



Do you have a child under 5? Are you pregnant or breastfeeding?

WIC OFFERS FAMILIES

- Personalized nutrition consultations
- Free healthy food
- Tips for eating well to improve health
- Referrals for medical and dental care, health insurance, child care, housing and fuel assistance, and other services that can benefit the whole family

Call **1-800-WIC-1007**
or visit mass.gov/wic

TDD/TTY: 617-624-5992

This institution is an equal opportunity provider.

Check these guidelines to see if WIC might be right for your family.

HOUSEHOLD SIZE	YEARLY	MONTHLY	WEEKLY
1	\$21,978	\$1,832	\$423
2	29,637	2,470	570
3	37,296	3,108	718
4	44,955	3,747	865
5	52,614	4,385	1,012
6	60,273	5,023	1,160
7	67,951	5,663	1,307
8	75,647	6,304	1,455

IF YOU ARE PREGNANT, YOU SHOULD COUNT YOURSELF AS TWO.



GOOD FOOD and A WHOLE LOT MORE!



¿Tiene un hijo menor de 5 años? ¿Está embarazada o amamantando/lactando?

WIC OFRECE A LAS FAMILIAS

- Alimentos saludables gratis
- Apoyo de lactancia
- Consultas personalizadas de nutrición
- Referidos para atención médica y dental, seguro de salud, cuidado de niños, asistencia para combustible y vivienda, y otros servicios que pueden beneficiar a la familia entera!

Llame al **1-800-942-1007**
o visite mass.gov/wic

TDD/TTY: 617-624-5992

Esta institución es un proveedor que ofrece igualdad de oportunidades.

Verifique estas pautas para decidir si WIC es el programa adecuado para su familia.

TAMAÑO DE FAMILIA	ANUAL	MENSUAL	SEMANTAL
1	\$21,978	\$1,832	\$423
2	29,637	2,470	570
3	37,296	3,108	718
4	44,955	3,747	865
5	52,614	4,385	1,012
6	60,273	5,023	1,160
7	67,951	5,663	1,307
8	75,647	6,304	1,455

SI USTED ESTÁ EMBARAZADA, DEBE CONTARSE POR 2.



BUENOS ALIMENTOS y MUCHO MÁS!

FAX TRANSMISSION

DATE: _____

TO: WIC-Coordination Unit

FAX: (617) 624-6179

FROM: Name of School or District _____

City _____

If responding for a district, # of schools in district): _____

Number of Students (if a district, # of students in district): _____

Contact Person _____

Phone _____ Fax _____

E-mail _____

Please check as many as apply:

Yes! I would be happy to copy the enclosed flyer to send home with students in my school(s).

I will include the flyer in the school newsletter or food service monthly menu.

I will put the information on our website and/or create a link (please include e-mail address if you would like us to send a PDF version).

I will invite a WIC representative to share pertinent information with the homeless liaison, school nurse, resource specialist, guidance counselor, school adjustment counselor, parent advisory council, and other staff.

Please send me free outreach materials for my school(s). (Please indicate the items and quantities you would like on the enclosed Outreach Materials Order Form and fax the order form along with this transmission sheet.)

THANK YOU

WIC Outreach Materials Order Form

School _____

Address _____

City _____ MA Zip _____

Attention _____

Person completing this form _____

E-Mail _____

Phone _____ Date of Request _____

WIC Outreach Materials - Indicate quantity for each item

Brochures

# ___ English	# ___ Spanish	# ___ Russian	# ___ French	# ___ Chinese
# ___ Khmer	# ___ Portuguese (Brazilian)	# ___ Vietnamese	# ___ Arabic	

Posters (11" x 17")

# ___ English	# ___ Spanish	# ___ Russian	# ___ French	# ___ Chinese
# ___ Khmer	# ___ Portuguese (Brazilian)	# ___ Vietnamese		

Please complete this form and **fax** to WIC/Coordination Unit
(617) 624-6179



SNAP/Food Stamp Outreach Materials Order Form

PLEASE INDICATE THE QUANTITIES YOU NEED

All materials are free of charge

"Help is one free call away" 3" x 7" Hotline card (double-sided)

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Arabic/English | <input type="checkbox"/> Chinese/English | <input type="checkbox"/> French/English | <input type="checkbox"/> Greek/English |
| <input type="checkbox"/> Haitian Creole/English | <input type="checkbox"/> Italian/English | <input type="checkbox"/> Khmer/English | <input type="checkbox"/> Polish/English |
| <input type="checkbox"/> Portuguese/English | <input type="checkbox"/> Russian/English | <input type="checkbox"/> Spanish/English | <input type="checkbox"/> Vietnamese/English |

ANY QUESTIONS? Please contact FoodSource Hotline at **1-800-645-8333**

Please fill-in the shipping information below and fax to **FoodSource Hotline** at **617-248-8877** or mail to **Project Bread, 145 Border Street, East Boston, MA 02128, Attn: Hotline**

Name: _____

Agency: _____

Address: _____

City, State, Zip: _____

Phone: (____) _____ **Fax:** (____) _____