





# Michigan WIC Connect Mobile App

**Getting Started** 

# How to get the Michigan WIC Mobile App

The Michigan WIC Mobile App is available on both the iPhone App Store and Google Play for Android by simply searching for *Michigan WIC* or by scanning here.











# **How to Register**

Registering with an Active WIC account.

To register, enter:

- Email Address
- Password passwords must be:
  - ✓ Between 8 to 20 characters
  - ✓ Contain at least 1 lowercase and 1 uppercase letter
  - ✓ Contain at least one number (0-9)
- Confirm Password
- Active Family ID
- Active EBT Card Number
- Parent/Proxy Birth Date

NEV	💎 <sup>465</sup> 📶 🗗 55% 3:32				
	WIC Connect				
Michigan	Bridge Card				
Conn	ect				
Email Address					
Password					
Login	Login Forgot Password				
Exist	ing WIC Clients – Reg	gister			
What is WIC ?	Am I Eligible ?	Resource Links			
Clinics	Stores	Contact WIC			
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EN 🖻 💙 🤟 🖬 55% 3:33
← Register
*Email Address
*Password
*Confirm Password
*Family ID
*EBT Card Number
*Parent / Proxy Birth Date (MM/DD/YYYY)
Register



# **Forgot Password?**

Use the Forgot Password screen to reset the password linked to the account.

To reset the password, enter:

Email Address

Once the account is verified, a new password can be entered.







# What is WIC?

# This screen provides information about the program.

You do not need to have an account to get this information.

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#### $\leftarrow$ What is WIC ?

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, screenings and nutrition and breastfeeding education. This can help parents make good decisions on what and how to feed their family.



In Michigan, over 200,000 moms, babies and children receive WIC benefits each month!

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# Am I Eligible ?

This screen has questions that you can answer to see if you are eligible for the program.

Depending on your responses, t is possible it will ask you for information about your household and income to determine eligibility.

After you answer these questions, it will tell you if you are eligible. If you are, there will be an option to register.



# May Be Eligible -WIC Client

# Am I Eligible ?

# Am I Eligible ?screen

decides whether the client is eligible for WIC program or not.

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Am I Eligible ?

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< Login

# May be Eligible for WIC benefits

Clients are eligible for WIC program with no household income







# Not Eligible -WIC Client

# Am I Eligible ?

# Am I Eligible ?screen

decides whether the client is eligible for WIC program or not.

Based on your responses to the questions, it may tell you that you are not eligible for the program.





■ N ● N Þ ♥ <sup>403</sup> ⊿ û 60% 4:29 ← Am I Eligible ?	<ul> <li>■ N ● N ▷ ● ● <sup>4133</sup><sub>4</sub> û 60% 4:30</li> <li>✓ Login Am I Eligible ?</li> </ul>	<ul> <li>■ N          <ul> <li>■ N ● N ►</li> <li>▼ <sup>MGS</sup><sub>al</sub> ■ 60% 4:30</li> <li></li> <li></li> <li></li> <li>Am I Eligible?</li> </ul> </li> </ul>	-
<ul> <li>T 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.</li> <li>Is Pregnant</li> <li>Has had a baby (or been pregnant) within the last 6 months</li> <li>Is currently breastfeeding a baby that is less than 12 months old</li> <li>Is a baby, child or foster child under the age of 5</li> <li>None of the above</li> </ul>	<ul> <li>*2 Are you a resident of the State of Michigan?</li> <li>Yes</li> <li>No</li> </ul>	*3 Are you or anyone in your household currently enrolled in any of the following programs? (Check all that apply) Supplemental Nutrition Assistance Program (SNAP)/Food Stamps Medicaid Temporary Assistance for Needy Families (TANF) Children's Medicaid Family Independence Program Food Distribution Program on Indian Reservations (FDPIR)	You do N Due to no If you hav office.
$\rightarrow$ 0 $\Box$	$\begin{array}{ccc} \leftarrow & \rightarrow \\ \triangleleft & \circ & \Box \end{array}$	Free or Reduced-Price School Lunch	

## **Resource Links**

This screen provides access to several different links with additional information and resources for WIC.

The resource links screen is found on the WIC mobile app home screen.









# **Clinics and Stores**

Access Clinic information and locate other WIC Clinics around you on the Clinics screen.

Find out where to shop on the Vendor screen.

View address and phone number by selecting each pin on the map.

Expand or limit your search criteria by using the address search or simply by zooming in or out at the bottom of the screen.









# **Contact WIC**

There is a form that you can fill out in order to contact WIC with any question or problem you might have regarding the app.

You just need to put your first name, last name, address, city, zip code, email address, and your problem or question.

WIC staff can use this information to contact you to respond to your question.



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🗸 Login	Contact WIC	
Please use the fo Webmaster if you this website.	orm below to notify the u have questions about	State the function of
After you submit email confirmation	your error report you	will receive an
For WIC Program	n-Related Questions	
	Contact WIC Agencies	
*First Name		
*Last Name		
*Address		
*City		
*Zip Code		
Home Phone		
Mobile Phone		
*Email Address		
*Comment		



# **Mobile App Settings**

Access the Settings screen on the Main Screen prior to logging into the App to view the version of the app.







# **Prospective WIC Client**



# How to Register?

# Registering a Prospective WIC Client:

To register, enter:

- First Name
- Last Name
- Birth Date
- Email Address
- Password passwords must be:
  - ✓ Between 8 to 20 characters
  - ✓ Contain at least 1 lowercase and 1 uppercase letter
  - ✓ Contain at least one number (0-9)

#### Confirm Password

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< Login Am I Eligible ?	
You appear to be eligible for WIC benefits If you would like to create login account to WIC Connect, and schedule an appointment with a WIC Clinic please click on 'Register' Button OR contact you local WIC office to schedule an appointment.	JL
Register	

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← Regist	ter		
*First Name			
*Last Name			
*Birth Date			
*Email Address			
*Password			
*Confirm Passwo	ord		
	Regist	ter	
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# **Home Screen**

After registering as a prospective WIC client ,the home page screen displays the following options:

- Family information
- Schedule Appointment
- What will you need

Home Menu displays the following options:

- Home
- Family Information
- Schedule Appointment
- Clinics
- Stores
- Change Password
- Logout





# **Family Information**

Family Information screen has been partitioned with the below five sections:

- Proxy Information
- Participant Information
- Address
- Phone
- Other





# **Family Information: Proxy Information**

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Proxy Information :

Add/ Update proxy Information from this screen .

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Proxy Informa	tion	Partici	pant Informatio	'n
Address	Pho	one	Other	
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*Last Name				
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Middle Initial				
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*Birth Date				
09/09/1999				_
Email Address				
miwic07@amail a	m			
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Decline Proxy ?	
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ast Name	proxy1
Proxy 2	
First Name	proxy2
Middle Initial	<u>M</u>
.ast Name	proxy2
Sa	ive
$\triangleleft$ (	



# **Family Information: Participant Information**

Participant Information :

Add/ Update participant Information from this screen .

If you need to add a child,

select the "Add

in the

hit "ok".

Child" button, fill

information, and

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# **Family Information: Address**

Address:

Add/ Update Address Information from this screen .

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09/09/1999				
Email Address				
miwic07@amail a	more			
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To select a city, hit the "show cities" button after filling in your zip code.

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← Addr	ess		
*Street Address			
Street 1			👼 🖪 N N © N 🌮 💎 <sup>⊔⊡2</sup> ⊿I 🔒 56% 10:27
Street 2			← Select City
Zip Code		Show Cities	Algonac, MI Russell Island, MI
State			Pearl Beach, MI Clay, MI
*Mailing Address			
Same As Street A	ddress		
Street 1	-		
Street 2			
Zip Code		Show Cities	
	Save		
$\bigtriangledown$	0		

# **Family Information: Phone**

### Phone:

Add/ Update Contact Information from this screen .

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Family Information					
Proxy Information	Partici	ipant Information			
Address	Phone	Other			
*					
miwic07					
*Last Name					
test					
Middle Initial					
*Birth Date					
09/09/1999					
Email Address					
miwic07@amail.com					
	Save				
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There are various options in this screen:

- You can select "no phone" to indicate you do not have a phone.
- You can select the button "add phone" and enter the necessary information.
- You can select a phone that already exists and update or erase that phone.



# **Family Information: Other**

Other:

Add/ Update Other Information from this screen .

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← Other					
*Family Size	Enter Fami	ily Size			
Migrant ? (Check if 'Y	′es')				
Homeless ? (Check i	f 'Yes')				
Translator Required a	? (Check if 'Yes')				
Disability Accomoda	tions Needed ?				
			$\rightarrow$		
*Primary Language					
			$\rightarrow$		
	Save				
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# Family Information: Other(..)

Other:

Add/ Update Other Information from this screen.

*Family Size Enter Family Size		English
<u> </u>		Spanish
Migrant ? (Check if 'Yes')		Arabic
Homeless ? (Check if 'Yes')		French
		Korean
Translator Required ? (Check if 'Yes')		Russian
Disability Accomodations Needed ?		Vietnamese
	$\rightarrow$	Other
*Primary Language		
	$\rightarrow$	
Save		



# Family Information: Other(..)

Other:

Add/ Update Other Information from this screen .

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← Other			
Translator Required ?	(Check if 'Ye	es')	
Disability Accomodat	ions Needed	?	
Hearing impaired			$\rightarrow$
*Primary Language			
English			$\rightarrow$
Program Referred Fro	m		
Children's Hospital of Michigan and Metobo Clinic	blic		$\rightarrow$
	Save		
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← Select Program Referred Fr				
Hats and Wigs				
Children's Hospital of Michigan and Metabolic Clinic				
Churches				
Community Mental Health & Mental Health Services				
Crisis Centers				
CSFP/Focus: Hope				
Children's Special Health Care Services (CSHCS)				
Child Support Services				
College student services				
Credit Unions				
Dental				
Department of Human Services (DHS)				
Doctor				



# **Schedule Appointment**

View details on upcoming appointments.

The Appointments screen displays:

- The clinic where the appointment is scheduled, including telephone number and address.
- Names of each participant in the family who has an appointment scheduled.
- Date and time of each appointment.
- An information(i) icon which gives you the list of required documentation information to carry for an appointment.

You are also able to request an appointment, by filling in the information shown on the right.

👩 🗳 N N		59% 9:47			
$\equiv$ Schedule Appointment					
*When would yc (Search for an a dates.)	ou like to come in for vailable appointmen	an appointment? t between these			
Start Date	01/23/2018				
End Date 01/23/2018					
Morning	Afternoon	Any time			
*Select a clinic (	(miles show how far	from you)			
Select Clinic		$\rightarrow$			
	Search				
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	0				



# What will you need ?

What will you need ? Screen gives you the details of the required documentation to bring for the specific appointment types.





# **Clinics and Stores**

Access Clinic information and locate other WIC Clinics around you on the Clinics screen.

Find out where to shop on the Vendor screen.

View address and phone number by selecting each pin on the map.

Expand or limit your search criteria by using the address search or simply by zooming in or out at the bottom of the screen.







![](_page_28_Picture_8.jpeg)

# **Change Password**

# Use the Change Password screen to update an existing password.

You just need to enter your current password, your new password, and a confirmation of the new password in order to change it.

![](_page_29_Picture_3.jpeg)

![](_page_29_Picture_4.jpeg)

![](_page_29_Picture_5.jpeg)

![](_page_30_Picture_0.jpeg)

![](_page_30_Picture_1.jpeg)

# **Home Screen**

After registering/Login as Existing-WIC client ,the home page screen displays the following options:

- Appointments
- Benefits
- Family Info
- Clinics
- Stores
- UPC Scan

![](_page_31_Picture_8.jpeg)

![](_page_31_Picture_9.jpeg)

## Menu screen

After registering/Login as Existing-WIC client ,the menu displays the following options:

- Home
- Appointments
- Benefits
- Family Information
- PDF Forms
- Broadcast Messages
- Clinics
- Stores
- Change Password
- My Account
- Logout

![](_page_32_Picture_13.jpeg)

![](_page_32_Picture_14.jpeg)

# Appointments

Request for an Appointment from this screen :

Select a Client

Select appointment Date /Time

Select Clinic

Image: Second state of the second	<ul> <li>✓ □</li> <li>✓ □</li></ul>
Your next appointment is not available	*Request appointment for $\rightarrow$
	*When would you like to come in for an appointment? (Search for an available appointment between these dates.)
	Start Date 01/23/2018
	End Date 01/23/2018
	Morning Afternoon Any time
	*Please select the clinic where you would like the appointment
	Select Clinic $\rightarrow$
	Additional request to WIC Staff
	Request appointment

![](_page_33_Picture_6.jpeg)

# Appointments

Request for an Appointment from this screen :

Select a Client

Select appointment Date /Time

Select Clinic

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÷	Request Appoi	ntment	÷	Select Client		÷	Requ	uest Ap	opointn	nent	_	÷	Select Clinic		
*Request a	ppointment for		smile de	20		*Req	2018 <b>Tur</b>	a la	n 93	2		9797	01 Test Clinic 1		
Select Clie	nt		$\rightarrow$			Selec	Tuc	, Ju	11 20		$\rightarrow$				
*When wor (Search for	uld you like to come ir an available appointi	n for an appointment ment between these	?			*Whe (Sear		Janu	ary 2018		<b>&gt;</b> t?				
dates.) Start Date	01/23/20	18				date: Start	S M	I T							
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Additional	request to WIC Staff					Addit			CANCE	L	ОК				
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![](_page_34_Picture_6.jpeg)

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# Appointments

View details on upcoming appointments.

The Appointments screen displays:

- The clinic where the appointment is scheduled, including telephone number and address.
- Names of each participant in the family who has an appointment scheduled.
- Date and time of each appointment.
- An information(i) icon which gives you the list of required documentation information to carry for an appointment.

![](_page_35_Picture_7.jpeg)

![](_page_35_Picture_8.jpeg)

# **Benefits**

View balance and other benefit information for current and future benefits.

Navigate back and forth between current and future benefits using the arrows, or right with your finger. buttons on the bottom of the screen, or by swiping left or right. View details for each food item by selecting the icon.

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📃 Bene	fits		← SKIM,	1/2%, 1% OR B	UTTER	← Future Ben	efits
12/26	5/2017 to 01/25	5/2018 →	Remaining Qua	antity is 1 HGL		December 2017	$\rightarrow$
4 GAL	1 HGL	1 	Brand List			January 2018	$\rightarrow$
SKIM, 1/2% OR 1% MILK	SKIM, 1/2%, 1% OR BUTTERMILK	CHEESE (\$8.00 MAX PER LB.)	Brand : Food Description :	Kroger Skim		February 2018	$\rightarrow$
doz Eggs	3 CAN JUICE 48 OZ OR 11.5-12 OZ	CEREAL 36 OZ	Package Size : UPC Code : Brand : Food Description :	HGL 0011110423054 Country Fresh 1%		March 2018	→
2 JAR 16-180ZPNUTB	CONC 1 LB WHOLE	11 \$\$\$ FRUITS AND	Package Size : UPC Code : Brand : Food Description : Package Size :	HGL 0071600009038 Grass Point Farms Skim HGL			
UPC Scan	Futu	re Benefits	UPC Code : Brand :	0013551008104 Country Fresh			17 2 F 11 C 0002
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![](_page_36_Picture_4.jpeg)

# **Family Information**

View WIC Client Family Information screen:

• Only Email Address field is editable in this screen .

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Family Information							
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miwic03							
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test							
Middle Initial							
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09/09/1999							
Email Address							
miwio02@amail a	m						
	Sa	ve					
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![](_page_37_Picture_4.jpeg)

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# **Family Information: Proxy Information**

Proxy Information :

Add/ Update proxy Information from this screen .

Family Information						
Proxy Information Participant Information						
Address	Pho	one	Other			
*First Name						
miwic07						
Last Name						
test				_		
viddle Initial						
Birth Date				_		
09/09/1999						
Email Address						
miwic07@amail a	om					
	Sa	ve				
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← Proxy Inform	mation
Decline Proxy ?	
Proxy 1	
First Name	proxy1
Middle Initial	
_ast Name	proxy1
Proxy 2	
First Name	proxy2
Viddle Initial	М
_ast Name	proxy2
Sa	ave
< (	

![](_page_38_Picture_5.jpeg)

# **Family Information: Participant Information**

View WIC Client Participant Information screen:

• All fields are Read-Only, cannot make any updates on this screen.

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Proxy Informa	tion	Partici	pant Info	ormation	4
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*First Name					
miwic07					
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test					
Middle Initial					
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Email Address					
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← Part	icipant Info	rmation		← View C	hild
*I am	Mother Breastf	eeding		*First Name	child1
Mother Details:				*Last Name	child1
First Name	mom1			Middle Initial	
Last Name	mom1			*Birth Date	12/12/2016
Middle Initial				*Gender	Female
Birth Date	09/09/1999			Foster Status	
First Name: child1 DOB: 12/12/2016 First Name: child2 DOB:	Foster:	Last Name: child1 Gender: F Last Name: child2 Gender:	$\rightarrow$		
$\triangleleft$	0			$\bigtriangledown$	O 🗆

![](_page_39_Picture_5.jpeg)

# **Family Information: Address**

Address:

Add/ Update Address Information from this screen .

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*Last Name				
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Middle Initial				
*Birth Date				
09/09/1999				
Email Address				
miwic07@amail a	m			
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To select a city, hit the "show cities" button after filling in your zip code.

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← Addro	ess		
*Street Address			
Street 1			<b>⊠</b> N N © N Þ 💎 <sup>465</sup> ⊿ 🔒 56% 10:27
Street 2			← Select City
Zip Code		Show Cities	Algonac, MI Russell Island, MI
State			Pearl Beach, MI Clay, MI
*Mailing Address			
Same As Street A	ddress		
Street 1			
Street 2			
Zip Code		Show Cities	
	Save		
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# **Family Information: Phone**

### Phone:

Add/ Update Contact Information from this screen .

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📃 🛛 Family Inf	formatior	ı
Proxy Information	Partici	pant Information
Address	Phone	Other
* P		
miwic07		
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09/09/1999		
Email Address		
miwio07@amail.com		
	Save	
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![](_page_41_Picture_4.jpeg)

![](_page_41_Picture_5.jpeg)

There are various options in this screen:

- You can select "no phone" to indicate you do not have a phone.
- You can select the button "add phone" and enter the necessary information.
- You can select a phone that already exists and update or erase that phone.

![](_page_41_Picture_10.jpeg)

# **Family Information: Other**

Other:

Add/ Update Other Information from this screen .

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*Last Name					
test				_	
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👼 🗖 N N 🖲 N			9% 9:45
← Other			
*Family Size	Enter Far	nily Size	
Migrant ? (Check if 'Ye	es')		
Homeless ? (Check if	'Yes')		
Translator Required ?	(Check if 'Yes	5')	
Disability Accomodat	ions Needed ?	,	
			$\rightarrow$
*Primary Language			
			$\rightarrow$
	Save		
$\triangleleft$	0		

	1:43
Yes, I would like to register	
No, thank you	
No, registered at present address	
I would like to change my address	
Under age 18	

![](_page_42_Picture_6.jpeg)

. . . .

## **PDF Forms**

PDF Forms screen prints the following for the family :

- Shopping list
- NE Plan
- VOC
- Referral Notification
- Client Agreement
- Client Vendor Listing

. . . . . .

![](_page_43_Picture_8.jpeg)

![](_page_43_Picture_9.jpeg)

. . . . . .

# **Broadcast Messages**

![](_page_44_Picture_1.jpeg)

Broadcast messages for the family would be displayed in this screen.

![](_page_44_Picture_3.jpeg)

# **Clinics and Stores**

Access Clinic information and locate other WIC Clinics around you on the Clinics screen.

Find out where to shop on the Vendor screen.

View address and phone number by selecting each pin on the map.

Expand or limit your search criteria by using the address search or simply by zooming in or out at the bottom of the screen.

![](_page_45_Figure_5.jpeg)

![](_page_45_Figure_6.jpeg)

![](_page_45_Figure_7.jpeg)

![](_page_45_Picture_8.jpeg)

# **Change Password**

Use the Change Password screen to update an existing password.

You just need to enter your current password, your new password, and a confirmation of the new password in order to update it.

![](_page_46_Picture_3.jpeg)

![](_page_46_Picture_4.jpeg)

![](_page_46_Picture_5.jpeg)

# **My Account**

My Account screen displays the following family account details :

- Email Address
- First Name
- Last Name
- Family ID
- EBT Card Number
- Parent/Proxy Birth Date(MM/DD/YYYY)

You are not able to change this information.

om	
9	
Date (MM/DD/	(YYY)
	9 Date (MM/DD/\

![](_page_47_Picture_10.jpeg)