



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

WIC OFFERS FAMILIES

- Personalized nutrition consultations
- Checks for 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 www.mass.gov/wic

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

HOUSEHOLD SIZE	YEARLY	MONTHLY	WEEKLY
1	\$21,590	\$1,800	\$416
2	29,101	2,426	560
3	36,612	3,051	705
4	44,123	3,677	849
5	51,634	4,303	993
6	59,145	4,929	1,138
7	66,656	5,555	1,282
8	74,167	6,181	1,427

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



WIC Nutrition Program
Nutrition Division • MA Department of Public Health
TDD/TTY: 617-624-5992
USDA is an equal opportunity provider and employer.

**GOOD FOOD and A
WHOLE LOT MORE!**



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

WIC OFRECE A LAS FAMILIAS

- Cupones para adquirir alimentos saludables GRATIS
- Ideas para planificar las comidas
- Ayuda para amamantar/lactar
- Referidos para recibir atención médica y dental, guardería, vivienda y otros servicios para su familia

Llame al **1-800-942-1007**

o visite www.mass.gov/wic

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

TAMAÑO DE FAMILIA	ANUAL	MENSUAL	SEMANAL
1	\$21,590	\$1,800	\$416
2	29,101	2,426	560
3	36,612	3,051	705
4	44,123	3,677	849
5	51,634	4,303	993
6	59,145	4,929	1,138
7	66,656	5,555	1,282
8	74,167	6,181	1,427

SI USTED ESTÁ EMBARAZADA, DEBE CONTARSE POR 2.



Programa de Nutrición WIC
División de Nutrición • Departamento de Salud Pública de MA
TDD/TTY: 617-624-5992
El USDA es un proveedor y empleador que ofrece igualdad de oportunidades.

**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 and send it home with students in my school(s).

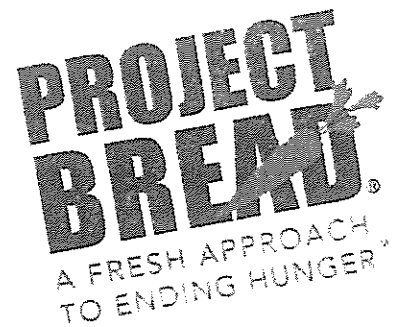
____ I will include the flyer in the school newsletter or food service monthly menu.

____ 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)

____ 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

FOODSOURCE[™] HOTLINE
1-800-645-8333



SNAP/Food Stamp Outreach Materials Order Form

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 |

"Eat Right When Money's Tight" 12x 18 Poster (English Only)

- | | |
|--|--|
| <input type="checkbox"/> Poster and English Only Tear off Pads | <input type="checkbox"/> Poster and English/Portuguese Tear off Pads |
| <input type="checkbox"/> English Only Pads | <input type="checkbox"/> Portuguese Only Pads |

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:** (____) _____

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

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

New Hours: Monday - Friday, 8 AM - 7 PM; Saturday, 10 AM - 2 PM

Help is one free call away!



For information about:

- Supplemental Nutrition Assistance Program (SNAP)/Food Stamps
- Emergency Food Programs
- School Meals

PROJECTBREAD
FOODSOURCE[®] HOTLINE
1-800-645-8333
gettingsnap.org

The FoodSource Hotline is funded by the Massachusetts Department of Transitional Assistance