

# 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.

<b>Applicant's name:</b>		<b>Birthdate:</b>	
<b>Street address:</b>		<b>City:</b>	<b>Zip:</b>
<b>Mailing address:</b>		<b>City:</b>	<b>Zip:</b>
<b>Cell phone:</b>	<b>Home phone:</b>	<b>E-mail:</b>	
<b>Child(ren)'s name(s) (under 5 years of age only):</b>		<b>Applicant's relationship to child(ren):</b>	
<b>Last:</b>	<b>First:</b>	<b>Birthdate:</b>	
<b>Last:</b>	<b>First:</b>	<b>Birthdate:</b>	
<b>Last:</b>	<b>First:</b>	<b>Birthdate:</b>	
<b>Last:</b>	<b>First:</b>	<b>Birthdate:</b>	
<b>Last:</b>	<b>First:</b>	<b>Birthdate:</b>	
<b>Where did you hear about WIC :</b>			
<b>Have you ever been on WIC</b> <input type="checkbox"/> yes <input type="checkbox"/> no		<b>Where:</b>	<b>Last benefits received:</b>
<b>Are you pregnant</b> <input type="checkbox"/> yes <input type="checkbox"/> no	<b>Due date:</b>	<b>Pre-pregnancy weight:</b>	
<b>Breastfeeding</b> <input type="checkbox"/> yes <input type="checkbox"/> no	<b>Do you use formula</b> <input type="checkbox"/> yes <input type="checkbox"/> no	<b>Which brand:</b>	
<b>Number of people in the household:</b>		<b>How many people receive income in the household:</b>	
<b>Do you receive any of the following</b> <b>TANF</b> <input type="checkbox"/> <b>Medicaid</b> <input type="checkbox"/> <b>SNAP/Food Stamps</b> <input type="checkbox"/>			
<b>Adult's name:</b>	<b>Hourly rate: \$</b>	<b>Hours per week:</b>	
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**Office notes:**