



Vilas County WIC Program
330 Court Street
Eagle River, WI 54521
715-479-3656

Wisconsin WIC Pre-Application

Please Print

Today's Date: _____

Have you ever been on WIC before in Wisconsin? Yes _____ No _____

What was your last name when you were last in WIC? _____

Your Name: _____

Your Physical Address: _____

Your Mailing Address: _____

Telephone Number: _____

If phone is a cell phone, is it OK for us to text appointment reminders? Yes ____ No ____

Email Address: _____

Your Date of Birth: _____

Are you pregnant? _____ Due Date: _____

Are you breastfeeding? _____ Delivery Date: _____

Name of Children Under the age of 5: Sex Birthdates

Are you on Forward Health/Badgercare Yes _____ No _____

Are you on Foodshare Yes _____ No _____

Total Family Income per Month: _____

Are you paid (circle): Weekly Bi-Weekly Monthly

This institution is an equal opportunity provider.