are you currently breastfeeding? YES/ NO

What county would you like your appointment in:

LINCOLN LYON MURRAY PIPESTONE REDWOOD ROCK

LIST YOUR CHILDREN UNDER AGE FIVE (5):

1. _____ Birthdate _____ Male/ Female
(Last name) (First Name)

2. _____ Birthdate _____ Male/Female
(Last Name) (First Name)

3. _____ Birthdate _____ Male/Female
(Last Name) (First Name)

Have you or your children ever received WIC before? YES/NO

If yes, Where? _____

If yes, under what name? _____

When was the last month WIC benefits were received? _____

How did you learn about WIC?

Friend Family Doctor Social Worker Nurse Newspaper Internet Other(Please list) _____

What day of the week and time works best for an appointment? _____

Agency Website: www.swmhhs.com
Agency toll free number: 888-837-6713

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