

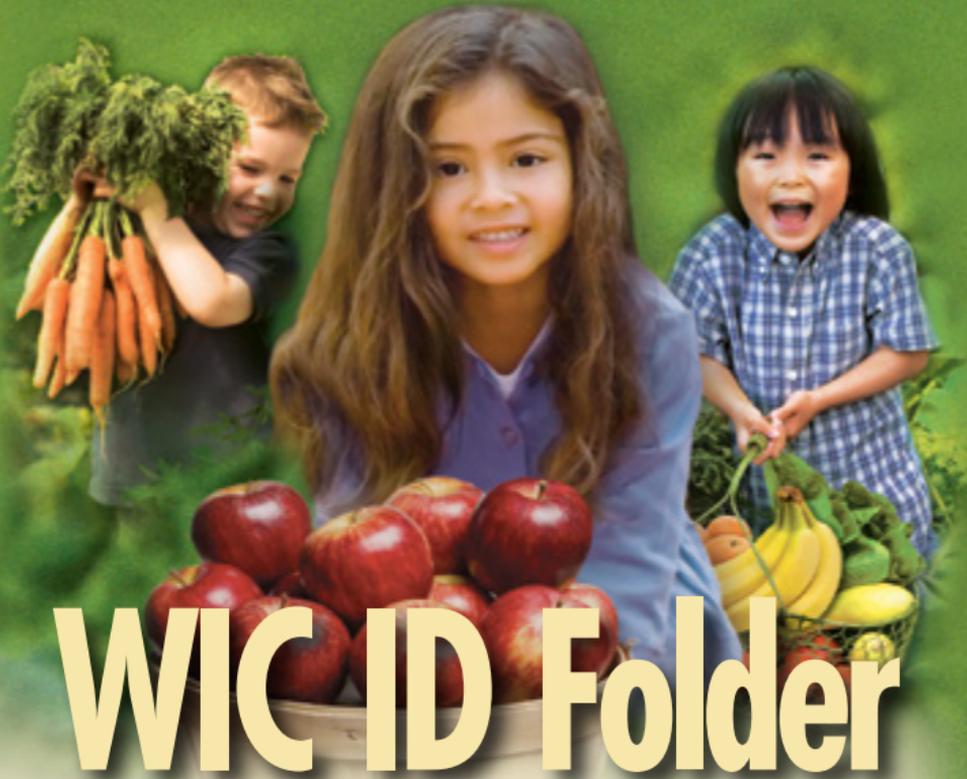
MINNESOTA

WIC



Connecting with You

NUTRITION FOR WOMEN, INFANTS & CHILDREN



WIC ID Folder

Bring your WIC ID Folder **every time** you go to the WIC Clinic or grocery store.

HOUSEHOLD ID# _____

PEOPLE AUTHORIZED TO PICK UP AND USE WIC VOUCHERS:

Please make sure everyone listed knows the WIC program rules.

NAME _____
PARTICIPANT/PARENT/GUARDIAN

SIGNATURE _____

NAME _____

SIGNATURE _____

NAME _____

SIGNATURE _____

What you can expect

BREASTFEEDING SUPPORT & NUTRITION EDUCATION

To help you feed your family in a healthy way.

INFORMATION

About health care, immunizations, and other programs.

WIC FOODS

Healthy foods for each participant.



EQUAL TREATMENT

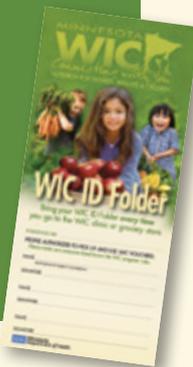
We treat you the same no matter your race, color, age, national origin, disability, or sex.

FAIRNESS

You may ask for a hearing if you do not agree with WIC staff about your eligibility for WIC.

Keep this WIC ID Folder

Always bring this WIC ID Folder with you...



- To your WIC appointments (along with your picture ID).
- To the grocery store.
- If you move.* (See back of brochure.)

What WIC expects of you

HONESTY

- Do not break WIC rules. This can result in you being taken off the WIC program, having to pay back money and/or facing legal charges.
- Do not hide facts or provide false information to WIC.
- Never return WIC foods for cash or credit.
- Never accept cash or credit for WIC vouchers.
- Never sell or trade your WIC vouchers or WIC food.

KEEP APPOINTMENTS

- Please call your WIC Clinic if you need to reschedule.

COMMON COURTESY

- Treat WIC and store staff with respect and courtesy.

KEEP WIC VOUCHERS SAFE

- Handle WIC vouchers carefully.
- Report lost or stolen vouchers immediately.
- Lost or stolen vouchers might not be replaced.
- Never use WIC vouchers reported lost or stolen.

USE WIC VOUCHERS CORRECTLY

- Get vouchers from only one WIC Clinic at a time.
- Shop at WIC-approved stores in Minnesota only.
- Buy only the foods listed on the voucher and Shopping Guide.
- Use vouchers on or between the dates listed on each voucher.
- Sort WIC foods by voucher. Separate WIC foods from non-WIC items when checking out at the store.

REPORT WIC FRAUD OR ABUSE

- If you know of any store or person who is buying, selling or otherwise misusing WIC foods or benefits, please contact us by email at Health.WIC@state.mn.us or by phone at 1-800-657-3942.

Call Your WIC Clinic if...

- You have questions about your next appointment.
- You have questions about nutrition or breastfeeding.
- Your vouchers are lost or stolen.
- Your name, address or phone number changes.
- You have comments or concerns. Your feedback is important to us.

NAME OF LOCAL WIC AGENCY

WIC LOCAL AGENCY PHONE NUMBER

Moving to Another State*

- Your WIC benefits will continue there!
- Tell us. We'll give you a transfer notice to take with you before you leave.
- If you don't have the notice before leaving, just take your WIC ID folder to the new WIC agency. They can call us.

Questions about WIC Foods

If you have questions about WIC foods or trouble finding WIC foods, call the state WIC office at 1-800-657-3942.

You can also visit the Minnesota Department of Health Website at www.health.state.mn.us/wic

Clinic _____ Clinic ID# _____ Agency ID# _____ Last date of income determination (migrant only) ____/____/____

Interpreter needed/language: _____

Name of participant(s)	State WIC ID #	DOB, Due Date or Delivery date	Certification Period			Additional Information
			begin date	date mid-cert completed	end date	
		<input type="checkbox"/> DOB: ____/____/____ <input type="checkbox"/> Due Date: ____/____/____ <input type="checkbox"/> Delivery Date: ____/____/____	____/____/____	____/____/____	____/____/____	
		<input type="checkbox"/> DOB: ____/____/____ <input type="checkbox"/> Due Date: ____/____/____ <input type="checkbox"/> Delivery Date: ____/____/____	____/____/____	____/____/____	____/____/____	
		<input type="checkbox"/> DOB: ____/____/____ <input type="checkbox"/> Due Date: ____/____/____ <input type="checkbox"/> Delivery Date: ____/____/____	____/____/____	____/____/____	____/____/____	
		<input type="checkbox"/> DOB: ____/____/____ <input type="checkbox"/> Due Date: ____/____/____ <input type="checkbox"/> Delivery Date: ____/____/____	____/____/____	____/____/____	____/____/____	
		<input type="checkbox"/> DOB: ____/____/____ <input type="checkbox"/> Due Date: ____/____/____ <input type="checkbox"/> Delivery Date: ____/____/____	____/____/____	____/____/____	____/____/____	
		<input type="checkbox"/> DOB: ____/____/____ <input type="checkbox"/> Due Date: ____/____/____ <input type="checkbox"/> Delivery Date: ____/____/____	____/____/____	____/____/____	____/____/____	

Your WIC Appointments

Always keep your vouchers safe.

Your next nutrition appointment is circled below. Please call your WIC Clinic (phone number on back panel) as soon as possible if you cannot keep your next appointment.

2017

WIC STAFF: Please mark with a "V" each month vouchers are issued.

2018

WIC STAFF: Please mark with a "V" each month vouchers are issued.

January

February

March

TIME _____
NAME(S) _____

S	M	T	W	T	F	S
NEW YEAR'S DAY	2	3	4	5	6	7
8	9	10	11	12	13	14
15	MARTIN LUTHER KING	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

BRING IF CIRCLED:
ID Folder Picture ID Child

PROOF OF:
Address Income MA/MFIP MnCare
Other _____

TIME _____
NAME(S) _____

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	PRESIDENTS' DAY	21	22	23	24	25
26	27	28				

BRING IF CIRCLED:
ID Folder Picture ID Child

PROOF OF:
Address Income MA/MFIP MnCare
Other _____

TIME _____
NAME(S) _____

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

BRING IF CIRCLED:
ID Folder Picture ID Child

PROOF OF:
Address Income MA/MFIP MnCare
Other _____

January

February

March

TIME _____
NAME(S) _____

S	M	T	W	T	F	S
NEW YEAR'S DAY	2	3	4	5	6	
7	8	9	10	11	12	13
14	MARTIN LUTHER KING	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

BRING IF CIRCLED:
ID Folder Picture ID Child

PROOF OF:
Address Income MA/MFIP MnCare
Other _____

TIME _____
NAME(S) _____

S	M	T	W	T	F	S
			1	2	3	
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	PRESIDENTS' DAY	20	21	22	23	24
25	26	27	28			

BRING IF CIRCLED:
ID Folder Picture ID Child

PROOF OF:
Address Income MA/MFIP MnCare
Other _____

TIME _____
NAME(S) _____

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

BRING IF CIRCLED:
ID Folder Picture ID Child

PROOF OF:
Address Income MA/MFIP MnCare
Other _____

April

May

June

TIME _____
NAME(S) _____

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

BRING IF CIRCLED:
ID Folder Picture ID Child

PROOF OF:
Address Income MA/MFIP MnCare
Other _____

TIME _____
NAME(S) _____

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	MEMORIAL DAY	30	31			

BRING IF CIRCLED:
ID Folder Picture ID Child

PROOF OF:
Address Income MA/MFIP MnCare
Other _____

TIME _____
NAME(S) _____

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

BRING IF CIRCLED:
ID Folder Picture ID Child

PROOF OF:
Address Income MA/MFIP MnCare
Other _____

April

May

June

TIME _____
NAME(S) _____

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

BRING IF CIRCLED:
ID Folder Picture ID Child

PROOF OF:
Address Income MA/MFIP MnCare
Other _____

TIME _____
NAME(S) _____

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	MEMORIAL DAY	29	30	31		

BRING IF CIRCLED:
ID Folder Picture ID Child

PROOF OF:
Address Income MA/MFIP MnCare
Other _____

TIME _____
NAME(S) _____

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

BRING IF CIRCLED:
ID Folder Picture ID Child

PROOF OF:
Address Income MA/MFIP MnCare
Other _____

July

August

September

TIME _____
NAME(S) _____

S	M	T	W	T	F	S
						1
2	3	INDEPENDENCE DAY	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

BRING IF CIRCLED:
ID Folder Picture ID Child

PROOF OF:
Address Income MA/MFIP MnCare
Other _____

TIME _____
NAME(S) _____

S	M	T	W	T	F	S
	1	2	3	4	5	
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

BRING IF CIRCLED:
ID Folder Picture ID Child

PROOF OF:
Address Income MA/MFIP MnCare
Other _____

TIME _____
NAME(S) _____

S	M	T	W	T	F	S
						1
2	3	LABOR DAY	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

BRING IF CIRCLED:
ID Folder Picture ID Child

PROOF OF:
Address Income MA/MFIP MnCare
Other _____

July

August

September

TIME _____
NAME(S) _____

S	M	T	W	T	F	S
1	2	3	INDEPENDENCE DAY	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

BRING IF CIRCLED:
ID Folder Picture ID Child

PROOF OF:
Address Income MA/MFIP MnCare
Other _____

TIME _____
NAME(S) _____

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

BRING IF CIRCLED:
ID Folder Picture ID Child

PROOF OF:
Address Income MA/MFIP MnCare
Other _____

TIME _____
NAME(S) _____

S	M	T	W	T	F	S
						1
2	LABOR DAY	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

BRING IF CIRCLED:
ID Folder Picture ID Child

PROOF OF:
Address Income MA/MFIP MnCare
Other _____

October

November

December

TIME _____
NAME(S) _____

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

BRING IF CIRCLED:
ID Folder Picture ID Child

PROOF OF:
Address Income MA/MFIP MnCare
Other _____

TIME _____
NAME(S) _____

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	VETERANS' DAY (OBS.)	11
12	13	14	15	16	17	18
19	20	21	22	THANKSGIVING DAY	24	25
26	27	28	29	30		

BRING IF CIRCLED:
ID Folder Picture ID Child

PROOF OF:
Address Income MA/MFIP MnCare
Other _____

TIME _____
NAME(S) _____

S	M	T	W	T	F	S
						1
2						