Appointment	for:																
Appointment for: on: at:																	\mathbf{C}
Please Bring:																WI	
The above mentioned person/persons																	$\mathbf{\mathcal{C}}$
																nfants, and Ch ounty Commu	
Proof of MI	FIP, Food	d oi	r Medical Assistan	ce, N	ANC	are: N	ΛA	A Card, M	4NC	are	Card	l or		130 W	/est	Division St. PC	
Proof of MFIP, Food or Medical Assistance, MNCare: MA Card, MNCare Card or 130 West Division St. PO Box 787 Certification letter. Maple Lake MN 55358 TDD 1-800-627-3529																	
Proof of address: Bill, rent receipt, driver's license or similar document (PO Box																20-963-6500 caweb.com	
addresses are not acceptable.																	
Proof of Identity: Driver's license, school or work ID, Social Security card or insurance card,																	
WIC ID folder. For infants and children, bring birth certificate, Crib Card, Social Security card or insurance card.															W	CCA	7
		mp	leted application (o the	add	ress oi	n 1	the right									
PLEASE PRINT		ľ	11						-								
Parent/Guardian 1						Т	el	lephone_				C	0	unty			_
																	_
Address	Address (Street and P.O. Box) (Apt. #)(City) (Zip)																
(Street and P.O. Box) Name(s) of Person(s) WIC appointment is for:					of D								nt (parent, friend, foster parent,				
	Date	OI D	11 (11		Sex	Nela		181111	p to applica		it (parent,	111	enu, ioster p	Jareni,			
2.																	
3																	
4. 5.																	
6					1	1	1		• .1	•		1 1 1 1	1				
		me	before deduction		ncluc	le tota				2			I. г	X 7 1 4	arly taxable income \$		
			Hours Per Week	ours Per Week				or Monthly Salary or Monthly Salary			-	\$ \$		Y early tay	abl	le income	\$
MFIP	\$		Social Security	\$							y	\$	L	SSDI		\$	
SNAPS			SSI	\$				Child Su Unemplo				\$	Other			φ	
PLEASE ANSW	TR TH	F F		UFS	тіо	NS	-		2			<u> </u>	L				•
							If	yes, Whe	en:				V	Vhere:			
Has anyone above a Does anyone in th	is househ	olc	l pay child suppor	t for	child	ren no	ot	living w	rith :	you?	H	ow many:		(Includ	e tl	hem in famil	ly size
	below.)													oro in			
Family/Household size: (if pregnant, include # of fetuses). People in "family" are related or non-related and share in consumption of the same goods and services. Foster children are a family of one.														lare m			
How many household members have health insurance? How many do not have health insurance?																	
If your family has insurance, please circle the form of health insurance: M.A. MN Care Private Ins through a job																	
WCCA Program Use:																	
Please check ($$) your answers.																	
Type of Household: Single parent/female Single parent/male Two parents Minor line with memory of the																	
Minor living with parents/guardian Foster Parent(s) Housing Situation: RentOwnOwn Home/Rent lot Homeless Live w/parent or guardian Other																	
*Last grade complete											•				5)	2-4 yr Colleg	e Grad
*Last grade completed 1) 0 - 8 2) 9-12 Non-Grad 3) High School Grad. 4) 12 plus some post 5) 2-4 yr College Grad. Please check (✓) other WCCA programs you would like information on.																	
MNsure Navigato			rograms you would Head Start	like ii				n. eatherizati	on		Hom	ne Rehab Loa	n	2	1	Family Budget	ting
Home Buyer Training			Foreclosure Counseli	ng		Energy Assistance			011			d Shelf	5	Clothing Room			
Tax Preparation		ľ	Transitional Housing														
TENNESSEN WARNING																	
This data is being collected to verify program eligibility and to provide Wright County Community Action (WCCA) the information needed to complete state and federal reports as well as agency needs and demographic studies. You are legally required to provide this information to certify program eligibility. WCCA may share some of																	
this information with government agencies and public organizations as allowed by law under the State and Federal Data Practices Act.																	
I understand the war	ning stated	abo	ove and certify that the	inforı	natior	ı I have	e pi	rovided is	true	to the	e best	t of my knowle	ed	ge.			
Signature									_	Date	,						
~										~ 411	-						