



Iowa WIC Program
WIC Appointment Reminder

Dear

This is a reminder of the WIC appointment(s) for the following members of your family:

| Date | Time | Participant Name | Appt Type |
|------|------|------------------|-----------|
| | | | |

Please bring the following with you:

____ Proof of Income (all pay stubs for the household from the last 30 days)

Paycheck stubs, income tax return, Medicaid card, or notice of award letter for Food Assistance and/or FIP.

____ Proof of your address (one of the following):

Utility bill, rent or mortgage receipt, driver's license with current address, voter registration card for current address.

____ Proof of identity for each family member applying for WIC such as:

Driver's license or passport, birth certificate, eWIC card, insurance or Medicaid card, hospital/medical record, crib card, WIC ID folder from any state, Social Security card.

____ Hemoglobin or hematocrit results, height and weight (if available)

____ Immunization record for children 2 years and younger

____ Prescriptions for special formula

Your children (list names): _____

If you are unable to keep this appointment, please call us as soon as possible at the number below, so we can reschedule your appointment.

This institution is an equal opportunity provider