

Las Animas-Huerfano Counties District Health Department

119 E. 5th Street, Walsenburg, CO 81089
Office: (719) 738-2650 Fax: (719) 738-2653

WIC Staff Use Only	
Date of Application:	
Date of Appointment:	
WIC Staff Initials:	
FID:	

Parent/Parent-to-be/ Guardian to Complete — Please Print

ENDORSER (ADULT APPLYING FOR WIC BENEFITS)

Last Name		First Name		Middle Initial	Date of Birth
Address (include apartment/ space number)			City	State	Zip Code
Contact Phone		Alternate Contact		Email Address	
Number of people Living in the home?		Monthly Household Gross Income?		Public Assistance (circle all that apply) TANF Food Stamps Medicaid	
Have you applied or Been on WIC before? Yes No		If Yes, Where?		When?	
Eligibility (circle all that apply) Parent/ Guardian Foster Parent Parent-to-be Due Date: _____ Breastfeeding (up to 12 months) Postpartum (up to 6 months)					
<i>Please circle only one for each question:</i> Hispanic or Latino? Yes No Nationality: White/Caucasian African American American Indian/ Alaska native Native Hawaiian/ Pacific Islander Asian			<i>Please circle only one for each question:</i> Education Level: 8th Grade 1 year of college Degree: 9th Grade 2 years of college Associates 10th Grade 3 years of college Bachelors 11th Grade 4-5 years of college Masters 12th Grade 1-2 years of graduate school		
How did you hear about The WIC Program: Family/Friend Another Organization: _____ Other: _____					

Eligible Applicant(s) — Complete one box per applicant

PARTICIPANT

Eligibility <input type="checkbox"/> Infant <input type="checkbox"/> Child Under 5 years old	Last Name		First Name		Middle Initial
	Date of Birth		Age	Male	Female
Eligibility <input type="checkbox"/> Infant <input type="checkbox"/> Child Under 5 years old	Last Name		First Name		Middle Initial
	Date of Birth		Age	Male	Female
Eligibility <input type="checkbox"/> Infant <input type="checkbox"/> Child Under 5 years old	Last Name		First Name		Middle Initial
	Date of Birth		Age	Male	Female
Eligibility <input type="checkbox"/> Infant <input type="checkbox"/> Child Under 5 years old	Last Name		First Name		Middle Initial
	Date of Birth		Age	Male	Female

This is an equal opportunity program. If you believe you have been discriminated against because of race, color, national origin, age sex or handicap, write immediately to the Secretary of Agriculture, Washington, D.C 20250