

**WEST VIRGINIA WOMEN, INFANTS & CHILDREN (WIC) PROGRAM  
PRE-CERTIFICATION FORM**

Date: \_\_\_\_\_

Local WIC Address/Phone:  
(Stamp)

Applicant: (Last)\_\_\_\_\_ (First)\_\_\_\_\_ (M)\_\_\_\_ SSN:\_\_\_\_\_

Parent/Guardian: (Last)\_\_\_\_\_ (First)\_\_\_\_\_ (M)\_\_\_\_ SSN:\_\_\_\_\_ (infant/child applicant)

Address: \_\_\_\_\_ (City) \_\_\_\_\_ WV ( Zip)\_\_\_\_\_

Telephone: \_\_\_\_\_ Residence County: \_\_\_\_\_

Date of Birth:\_\_\_\_\_ Pregnant \_\_ Breastfeeding\_\_ Postpartum\_\_ Infant\_\_ Child\_\_ Sex: Male\_\_ Female\_\_

Due Date: \_\_\_\_\_ Delivery Date: \_\_\_\_\_ Referred From: \_\_\_\_\_ Household Size : \_\_\_\_\_

Family Income: \$ \_\_\_\_\_ Check if receiving: TANF \_\_\_\_\_ Food Stamps \_\_\_\_\_ Medicaid \_\_\_\_\_

Best time/day of the week for an appointment: \_\_\_\_\_

This institution is equal opportunity provider and employer.

WIC-31 (08/00) West Virginia Department of Health and Human Resources