

Serving Reno, Sparks & Washoe County

WIC APPLICATION



Scan to Apply

South Reno

601 W Moana Lane #3 Reno, NV 89509 (775) 828-6600 (775) 828-6607 (fax) srwic@nnph.org

NNPH

1001 E 9th Street, Bldg. B Reno, NV 89512 (775) 328-2299 (775) 328-2501 (fax) phwic@nnph.org

Incline Village

(775) 828-6600 srwic@nnph.org Please contact us for availability.

Applicant's name:				Birthdate:			
Street address:				City:		Zip:	
Mailing address:				City:		Zip:	
Home phone:				E-mail:			
Child(ren)'s name(s) (under 5 years of age only):				Applicant's relationship to child(ren):			
Last:			First:				
Last:		First:			Birthdate:		
Last:		First:			Birthdate:		
Last:		First:			Birthdate:		
Last:			First:			Birthdate:	
Where did you hear about WIC :							
Have you ever been on WIC $\ \square$ yes $\ \square$ no $\ $ Where:				Last benefits received:			
Due date:				Pre-pregnancy weight:			
Do you use formula □ yes □				Which brand:			
Number of people in the household: How many people receive income in the household:						ousehold:	
Do you receive any of the following TANF Medicaid SNAP/Food Stamps							
Hourly rate: \$			Нοι	lours per week:			
Hourly rate: \$			Ηοι	lours per week:			
Hourly rate: \$			Ηοι	lours per week:			
	□ no Due date Do you u Id: Ig Ta Iourly rat	First: First: First: First: First: Due date: Do you use formula Id: Id: First: Fir	First: First: First: First: First: First: Due date: Do you use formula yes no Id: How many performing Medicaid Indicated Indicated	First: First: First: First: First: First: Due date: Do you use formula yes no How many people Tank Medicaid Si Hourly rate: \$ Hou	City: Home phone: First: First: First: First: First: For age only): Applicant's relative and the second	City: City: Bernail: So of age only): First: First: First: First: First: Birthdate: First: Birthdate: First: Birthdate: Birt	