



WHERE TO APPLY?

Guam WIC Locations

All locations are **CLOSED** on the **LAST FRIDAY** of the month and on **Government of Guam** holidays.

Department of Public Health & Social Services
Guam WIC Program
15-6100 Mariner Avenue
Barrigada, Guam 96913-1601

DEDEDO
Tel: (671) 635-7471/2
Fax: (671) 635-7476
Monday-Friday 8:00am-6:00pm

TIYAN
Tel: (671) 475-0295/6
Fax: (671) 477-7945/49
Appointments
Monday-Friday 8:00am-6:00pm
Saturday 8:00am-5:00pm
Walk-Ins
Monday-Friday 1:00pm-6:00pm

SANTA RITA
Tel: (671) 565-3537
Fax: (671) 565-3536
Tuesday/Thursday 8:00am-5:00pm

INARAJAN
Tel: (671) 828-7550
Monday/Wednesday/Friday
8:00am-5:00pm

Email: guamwic@dphss.guam.gov

WIC Clinic (circle one):
Dededo • Tiyan • Santa Rita • Inarajan

WIC Appointment Date & Time

Family ID #

Authorized Representative's Name

WIC GUAM
A Healthy Foundation for Life

WELCOME TO THE WIC PROGRAM

The Special Supplemental Nutrition Program for Women, Infants, and Children (up to 5 years old)

(ENGLISH)

02/27/2020



WHAT IS WIC?

The GUAM WIC PROGRAM is a special supplemental nutrition and education program for women, infants, and children (up to 5 years old).

It is a Health Promotion Program, not a welfare program. It teaches you and your family to be aware of your nutritional needs and to practice good eating habits. The Guam WIC Program helps you to be healthy during times of rapid growth. It promotes and supports breastfeeding, helps you prevent medical problems, and helps lower your health costs.



WHAT DOES WIC PROVIDE?

- Nutritional group classes.
- Personalized nutrition counseling.
- Breastfeeding information and support, including hospital and home visits, if needed.
- Food guides for feeding yourself, your infants, and your children.
- Supplemental foods, such as milk, eggs, fortified cereals, 100% fruit and vegetable juices, dry beans, peanut butter, whole wheat bread, vegetables, and fruits.
- Infant cereal, infant vegetables, and infant fruits.
- Referrals to other community programs (government and private) as needed.



WHO CAN APPLY?

ARE YOU ELIGIBLE FOR WIC? FIND OUT BY GOING TO THIS WEBSITE
<https://wic.fns.usda.gov/wps/pages/start.jsf>

You can apply if you are:

Women: Pregnant, postpartum (up to 6 months after infant's birth), or a breastfeeding woman (up to infant's 1st birthday);

Infants: A parent/guardian for an infant (0-11 months old);

Children: A parent/guardian for a child under 5 years old.



WHAT TO BRING TO YOUR APPOINTMENT?

Bring the following to your certification or first appointment:

Most recent paycheck stubs of everyone working and/or retired in the household. Any proof of cash income, such as child support, tips, or LES document.

Earnings						
Rate	Month	Regular Hours	Over Time	Regular	Over Time	Gross Pay
\$8.50	Sept	160	0	\$1360.00	0	\$1360.00
Deductions						
FICA	SDI	FIT	SIT	INS	Ret	Net Pay
\$120.00	\$27.20	\$108.80	\$61.20	\$27.20	\$81.60	
FICA - Social Security SIT - State Income Tax		SDI - Disability INS - Insurance		FIT - Federal Income Tax Ret - Retirement		

(Sample check stub)

Most recent Certification for Medicaid, SNAP (formerly Food Stamp), or TANF.

Proof of Residency. Any document with the caretaker's name and home address, such as a lease/rental agreement, utility/cable bill, note from homeowner where you live with supporting name and home address, Mayor's verification letter, or Guam ID or Guam driver's license issued after 6/24/18 with the Real ID emblem.

Current proof of I.D.

For Adults: Valid Guam ID, Guam driver's license, passport, or work or school ID



For Infants (0-11 months old): crib card, hospital birth certificate, or official birth certificate; and shot record/immunization card

For Children (under 5 years old): official birth certificate and shot record/immunization card

CERTIFICATE OF LIVE BIRTH			
LOCAL FILE NO.	1. CHILD'S NAME (First, Middle, Last, Suffix)	2. TIME OF BIRTH (24 Hr)	3. SEX
CHILD	3. FACILITY NAME (If not Institution, give street and number)	6. CITY, TOWN, OR LOCATION OF BIRTH	7. COUNTY OF BIRTH
	8a. MOTHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix)	8b. DATE OF BIRTH (MM/DD/YYYY)	
MOTHER	8c. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last, Suffix)		8d. BIRTHPLACE (State, Territory, or Foreign Country)
	9a. RESIDENCE OF MOTHER-STATE	9b. COUNTY	9c. CITY, TOWN, OR LOCATION
	9d. STREET AND NUMBER	9e. APT. NO.	9f. ZIP CODE
	10a. FATHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix)		10b. DATE OF BIRTH (MM/DD/YYYY)
FATHER	10c. BIRTHPLACE (State, Territory, or Foreign Country)		10d. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input type="checkbox"/> No
CERTIFIER	11. CERTIFIER'S NAME TITLE: <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> HOSPITAL ADMIN. <input type="checkbox"/> ONCMIC <input type="checkbox"/> OTHER MIDWIFE <input type="checkbox"/> OTHER (Specify): _____	12. DATE CERTIFIED MM DD YYYY	13. DATE FILED BY REGISTRAR MM DD YYYY

IMMUNIZATION RECORD	
Comprobante de Inmunización	
Name Nombre	_____
Birthdate Fecha de nacimiento	_____
Allergies Alergias	_____
Vaccine Reactions Reacciones a cualquier vacuna	_____
RETAIN THIS DOCUMENT — CONSERVE ESTE DOCUMENTO	

Bring the **infant and/or child under 5 years old.**



For legal guardians (if not natural parents), **bring court documents.**



In accordance with Federal 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, age, disability, and reprisal or retaliation for prior civil rights activity. (Not all prohibited bases apply to all programs.)

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, and 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.ascr.usda.gov/sites/default/files/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.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;

email: program.intake@usda.gov.

This institution is an equal opportunity provider.