

# Sherburne County Health and Human Services - WIC Program

13880 Business Center Drive NW Elk River MN 55330  
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## WIC Prescreen Form

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Total number of persons in household: \_\_\_\_\_

*People in the same household are related or non-related and share in consumption of the same goods and services. If you are applying for your foster children, each foster child is considered a family of one. Pregnant women count as two. Include any children that you are paying child support for.*

**Household Information:** Please list any family members who are **pregnant or postpartum women & children under age 5.**

	Last name, First name	Sex	Birth Date	Due Date Delivery Date	MA MN Care	MA number
Mother			/ /		Y / N	
Child 1		M / F	/ /		Y / N	
Child 2		M / F	/ /		Y / N	
Child 3		M / F	/ /		Y / N	
Child 4		M / F	/ /		Y / N	

Has anyone above ever been on WIC before? **Y / N** If yes, when & where? \_\_\_\_\_

May we contact this program for health and nutrition information? **Y / N**

**Program Information:** Please check all services that the household receives.

- Minnesota Family Investment Program (MFIP)
  Fuel Assistance
  Head Start  
 Supplemental Nutrition Assistance Program (SNAP)
  Free or Reduced School Lunch Program

**Financial Information:** Please report gross income (before taxes).

Income #1: Hourly wage & hours/wk \_\_\_\_\_ or Annual Income \_\_\_\_\_

Income #2: Hourly wage & hours/wk \_\_\_\_\_ or Annual Income \_\_\_\_\_

Other income: \_\_\_\_\_

(Include all other household income such as child support, SSI, unemployment, disability, veteran's, pension, tribal or band payments, etc).

*Thank you! WIC will contact you shortly.*

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