

Memorandum

Date: July 22, 2019
To: Child Care Organizations
From: Gay Logan, Division Director
CACFP/SFSP Division
Subject: Meal Application

Enclosed is a copy of the 2019-2020 Household Meal Application. The attached documents cover the period July 1, 2019 through June 30, 2020. In addition, we are providing you with a WIC Memo, Fact Sheet, and a “Sharing Information with Medicaid/SCHIP” Form. **Your organization must ensure that copies of the handouts are provided to the parents of children enrolled in your center(s).**

The requirements of 226.23(f) state that free and reduced-price eligibility information must be updated annually and may not be more than 12 months old. Income eligibility information forms are considered current and valid until the last day of the month in which the form was dated one year earlier. This means if the form was completed August 10, 2018, it is considered valid until August 31, 2019. You must have a current meal application on file for each enrollee claimed as free or reduced prior to filing a July claim and each month thereafter.

Please reproduce the Meal Application without changes other than adding your organization’s name, contact information and phone number, and send it home to parents of those whose meal application has expired. An updated Master Roster should be completed to report the correct Free, Reduced, and Paid categories for each monthly claim. A copy of the Master Roster is enclosed. You may also go to and <https://www.mdek12.org/OCN/CACFP> click on the “Free/Reduced Meal Application (CC)”.

Upon written request we can provide translations of the Meal Application. If you have any questions, contact the Division of CACFP Help Desk at (601) 576-4954.

GL

Enclosure: Meal Application
Letter to Household
WIC Information
Income Eligibility Guidelines 2019-2020 (not to be published or issued to parents)
“Sharing Information with Medicaid/SHIP” Form
Master Roster

Family Meal Application for Child and Adult Care Food Program 2019-2020

Part 1. All Household Members		
Name of Enrolled Child(ren):		
Names of all household members (First, Middle Initial, Last)	CHECK IF A FOSTER CHILD (THE LEGAL RESPONSIBILITY OF A WELFARE AGENCY OR COURT) * IF ALL CHILDREN LISTED BELOW ARE FOSTER CHILDREN, SKIP TO PART 5 TO SIGN THIS FORM.	CHECK IF NO INCOME
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

Part 2. Benefits: If any member of your household received [MS SNAP], [FDPIR], or [MSTANF cash assistance], provide the name and case number for the person who receives benefits. **If no one receives these benefits, skip to part 3.**
 NAME: _____ CASE NUMBER: _____

Part 3. If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call [Your School, Homeless Liaison, Migrant Coordinator at Phone #] Homeless Migrant Runaway

Part 4. Total Household Gross Income—You must tell us how much and how often

A. Name (List only household members with income) <i>(Example)</i> <i>Jane Smith</i>	B. Gross income and how often it was received			
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Pensions, retirement, Social Security, SSI, VA benefits	4. All Other Income
	\$200/weekly	\$150/twice a month	\$100/monthly	\$ ____ / ____
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____

Part 5. Signature and Last Four Digits of Social Security Number (Adult must sign)
 An adult household member must sign this form. **If Part 3 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box.** (See Statement on the back of this page.)

I certify that all information on this form is true and that all income is reported. I understand that the center or day care home will get Federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.

Sign here: _____ Print name: _____
 Date: _____
 Address: _____ Phone Number: _____
 City: _____ State: _____ Zip Code: _____
 Last four digits of Social Security Number: ____ _ □ I do not have a Social Security Number

Family Meal Application for Child and Adult Care Food Program 2019-2020

Part 6. Participant's ethnic and racial identities (optional)	
Mark one ethnic identity:	Mark one or more racial identities:
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Asian
<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> American Indian or Alaska Native
	<input type="checkbox"/> White
	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
	<input type="checkbox"/> Black or African American
Don't fill out this part. This is for official use only.	
Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12	
Total Income: _____ Per: <input type="checkbox"/> Week, <input type="checkbox"/> Every 2 Weeks, <input type="checkbox"/> Twice A Month, <input type="checkbox"/> Month, <input type="checkbox"/> Year Household size: _____	
Categorical Eligibility: ___ Date Withdrawn: _____ Eligibility: Free___ Reduced___ Denied___ Tier I___ Tier II___	
Reason: _____	
Temporary: Free___ Reduced___ Time Period: _____ (expires after ___ days)	
Determining Official's Signature: _____ Date: _____	
Confirming Official's Signature: _____ Date: _____	
Follow-up Official's Signature: _____ Date: _____	

The participant in the day care facility may qualify for free or reduced price meals if your household income falls within the limits on this chart.

Household size	Yearly
1	23,107
2	31,284
3	39,461
4	47,638
5	55,815
6	63,992
7	72,169
8	80,346
Each additional person:	8,177

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve the participant for free or reduced price meals. You must include the last four digits of the Social Security Number of the adult household member who signs the application. The Social Security Number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for the participant or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have a Social Security Number. We will use your information to determine if the participant is eligible for free or reduced price meals, and for administration and enforcement of the Program.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [How to File a Program Discrimination Complaint](#) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. 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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[Insert Center or Sponsoring Organization Letterhead]

Dear Parent/Guardian:

This letter is intended for parents or guardians of children enrolled in a child care center. **[Name of Center]** offers healthy meals to all enrolled children as part of our participation in the U.S. Department of Agriculture's (USDA) Child and Adult Care Food Program (CACFP). The CACFP provides reimbursements for healthy meals and snacks served to children enrolled in child care. Please help us comply with the requirements of the CACFP by completing the attached Meal Benefit Income Eligibility Form. In addition, by filling out this form, we will be able to determine if your child(ren) qualifies for free or reduced price meals.

1. Do I need to fill out a Meal Benefit Form for each of my children in day care? You may complete and submit one CACFP Meal Benefit Income Eligibility Form for all children enrolled in child care in your household **only if the children in child care are enrolled in the same center.** We cannot approve a form that is not complete, so be sure to read the instructions carefully and fill out all required information. **Return the completed form to: [(Name of Center, address, phone number)].**

2. Who can get free meals without providing income information? Children in households getting Supplemental Nutrition Assistance Program (SNAP) (formerly Food Stamps), Temporary Assistance for Needy Families (TANF), or Food Distribution Program on Indian Reservations (FDPIR) benefits can get free meals. Foster children and children enrolled in Head Start are also eligible for free meals. Children in households participating in WIC may be eligible for free meals.

3. Who can get reduced price meals? Your children can get low cost meals if your household income is within the reduced price limits on the Federal Income Chart, shown on this application. Children in households participating in WIC may be eligible for reduced price meals.

4. May I fill out a form if someone in my household is not a U.S. citizen? Yes. You or your children do not have to be U.S. citizens to qualify for meal benefits offered at the child care center.

5. Who should I include as members of my household? You must include everyone in your household (such as grandparents, other relatives, or friends who live with you) who shares income and expenses. You must include yourself and all children who live with you. You also may include foster children who live with you.

6. How do I report income information and changes in employment status? The income you report must be the total gross income listed by source for each household member received last month. If last month's income does not accurately reflect your circumstances, you may provide a projection of your monthly income. If no significant change has occurred, you may use last month's income as a basis to make this projection. If your household's income is equal to or less than the amounts indicated for your household's size on the attached Income Chart, the center will receive a higher level of reimbursement. Once properly approved for free or reduced price benefits, whether through income or by providing a current SNAP, TANF, FDPIR case number, you will remain eligible for those benefits for 12 months. You should notify us, however, if you or someone in your household becomes unemployed and the loss of income causes your household income to be within the eligibility standards.

7. What if my income is not always the same? List the amount that you normally get. For example, if you normally get \$1000 each month, but you missed some work last month and only got \$900, put down that you get \$1000 per month. If you normally get overtime, include it, but not if you only get it sometimes.

8. What if I have foster children? Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income. Households may include foster children on the Meal Benefit Form, but are not required to include payments received for the foster child as income. Households wishing to apply for such benefits for foster children should contact **[name, address, phone number]**.

9. We are in the military, do we include our housing and supplemental allowances as income? If your housing is part of the Military Housing Privatization Initiative and you receive the Family Subsistence Supplemental Allowance, do not include these allowances as income. Also, in regard to deployed service members, only that portion of a deployed service member's income made available by them or on their behalf to the household will be counted as income to the household. Combat Pay, including Deployment Extension Incentive Pay (DEIP) is also excluded and will not be counted as income to the household. All other allowances must be included in your gross income.

10. (Pricing program only) Will the information I give be verified? Maybe. We may ask you to send written proof to verify the information you submitted on the form. **What if I disagree with the decision about the information I complete on this form?** You should talk to your **[Center or Sponsoring Organization]**.

In the operation of child feeding programs, no person will be discriminated against because of race, color, national origin, sex, age or disability.

If you have other questions or need help, call **[phone number]**.

Sincerely,

[signature]





INSTRUCTIONS FOR COMPLETING THE CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (Child Care)

Follow these instructions, if your household gets SNAP, TANF or FDPIR:

- Part 1:** List all enrolled children and household members.
- Part 2:** List the case number for any household members (including adults) receiving [State SNAP] or [State TANF] or [FDPIR] benefits.
- Part 3:** Skip this part.
- Part 4:** Skip this part.
- Part 5:** Sign the form. The last four digits of a Social Security Number are **not** necessary.
- Part 6:** Answer this question if you choose.

If you are applying on behalf of a FOSTER CHILD, follow these instructions:

If **all** children you are applying for are foster children, or if you are only applying for benefits for the foster child:

- Part 1:** List all foster children. Check the box indicating that the child is a foster child.
- Part 2:** Skip this part.
- Part 3:** Skip this part.
- Part 4:** Skip this part.
- Part 5:** Sign the form. A Social Security Number is **not** necessary.
- Part 6:** Answer this question if you choose to.

If some of the children in the household are foster children.

- Part 1:** List all enrolled children and household members. For any people, including children, with no income, you must check the "No Income Box." Check the box if the child is a foster child.
- Part 2:** If the household does not have a case number, skip this part.
- Part 3:** If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call [your school, homeless liaison, migrant coordinator]. If not, skip this part.
- Part 4:** Follow these instructions to report total household income from this month or last month.

Column A – Name: List only the first and last name of **each** person living in your household who share income and expenses, related or not (such as grandparents, other relatives, or friends who live with you) with income. Include yourself and all children living with you. Attach another sheet of paper if you need to.

Column B – Gross Income and How Often it was Received: For each household member, list each type of income received for the month. You must tell us how often the money is received – weekly, every other week, twice a month, or monthly.

Box 1: List the **gross income**, not the take-home pay. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your stub or your boss can tell you.

Box 2: List the amount each person got for the month from welfare, child support, alimony.

Box 3: List retirement, Social Security, Supplemental Security Income (SSI), Veteran's (VA) benefits, disability benefits.

Box 4: List ALL OTHER INCOME SOURCES including Worker's Compensation, unemployment, strike benefits, regular contributions from people who do not live in your household, and any other income. For **ONLY** the self-employed, report income after expenses in Box 1. Box 4 is for your business, farm or rental property. Do not include income from SNAP, FDPIR, WIC or Federal education benefits. If you are in the Military Housing Privatization Initiative or get combat pay, do not include this housing allowance as income.

- Part 5:** Adult household member must sign the form and list the last four digits of the Social Security Number or mark the box if s/he doesn't have one.
- Part 6:** Answer this question if you choose.



INSTRUCTIONS FOR COMPLETING THE CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (Child Care)

ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:

Part 1: List all enrolled children and household members. For any people, including children, with no income, you must check the “No Income Box.”

Part 2: Skip this part.

Part 3: If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call [your school, homeless liaison, migrant coordinator]. If not, skip this part.

Part 4: Follow these instructions to report total household income from this month or last month.

Column A – Name: List only the first and last name of **each** person living in your household who share income and expenses, related or not (such as grandparents, other relatives, or friends who live with you) with income. Include yourself and all children living with you. Attach another sheet of paper if you need to.

Column B – Gross Income and How Often it was Received: For each household member, list each type of income received for the month. You must tell us how often the money is received – weekly, every other week, twice a month, or monthly.

Box 1: List the **gross income**, not the take-home pay. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your stub or your boss can tell you.

Box 2: List the amount each person got from the month from welfare, child support, alimony.

Box 3: List retirement, Social Security, Supplemental Security Income (SSI), Veteran’s (VA) benefits, disability benefits.

Box 4: List ALL OTHER INCOME SOURCES including Worker’s Compensation, unemployment, strike benefits, regular contributions from people who do not live in your household, and any other income. For ONLY the self-employed, report income after expenses in Box 1. Box 4 is for your business, farm or rental property. Do not include income from SNAP, FDPIR, WIC or Federal education benefits. If you are in the Military Housing Privatization Initiative or get combat pay, do not include this housing allowance as income.

Part 5: Adult household member must sign the form and list the last four digits of the Social Security Number or mark the box if s/he doesn’t have one.

Part 6: Answer this question if you choose.

This explains how we will use the information you give us.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly.



**WE HAVE CHECKED YOUR CACFP MEAL BENEFIT
INCOME ELIGIBILITY FORM INFORMATION (Child Care)**

Center/Sponsoring Organization: [Name]

[Date:]

Dear [Name]:

We checked the information you sent us to prove that [name(s) of participant] is eligible for free or reduced price meal benefits at our facility and have decided that:

- The participant's eligibility has not changed.
- Starting [date], the participant's eligibility for meal benefits will be changed **from reduced price to free** because the verified income is within the free meal eligibility limits. The participant will receive meals at no cost.
- Starting [date], the participant's eligibility for meals will be changed **from free to reduced price** because the verified income is over the limit.
- Starting [date], **the participant is no longer eligible** for free or reduced price meals for the following reason(s):
 - ___ Records show that you did not receive SNAP, TANF or FDPIR.
 - ___ Your income is over the limit for free or reduced price meals.
 - ___ You did not provide: _____
 - ___ You did not respond to our request.

If your household income goes down or your household size goes up, you may complete another CACFP Meal Benefit Income Eligibility Form. If you did not provide proof of current eligibility, you will be asked to do so if you reapply.

If you disagree with this decision, you may discuss it with [name] at [phone]. You also have the right to a fair hearing. If you request a hearing by [date], the participant will continue to receive free or reduced price meals until the decision of the hearing official is made. You may request a hearing by calling or writing to: [name], [address], [phone number].

Sincerely,

[signature]

Non-Discrimination Statement: This explains what to do if you believe you have been treated unfairly. "In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.



SHARING INFORMATION WITH MEDICAID/SCHIP

Dear Parent/Guardian:

If your children qualify for free or reduced price meals, they may also be able to get free or low cost health insurance through Medicaid or the State Children's Health Insurance Program (SCHIP). Children with health insurance are more likely to get regular health care and are less likely to become sick.

Because health insurance is so important to children's well-being, **the law allows us to tell Medicaid and SCHIP that your children are eligible for free or reduced price meals, unless you tell us not to.** Medicaid and SCHIP only use the information to identify children who may be eligible for their programs. Program officials may contact you to offer to enroll your children in this health insurance program. Filling out the CACFP Meal Benefit Income Eligibility Forms does not automatically enroll your children in health insurance.

If you do not want us to share your information with Medicaid or SCHIP, fill out the form below and send it with your Income Eligibility Form to **[address] by [date]**. (Sending in this form will not change whether your children get free or reduced price meals.).

No! I DO NOT want information from my CACFP Meal Benefit Income Eligibility Form shared with Medicaid or the State Children's Health Insurance Program.

If you checked no, fill out the form below.

Child's Name: _____

Child's Name: _____

Child's Name: _____

Child's Name: _____

Signature of Parent/Guardian: _____

Today's Date: _____

Print Your Name: _____

Address: _____

For more information, you may call **[name]** at **[phone]**

Income Eligibility Guidelines

(Effective from July 1, 2019 to June 30, 2020)

Scale for Free Meals					
<i>Effective from July 1, 2019 to June 30, 2020</i>					
Household Size	Annual	Monthly	Twice per Month	Every 2 Weeks	Weekly
1	\$ 16,237	\$ 1,354	\$ 677	\$ 625	\$ 313
2	21,983	1,832	916	846	423
3	27,729	2,311	1,156	1,067	534
4	33,475	2,790	1,395	1,288	644
5	39,221	3,269	1,635	1,509	755
6	44,967	3,748	1,874	1,730	865
7	50,713	4,227	2,114	1,951	976
8	56,459	4,705	2,353	2,172	1,086
<i>For each additional Family member add</i>	+5,746	+479	+240	+221	+111

Scale for Reduced Price Meals					
<i>Effective from July 1, 2019 to June 30, 2020</i>					
Household Size	Annual	Month	Twice per Month	Every 2 Weeks	Weekly
1	\$ 23,107	\$ 1,926	\$963	\$ 889	\$ 445
2	31,284	2,607	1,304	1,204	602
3	39,461	3,289	1,645	1,518	759
4	47,638	3,970	1,985	1,833	917
5	55,815	4,652	2,326	2,147	1,074
6	63,992	5,333	2,667	2,462	1,231
7	72,169	6,015	3,008	2,776	1,388
8	80,346	6,696	3,348	3,091	1,546
<i>For each additional Family member add</i>	+8,177	+682	+341	+315	+158

Agrees that the reduced price for lunch will not exceed 40 cents, that the reduced price for breakfast will not exceed 30 cents, that the reduced price for a snack shall not exceed 15 cents, and that the reduced price charge established will be below the full price for a lunch or breakfast or snack.

MASTER ROSTER

CENTER	CATGORY OF ENROLLEE			DATE ENTERED	DATE EXITED
ENROLLEE	FREE	REDUCED	PAID		
TOTALS					

WIC Locations in Mississippi

Mississippi Band of Choctaw Indians

Iva Denson, WIC Director
210 Hospital Circle
Choctaw, MS 39350
Phone: (601) 389-4510
Fax: (601) 389-4511
VOC Contact: 601-389-4519
Email: IDenson@choctaw.org

Website: <http://www.choctaw.org/government/tribalServices/health/wic/index.html>

Mississippi State Department of Health

Lela Carter, WIC Director
805 S. Wheatley St., Suite 400B
Ridgeland, MS 39157
Phone: (601) 991-6000
Fax: (601) 956-4925
Toll Free: 1-800-545-7647 / 1-866-458-4948
VOC Contact: 601-991-6000
Email: lela.carter@ms.gov

Website: <http://www.msdh.state.ms.us>



The Special Supplemental Nutrition Program for Women, Infants and Children (WIC Program)



Since 1974
The Foundation of
Healthy Families

What is WIC? WIC was established as a permanent program in 1974 to safeguard the health of low-income women, infants, and children up to age 5 who are at nutritional risk. This mission is carried out by providing nutritious foods to supplement diets, nutrition education (including breastfeeding promotion and support), and referrals to health and other social services. Find out more: <http://www.fns.usda.gov/wic/about-wic-wic-glance>

Where is WIC available?

The program is available in all 50 States, 34 Indian Tribal Organizations, American Samoa, District of Columbia, Guam, Commonwealth of the Northern Mariana Islands, Puerto Rico, and the Virgin Islands. While funded through grants from the Federal Government, WIC is administered by 90 State agencies, with services provided at a variety of clinic locations including, but not limited to, county health departments, hospitals, schools, and Indian Health Service facilities. To find the WIC offices serving your area go to: <http://www.fns.usda.gov/wic/contacts>

What food benefits do WIC participants receive?

The foods provided through the WIC Program are designed to supplement participants' diets with specific nutrients. WIC authorized foods include infant cereal, baby foods, iron-fortified adult cereal, fruits and vegetables, vitamin C-rich fruit or vegetable juice, eggs, milk, cheese, yogurt, soy-based beverages, tofu, peanut butter, dried and canned beans/peas, canned fish, whole wheat bread and other whole-grain options. For infants of women who do not fully breastfeed, WIC provides iron-fortified infant formula. Spe-

cial infant formulas and medical foods may also be provided if medically indicated. Learn more about food benefits here: <http://www.fns.usda.gov/wic/wic-food-packages>

Program benefits include more than food.

WIC benefits are not limited only to food. Participants have access to a number of resources, including health screening, nutrition and breastfeeding counseling, immunization screening and referral, substance abuse referral, and more. Find out more: <http://www.fns.usda.gov/wic/wic-benefits-and-services>

Am I eligible?

Pregnant, postpartum, and breastfeeding women, infants, and children up to age 5 who meet certain requirements are eligible. These requirements include income eligibility and State residency. Additionally, the applicant must be individually determined to be at "nutrition risk" by a health professional or a trained health official. To find out if you might be income eligible for WIC benefits go to: <http://wic.fns.usda.gov/wps/pages/start.jsf>



How WIC Helps

WIC supplemental foods have shown to provide wide ranging benefits. They include longer, safer pregnancies, with fewer premature births and infant deaths; improved dietary outcomes for infants and children; improved maternal health; and improved performance at school, among others. In addition to health benefits, WIC participants showed significant savings in healthcare costs when compared to non-participants. Learn more about how WIC helps:

<http://www.fns.usda.gov/wic/about-wic-how-wic-helps>

What is “nutrition risk” and why is it important?

Two major types of nutrition risk are recognized for WIC eligibility: medically-based risks such as anemia, underweight, history of pregnancy complications, or poor pregnancy outcomes; and dietary risks, such as inappropriate nutrition/feeding practices or failure to meet the current Dietary Guidelines for Americans. Women, infants, and children at nutrition risk have much greater risk of experiencing health problems. Learn more about nutrition risk:

<http://www.fns.usda.gov/wic/wic-eligibility-requirements>

I’m eligible, what do I do next?

Those who are interested in applying for benefits should contact their State agency to request information on where to schedule an appointment. Applicants will be advised on what to bring to the appointment in order to verify eligibility. Contact your State agency here:

<http://www.fns.usda.gov/wic/contacts/>

EBT makes it easier to use food benefits.

In most WIC State agencies, participants receive paper checks or vouchers to purchase food, while a few distribute food through centralized warehouses or deliver the foods to participants’ homes. However, all WIC State agencies have been mandated to implement WIC electronic benefit transfer (EBT) statewide by October 1, 2020. EBT uses a magnetic stripe or smart card, similar to a credit card, that participants use in the check-out lane to redeem their food benefits. EBT provides a safer, easier, and more efficient grocery experience and provides greater flexibility in the way WIC participants can shop. Find out more and check if your State supports EBT:

<http://www.fns.usda.gov/wic/wic-electronic-benefits-transfer-ebt>

Focus on breastfeeding.

Even though breast milk is the most nutritious and complete source of food for infants, nationally less than 30% of infants are breastfed at 1 year of age. A major goal of the WIC Program is to improve the nutritional status of infants; therefore, WIC mothers are encouraged to breastfeed their infants, unless medically contraindicated. Pregnant women and new WIC mothers are provided breastfeeding educational materials and support through counseling and guidance. Explore the benefits of breastfeeding and find helpful resources here:

<http://www.fns.usda.gov/wic/breastfeeding-promotion-and-support-wic>

WIC Facts

- If you participate in another assistance program you may be automatically income-eligible for WIC.
- Breastfeeding mothers are eligible to participate in WIC longer than non-breastfeeding mothers.
- More than half of the infants in the U.S. participate in WIC.
- WIC participants support the local economy through their purchases.
- WIC works with farmers markets to help increase participant access to provide fresh, locally grown fruits and vegetables. Find out more here:

<http://www.fns.usda.gov/fmnp/wic-farmers-market-nutrition-program-fmnp>

Where can I learn more?

Information on FNS programs is available at www.fns.usda.gov/fns/