WIC Client Connect

MOBILE APPLICATION SCREENSHOTS
Before Client Log-In

WIC is the Women, Infants and Children Supplemental Nutrition Program. It is a health and nutrition program.

Women who are pregnant (or were recently pregnant), and children up to age 5 that qualify for WIC benefits get healthy foods, education, and referrals to other services.

- WIC foods are good sources of protein, iron, calcium, folic acid, Vitamin C and fiber. These foods help mom have a healthy pregnancy. They also help children to be healthy and grow well.

- WIC promotes breastfeeding and gives help to moms and babies to breastfeed successfully.

- A WIC visit includes discussion,
Determining Eligibility

*1 Do any of the following describe you or anyone in your household? (Check all that apply)
Your household is everyone who lives in your home (including children) and shares income and household expenses (bills, food, etc.). Your household may include people who are related to you and people who are not.

☐ Is Pregnant
☐ Has had a baby (or been pregnant) within the last 6 months
☐ Is currently breastfeeding a baby that is less than 12 months old
☐ Is a baby, child or foster child under the age of 5
☐ None of the above

*2 Are you a resident of the State of Michigan?

☐ Yes
☐ No

*3 Are you or anyone in your household currently enrolled in any of the following programs? (Check all that apply)

☐ Family Independence Program
☐ Food Distribution Program on Indian Reservations (FDPIR)
☐ Free or Reduced-Price School Lunch
☐ Maternity Outpatient Medical Services (MOMS)
☐ Other State-Provided Health Insurance
☐ Foster child under the age of 5 on one of these programs
☐ None of these programs apply
Family Size and Income

Am I Eligible?

*How many people are in your household? (If the potential WIC client is pregnant, add in the number of infants they are expecting)?

My household has no income

Add Income

*Income Type
Select Income Type

*Pay Period
Select Pay Period

*Amount

Income Type

Child support and Alimony
Income from Self - Employment
Other Income
Retirement Payments or Benefits
Social Security Benefits
Unemployment Benefits
Veteran's Benefits

Ok
Client Registration

You appear to be eligible for WIC benefits.

If you would like to create a login account to Client Connect, and schedule an appointment with a WIC Clinic, please click on ‘Register’ Button OR contact your local WIC office to schedule an appointment.
Nearby WIC Clinics and Vendors
Contacting WIC and Resources

Please use the form below to notify the State Webmaster if you have questions about the function of this website.

After you submit your error report you will receive an email confirmation.

For WIC Program-Related Questions

Contact WIC Agencies

* First Name
* Last Name
* Address
* City
* Zip
Home Phone
Mobile Phone
* Email Address

Submit

WIC Resource Links

wichealth.org
Michigan Care Immunization Registry (Shot Records)
WIC Benefit Balance at Xerox Client Website
Referral Agencies (coming soon)
WIC Frequently Asked Questions
WIC Food Guide - English
WIC Food Guide - Spanish
WIC Food Guide - Arabic
Infant Food Insert - English
Infant Food Insert - Spanish
Infant Food Insert - Arabic
Summer EBT for Children
Client Log-In

Login
Forgot Password

*Email Address
Reset Password

BE - Give yourself and those you love the goodness of whole grains
C2 - Breakfast starts the day strong
C1 - Strong bodies need strong bones.
IBP - There's no power like mom power.
Scheduling Appointments

<table>
<thead>
<tr>
<th>Client Name</th>
<th>Type</th>
<th>Requested Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yogurt, Roxie</td>
<td>WCC</td>
<td>09/30/2017</td>
</tr>
</tbody>
</table>

Info

Please bring ID for yourself and the person you are enrolling, proof of current address and household income or MIHealth/Medicaid cards. For a pregnant woman, also bring proof of pregnancy.
Benefit Lookup

11/27/2017 to 12/26/2017

- 4 GAL SKIM, 1/2% OR 1% MILK
- 1 HGL SKIM, 1/2%, 1% OR BUTTERMILK
- 3 LB CHEESE ($8.00 MAX PER LB.)
- 2 DOZ EGGS
- 3 CAN JUICE 48 OZ OR 11.5-12 OZ CONC
- 36 OZ CEREAL
- 2 JAR 16-18OZ PNL BTL OR 1 LB DRY
- 6 CAN 5OZ CHUNK LT TUNA OR PINK SALMON
- 64 JAR 3.5-5.7 OZ INFANT CEREAL
- 31 JAR 0.5-0.7 LB WHOLE
- 1 LB

UPC Scan  Future Benefits

Hold camera up to barcode to scan
Barcode will automatically scan

Cancel  Flash
Family and Client Information

**Family Information**
- Proxy Information
  - Address
- Phone
- Other

**Proxy Information**
- Decline Proxy: Yes
- Proxy 1
  - First Name: Cloe
  - Middle Initial: 
  - Last Name: Yogurt

**Participant Information**
- Mother Details
  - First Name: Ava
  - Last Name: Yogurt
  - Middle Initial: 
  - Birth Date: 04/15/1992

- Foster:
  - Gender: F
  - DOB: 03/31/2017
Family and Client Information

**Family Information**
- **Street Address**
  - Street 1: 320 S Walnut st
  - Street 2:
  - Zip: 48933

- **City**: Lansing
- **State**: MI

**Client Information**
- **Phone Number**: 5379753688
- **Preferred**: Yes
- **No Call**: No
- **Text Msgs**: Yes

**Other Information**
- **Family Size**: 6
- **Migrant**: No
- **Homeless**: No
- **Translator Required**: No
- **Disability Accomodations Needed**: No

**Language**
- **Primary Language**: English

**Voter Choice**
- **Please select voter choice**: 

Messages and Forms

Yes, I would like to register
No, thank you
No, registered at present address
I would like to change my address
Under age 18

Shopping List
NE Plan
VOC
Referral Notification
Client Agreement
Client Vendor Listing

Your benefit is going to expire soon.
Happy holiday shopping
New nutrition plan is available.
Account Maintenance

Change Password

*Current Password

*New Password

*Confirm Password

Change Password

My Account

Email Address
yogurt@gmail.com

First Name
Cloé

Last Name
Yogurt

Family ID
9678714

EBT Card Number
5077118092823746

Parent / Proxy Birth Date (MM/DD/YYYY)
3/15/1995

Confirm
Would you like to logout?

No
Yes