

**Las Animas-Huerfano Counties
 District Health Department
 412 Benedicta Avenue
 Trinidad, CO 81082
 Office: (719) 846-2213
 Fax: (719) 846-4472**



WIC APPLICATION

1. Tell us how to contact you:

First Name	Middle Initial	Last Name		
Mailing Address	Apartment #	City	State	Zip Code
Street Address	Apartment #	City	State	Zip Code
Home Phone	Work Phone		Other/Message Phone	

2. Have you or a family member been on WIC in the past? (please circle one)

YES or NO

If yes, When? _____ Where? _____

Under what last name? _____

3. Tell us about all the people living in your home, including yourself:

Last Name	First Name	Middle Initial	Birthdate (mm/dd/yy)	How is this person related to you? (self, child, spouse, etc.)	Full-time Student?	
					yes	no

4. What is your household's combined monthly gross income? _____

In accordance with Federal law and the U.S. Department of agriculture (USDA) policy, the WIC program is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

USDA is an equal opportunity provider.