

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 nutrition education, breastfeeding education and support, supplemental nutritious foods, and referral to other health and nutrition services.

Who is Eligible for WIC?

To be eligible for WIC benefits in Wisconsin, you 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
- Benefits 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: <https://www.dhs.wisconsin.gov/wic/clinic-locations.htm>

To find out more about 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

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 eligible.

July 1, 2017 – June 30, 2018

Family Size	Weekly \$	Biweekly \$	Twice Per Month \$	Monthly \$	Annual \$
ONE	430	859	930	1,860	22,311
TWO	578	1,156	1,252	2,504	30,044
THREE	727	1,453	1,575	3,149	37,777
FOUR	876	1,751	1,897	3,793	45,510
FIVE	1,024	2,048	2,219	4,437	53,243
SIX	1,173	2,346	2,541	5,082	60,976
SEVEN	1,322	2,643	2,863	5,726	68,709
EIGHT	1,471	2,941	3,186	6,371	76,442
ADDITIONAL	+149	+298	+323	+645	+7,733

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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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