**Sauk County WIC Application**

**505 Broadway, Baraboo, WI 53913**

**(608)355-4320 Fax (608) 355-4329**

**• Are you pregnant?**

**• Did you just have a baby?**

**• Are you breastfeeding?**

**• Do you have children under 5 years of age?**

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_**

 **Contact Preference:**

**Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Voice\_\_ Text\_\_ Email\_\_\_**

**Alternate Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Whose # is this? \_\_\_\_\_\_\_\_\_\_**

**E-mail Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**# of people in your family(household) \_\_\_\_ (include unborn baby)**

**Do you have Badgercare or Medicaid insurance: Yes No**

**Household income before taxes: \_\_\_\_\_\_\_ Weekly or Bi-wkly or Monthly**

**Are you pregnant? \_\_\_\_\_\_\_\_\_\_\_ Your due date? \_\_\_\_\_\_\_\_\_\_\_\_**

**Your date of birth: \_\_\_\_\_\_\_\_\_\_\_ Are you breastfeeding? \_\_\_\_\_\_\_**

**The names and birthdates of your children under 5 years of age:**

**Name Birth Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M or F \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M or F \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M or F \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Interpreter needed: \_\_\_\_\_\_\_**

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1. **mail:**
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or
2. **fax:**
(833) 256-1665 or (202) 690-7442; or
3. **email:**
Program.Intake@usda.gov

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