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.

<table>
<thead>
<tr>
<th>HOUSEHOLD SIZE</th>
<th>YEARLY</th>
<th>MONTHLY</th>
<th>WEEKLY</th>
</tr>
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<tbody>
<tr>
<td>1</td>
<td>$22,459</td>
<td>$1,872</td>
<td>$432</td>
</tr>
<tr>
<td>2</td>
<td>30,451</td>
<td>2,538</td>
<td>586</td>
</tr>
<tr>
<td>3</td>
<td>38,443</td>
<td>2,204</td>
<td>740</td>
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<tr>
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</tr>
<tr>
<td>8</td>
<td>78,403</td>
<td>6,534</td>
<td>1,508</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>TAMAÑO DE FAMILIA</th>
<th>ANUAL</th>
<th>MENSUAL</th>
<th>SEMANAL</th>
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<tbody>
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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 _______________________________________

Address _______________________________________________________

City/Zip Code __________________________________________________

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.
   (Send PDF version of income flyer, please include email address)

____ I will put the link for WIC on our school website (www.mass.gov/wic).

____ 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). (Indicate the specific items and
   quantities needed on enclosed Outreach Materials Order Form for WIC and/or
   SNAP/Food Stamp Outreach. Fax the order form with this fax 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 # ___ Vietnamese # ___ Arabic
(Brazilian)

Posters (11" x 17")
# ___ English # ___ Spanish # ___ Russian # ___ French # ___ Chinese
# ___ Khmer # ___ Portuguese # ___ Vietnamese
(Brazilian)

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)

___ Arabic/English     ___ Chinese/English     ___ French/English     ___ Greek/English

___ Haitian Creole/English     ___ Italian/English     ___ Khmer/English     ___ Polish/English

___ Portuguese/English     ___ Russian/English     ___ Spanish/English     ___ 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: (____) ___________________