

* Denotes a required field

County of Placer
Department of Health and Human Services
Public Health
Women, Infants and Children (WIC)

WIC ONLINE APPLICATION FORM

First Name*:

Last Name*:

Street Address:

City:

State: California

Zip Code:

Email:

Phone*:

Is it okay if we text you about WIC?

What is a good time to call you?

Preferred Language:

Secondary Language:

Have you ever been on WIC? If so, how long ago?

How did you hear about WIC?

Comments:

Send

County Use Only: (Notes)