

Vermont WIC Online Application

To qualify for WIC, people must meet the following requirements:

1. Fit into one of the following categories:
 - A pregnant person
 - A person who was pregnant in the last 6 months
 - A breastfeeding/chestfeeding person with an infant up to 12 months old
 - An infant or child up to 5 years old (applied for by parent or caregiver)
2. Be a resident of Vermont
3. Meet income guidelines or participate in Medicaid/Dr. Dynasaur, 3SquaresVT (SNAP), TANF (Temporary Assistance for Needy Families) or Families with Dependent Children program.

This form takes less than 10 minutes to complete. If you would like help with this application, or would like to request an accommodation, please contact us at WIC@vermont.gov or 802-863-7333.

To start your application, follow these steps:

1. Complete and submit this fillable form by email to: WIC@vermont.gov
2. After you submit this form, someone from your local WIC office will contact you to find out if you qualify. If you do, they will set up a WIC appointment.
3. Attend your appointment to enroll in WIC.

Please enter your contact information below.

(*Required Field)

Your First Name *

Your Last Name *

Street Address *

Apartment number

City *

State *

(You must be a Vermont resident to participate in Vermont WIC)

Vermont

ZIP Code *

(Please use a 5-number ZIP code beginning with 05)

Your Email address *

Phone number*

Contact me by: *

☐

Phone

☐

Email

☐

Phone or Email

Preferred language *

☐

English

☐

American Sign Language (ASL)

☐

Arabic

☐ Burmese

☐ Dari

☐ French

☐ Maay Maay

☐ Nepali

☐ Pashto

☐ Somali

☐ Spanish

Swahili

☐ Other:

What are your pronouns?

☐ She/Her

☐ He/Him

☐ They/Them

☐ Prefer not to answer

☐ Other:

What are the best days of the week for an appointment? *

(Check all that apply)

☐ Monday

☐ Tuesday

☐ Wednesday

☐ Thursday

- ☐ Friday
- ☐ Any day

What are the best times for an appointment? *

(Check all that apply)

- ☐ Morning
- ☐ Afternoon
- ☐ Any time

How did you hear about WIC? *

(Check all that apply)

- ☐ Family or friend
- ☐ Health care provider
- ☐ Internet search or Facebook
- ☐ Another organization
- ☐ Advertisement
- ☐ Text Message about WIC
- ☐ Other:

Submit completed form to: WIC@vermont.gov

I understand that the Vermont Department of Health will share this information with a local WIC agency in my area, who may use this information to screen my WIC eligibility. Please see the [Vermont privacy policy](#) for further information on the electronic transmission of information to the WIC program.

I also understand that by submitting this information, I am not guaranteed enrollment in the program.

USDA Non-Discrimination Statement

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

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

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

Mail:

U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or

Fax:

(833) 256-1665 or (202) 690-7442; or

Email:

Program.Intake@usda.gov

This institution is an equal opportunity provider.