

# Information Collection Form

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

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

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How many people live in your household? (Please include your unborn child if pregnant) \_\_\_\_\_

Do you receive FIP, Medicaid, or Food Stamps? **Yes** **No**  
If yes, can you provide proof of that? (Would 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) as well as 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**

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

# New Family Information Form

What is your name and date of birth?

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

Please list any children in your care (**including date of birth and race/ethnicity**), under the age of 5, that you would like to receive WIC services for.

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

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