

Purpose:

The purpose of the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) is to promote and maintain the health and well-being of nutritionally at-risk pregnant, breastfeeding and postpartum women, infants and children. WIC provides supplemental nutritious foods, nutrition and breastfeeding information, and referral to other health and nutrition services. WIC promotes and supports breastfeeding.

Who is Eligible for WIC?

To be eligible for WIC benefits in Wisconsin, a person must meet the following requirements:

- Be a pregnant or breastfeeding or a new mother, an infant up to age one, or a child up to age 5;
- Be a resident of Wisconsin;
- **Be income eligible;** and
- Have a health or nutrition need

Benefits Received by WIC Participants

All participants receive:

- Screening for nutrition and health needs
- Information on how to use WIC foods to improve health
- Checks to buy foods that help keep you and your children healthy and strong
- Referrals to doctors, dentists, and programs like Wisconsin FoodShare, Medicaid, BadgerCare Plus, Wisconsin Works (W-2) and Head Start

Women receive:

- WIC Foods
- Information on healthy eating during pregnancy and breastfeeding
- Help with starting or continuing breastfeeding

Infants receive:

- Help with starting or continuing breastfeeding
- Infant formula, if needed
- Immunization referrals
- Parents/caretakers receive information on taking care of babies

Children:

- WIC Foods
- Immunization referrals
- Parents/caregivers receive information on food shopping, recipes, and feeding your child

To apply for WIC:

→ Contact a **local WIC clinic** near you. **To find out more about WIC and other programs for which you may be eligible, contact 1-800-722-2295 (the *Maternal and Child Health Hotline*) or go to <http://www.mch-hotlines.org/>.**

Wisconsin WIC Program - Income Eligibility Table

July 1, 2016 – June 30, 2017

Family Size	Weekly \$	Biweekly \$	Twice Per Month \$	Monthly \$	Annual \$
ONE	423	846	916	1,832	21,978
TWO	570	1,140	1,235	2,470	29,637
THREE	718	1,435	1,554	3,108	37,296
FOUR	865	1,730	1,874	3,747	44,955
FIVE	1,012	2,024	2,193	4,385	52,614
SIX	1,160	2,319	2,512	5,023	60,273
SEVEN	1,307	2,614	2,832	5,663	67,951
EIGHT	1,455	2,910	3,152	6,304	75,647
ADDITIONAL	+148	+296	+321	+642	+7,696

The income levels are based on 185% of the US Dept. of Health and Human Services Nonfarm Income Poverty Guidelines for Gross Income (Before Deductions). Applicants exceeding 185% are not income eligible and must be given a WIC Ineligibility/Termination letter.

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To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) Mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) Fax: (202) 690-7442; or
- (3) Email: program.intake@usda.gov

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