

Warren County WIC

1340 State Route 9

Lake George, NY 12845

761-6425 Phone / 761-7643 Fax

WIC is a supplemental food program for pregnant & postpartum women, infants & children to 5 years of age.

General Food Package

Pregnant Women	Breastfeeding Women	Non-Breastfeeding Women	Infants	Children
5 ½ Gal/ 22 qts LF/1% Milk or NF/Skim Milk (1# of Cheese (Optional)) (32oz of yogurt(Optional)) 1 dozen Eggs Up to 36 oz Cereal 2# Dry Beans/Peas/Lentils or 4 cans - up to 16oz beans or 2# 16-18 oz Peanut Butter or Combination 1# WW Bread or Whole Grain Tortillas or 14-16 oz Brown Rice or 16 oz WW Pasta 3- 11.5/12oz Concentrated Juice (up to 144 oz) <u>\$ 11 Vegetable & Fruit check</u> <u>\$ 20 Farmer's Market check</u>	6 Gal/ 24 qts LF/1% Milk or NF/Skim Milk+ (1# of Cheese (Optional)) (32Oz of yogurt(Optional)) 2 dozen Eggs 1# Cheese Up to 36 oz canned Fish (Tuna, Sardines, Salmon) 2# Dry Beans/Peas/Lentils or 4 cans- up to 16oz beans or 2# 16-18 oz Peanut Butter or Combination 1# WW Bread or Whole Grain Tortillas or 14-16 oz Brown Rice or 16 oz WW Pasta 3- 11.5/12oz Concentrated Juice (up to 144 oz) <u>\$ 11 Vegetable & Fruit check</u> <u>\$ 20 Farmer's Market check</u>	4 Gal/16 qts LF/1% Milk or NF/Skim Milk (1# of Cheese (Optional)) (32Oz of yogurt(Optional)) 1 dozen Eggs Up to 36 oz Cereal 1# Dry Beans/Peas/Lentils or 4 cans- up to 16oz beans or 2# 16-18 oz Peanut Butter or Combination 2-11.5/12oz Concentrate Juice (up-to oz) <u>\$ 11 Vegetable & Fruit check</u> <u>\$ 20 Farmer's Market check*</u>	<u>Formula / 6 – 12 months</u> Enfamil Infant Gerber Good Start Soy Enfamil Gentlease Enfamil AR Special Needs formula with MD's prescription 3 boxes Baby cereal 36 jars Baby Fruit/Vegetables <u>Breastfed / 6 – 12 months</u> 3 boxes Baby cereal 64 jars Baby Fruit/Vegetables 31 jars Baby Meat (FBF) <u>Formula & BF/ 9 -12 months</u> In addition >may substitute # jars Fruit & Vegetables for <u>\$4/\$8(FBF) Fruit/Veg Voucher</u> <u>\$ 20 Farmer's Market check</u>	1<2yo 4 Gal/16 qts. Whole Milk 2<5yo 4 Gal/16 qts LF/1% Milk or NF/Skim Milk (1# of Cheese (Optional)) (32Oz of yogurt(Optional)) 1 dozen Eggs Up to 36 oz Cereal 1# Dry Beans/Peas/Lentils or 4 cans- up to 16oz beans or 2# 16-18 oz Peanut Butter or Combination 2# WW Bread or Whole Grain Tortillas or 14-16 oz Brown Rice or 16 oz WW Pasta 2 - 64 oz Container Juice or 16 oz Concentrate Juice <u>\$ 9 Vegetable / Fruit check</u> <u>\$ 20 Farmer's Market check</u>

May 31, 2022– June 30, 2023 WIC Income Eligibility

* A pregnant women is considered to be a household of 2

Household Size	Annual Gross	Monthly Gross	Twice-Monthly Gross	Bi-weekly Gross	Weekly Gross
1	\$ 25,142	\$ 2,096	\$ 1,048	\$ 967	\$ 484
2	33,874	2,823	1,412	1,303	652
3	42,606	3,551	1,776	1,639	820
4	51,338	4,279	2,140	1,975	988
5	60,070	5,006	2,503	2,311	1,156
For each additional person add	8,732	728	364	336	168

Clinic Sites

- Warren County Municipal Center
- Village Green Apartments – Glens Falls
- North Creek
- Horicon
- Warrensburg
- Lake Luzerne
- VFW – Queensbury
- United Methodist Church – Queensbury
- 1st Baptist Church – Glens Falls

WHAT TO BRING TO YOUR WIC APPOINTMENT

Bring proof that you are one of the people served by WIC:

Pregnant women need one:

- Completed and signed WIC Medical Referral form
- Dated and signed health care provider statement including expected date of delivery
- Presumptive Medicaid Eligibility Screening form completed and signed by the health care provider
- Dated sonogram that confirms pregnancy and includes mom's name

Breastfeeding moms & moms with an infant younger than 6 months need one:

- Completed and signed WIC Medical Referral form
- Dated and signed statement from a health care provider
- Dated hospital discharge papers

Infants and children need one:

- Completed and signed WIC Medical Referral form
- Birth certificate
- Baptismal record
- Hospital or health care provider's record
- Infant or child adoption record or Foster Care Placement letter

Bring one proof of where you live:

- Current rent or mortgage document
- Current pay stub with address
- Letter from shelter/house of worship/Social Services on their letterhead
- Letter or statement from Federal/State/Local Municipal Agency
- Photo ID with current address
- Postmarked mail with a recent date addressed to you (no PO box):
 - Utility bill
 - Cell phone bill
 - Envelope/postcard with recent postmark
 - WIC Appointment Reminder
- Military only:
 - Letter from Company Commander on letterhead
 - Military order with NY installation assignment

Documents Must Meet Proof Requirements for Each Category

This institution is an equal opportunity provider.

Bring one proof of who you are:

- Birth certificate or Social Security card
 - Baptismal record
 - Current WIC ID card
 - Health care provider or immunization record
 - Hospital record/infant crib card/hospital ID bracelet (up to 6 months of age)
 - Mexican Matricula Consular ID card
 - Voter registration card
 - Adoption record, foster care placement letter, or custody papers
 - Photo ID card
- Examples:
- Driver's license or learner's permit
 - Non-driver's ID card
 - Military ID card
 - Employment ID card
 - School ID card
- Citizenship documents
- Examples:
- Passport/Visa
 - Permanent Resident card (green card)
 - Certificate of Naturalization
 - Certificate of Citizenship

Bring proof of employer and income information for everyone in your household:

- NYS Medicaid Common Benefits Identification card (CBIC) or Medicaid Managed Care Plan card for each person applying for WIC benefits
- SNAP/Food Stamps Notice of Decision/budget letter with dates listing all household members
- TANF Notice of Decision listing all household members
- Pay stubs/direct deposit pay stubs (past 30 days) for every working household member
- Bank statement
- Alimony/child support
- Workers' compensation
- Unemployment benefits letter
- Use of savings or cash income
- VOC card
- Disability Verification letter
- Income tax record for self-employed
- Letter of support (indicating cash income)
- Written statement from employer
- Social Security
- Pension
- Interest/Dividends/Royalties
- Foster Care Stipend (if Medicaid not available)
- Military only:
 - L&E (Leave & Earnings) Statement