



Sandusky County WIC
2000 Countryside Dr.
Fremont, OH 43420
419-334-6363

Name(s)

****PLEASE COMPLETE THE ATTACHED WIC APPLICATION and HEALTH HISTORY FORM(S) and BRING THESE DOCUMENTS WITH YOU:**

_____ Proof of income for everyone in family: current pay stubs from last 3 pay periods and current Medicaid card.

_____ Proof of residency: any item with current mailing address such as: utility bill, lease agreement, mailing envelope or *WIC Appointment Notice* postcard mailed to your address.

_____ Identification for you and your child(ren): **Must bring parent/guardian ID with your WIC Nutrition Card (WNC)** and child's birth certificate, child's immunization record or crib card, or child's Social Security card.

_____ Child's immunization record, if available.

_____ Child(ren) who are scheduled for the WIC appointment.

_____ For Pregnant Women: Doctor Statement with your due date.

_____ Formula prescription, if needed.

_____ Other: _____

_____ ♦ CALL WHEN YOU DELIVER TO SCHEDULE APPOINTMENT.

_____ Date _____ Day _____ Time _____ A.M. /P.M.

IF YOU NEED TO RESCHEDULE OR NEED PAPERWORK, PLEASE CALL: 419-334-6363.

****Paperwork can also be printed from our website, www.alwayschoosehealth.com**

Nourish with love. Breastfeed!
This institution is an equal opportunity provider.