



## Information Collection Form

What is your name and date of birth? \_\_\_\_\_

What was the highest level of education you received? \_\_\_\_\_

What is the best phone number for us to reach you at? \_\_\_\_\_

What is your address? \_\_\_\_\_

Is this the address where we can send you mail? If not, where would you like to receive your mail?

\_\_\_\_\_

If you would like to list an additional parent/guardian on your file, please write their name and date of birth.

\_\_\_\_\_

How many people live in your household? (If you are pregnant, you may include your unborn child in your family size if you want to.) \_\_\_\_\_

Do you receive FIP, Medicaid, or Food Stamps? **Yes** **No**  
If yes, can you provide proof of that? (Need an award letter or a Medicaid card)

Is there any income in your household? **Yes** **No**  
If yes, please list all sources of income (this would include wages, child support, military allotment, alimony, etc.) and how often that income is received.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you registered to vote where you currently live? **Yes** **No**

If no, would you like to register to vote today? **Yes** **No**

## Information Collection Form

Please provide the following information for everyone in your family applying for WIC services.

Name	Date of Birth	Ethnicity* Hispanic/Latino	Race* (More than one race can be selected.)
		Yes      No	White Black Asian Native Hawaiian or Other Pacific Islander American Indian or Alaskan Native
		Yes      No	White Black Asian Native Hawaiian or Other Pacific Islander American Indian or Alaskan Native
		Yes      No	White Black Asian Native Hawaiian or Other Pacific Islander American Indian or Alaskan Native
		Yes      No	White Black Asian Native Hawaiian or Other Pacific Islander American Indian or Alaskan Native
		Yes      No	White Black Asian Native Hawaiian or Other Pacific Islander American Indian or Alaskan Native

*\*Providing race/ethnicity data is voluntary. It is used to see if WIC is accessible to all groups of individuals. This information will in no way affect your eligibility or your participation in WIC and will not be used in any way to make decisions about benefits.*

**To protect your confidentiality, this form will be shredded once all information has been entered into the computer system.**

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In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

mail:

U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410; or  
fax: (833) 256-1665 or (202) 690-7442; or  
email: [Program.Intake@usda.gov](mailto:Program.Intake@usda.gov)

This institution is an equal opportunity provider.