



Ross County Health District
 Women, Infants, & Children (WIC) Program
 Kelly Brehm RN, IBCLC, CLC- WIC Director
 150 E. Second St. Chillicothe, OH 45601
 722 Clinton St. Circleville, OH 43113
rosswic@rosscountyhealth.org
pickawaywic@rosscountyhealth.org
 • Ross Ph: 740-702-6709 Fax: 740-775-3696
 • Pickaway Ph: 740-474-4274 Fax: 740-474-8250



Income Guidelines:

Total gross (before tax) income must not exceed:

<u>Household Size</u>	<u>Annual</u>	<u>Monthly</u>	<u>Biweekly</u>	<u>Weekly</u>
1	\$23,606	\$1,968	\$908	\$454
2	\$31,894	\$2,658	\$1,227	\$614
3	\$40,182	\$3,349	\$1,546	\$773
4	\$48,470	\$4,040	\$1,865	\$933
5	\$56,758	\$4,730	\$2,183	\$1,092
6	\$65,046	\$5,421	\$2,502	\$1,251
7	\$73,334	\$6,112	\$2,821	\$1,411
8	\$81,622	\$6,802	\$3,140	\$1,570

*Please note: A pregnant woman counts as more than one family member. **Any household that receives Medicaid, SNAP, or Ohio Works First (OWF) benefits is automatically income eligible.***

Women, Infants, and Children (WIC) is a health and nutrition program that provides supplemental nutritious foods such as milk, eggs, fruits & vegetables, cereal, juice, peanut butter, beans, whole grain items, and infant foods including formula. Exclusively breastfeeding mothers also receive fish and cheese. WIC also provides specialized nutrition education, breastfeeding support, screenings, and referrals to other community resources.

You may qualify if you:

- ✓ Are pregnant, breastfeeding or recently had a baby
- ✓ Have a child (ages 0-5)
- ✓ Have a medical or nutritional need
- ✓ Meet WIC income guidelines

If you would like to receive WIC services, please complete this form and return in person, by email, mail, or fax to the appropriate clinic listed at the top of the page.

Parent/Guardian Name: _____

Mailing Address: _____

City: _____ State: _____ ZIP : _____ Phone: _____

Family Size: _____ Monthly Gross (before tax) Income: _____

Does anyone in the home receive Medicaid, SNAP, or OWF benefits? **YES** or **NO**

Is anyone in your home pregnant or had a pregnancy end within the last six months? **YES** or **NO**

Information on Children:

- 1) Child's Name _____ Age _____ D.O.B _____
- 2) Child's Name _____ Age _____ D.O.B _____
- 3) Child's Name _____ Age _____ D.O.B _____

I hereby authorize _____ to release information included on this form to Ross/Pickaway County WIC.

Name of Referring Agency

Parent/Guardian Signature: _____ Date: _____