



WIC Social Services Application(WICSS) Form

NAME: _____, _____, _____
(first) (last) (middle)

SOCIAL SECURITY (last 4 digits): _____ DATE of BIRTH: _____ MALE: FEMALE:

CURRENT ADDRESS: _____ APT# _____ CITY: _____
(street)
STATE: _____, ZIP CODE: _____ EMAIL ADDRESS: _____

TELEPHONE (HOME): _____ TELEPHONE (CELL): _____

ARE YOU: SINGLE: MARRIED: WIDOWED: DIVORCED: DTA Account Number: _____

No. OF PEOPLE LIVING IN HOME: _____ No. OF CHILDREN: _____ FAMILY INCOME (TOTAL per WEEK): \$ _____

Will you receive monetary or other aid from other sources? Yes No If yes, please provide the name of the source and an estimate of how much of your need will be covered by this funding source:

Did you receive any help from MCSS in the past? Yes No . If yes: How many times and when? _____

Are you eligible to receive Zakaat Money: Yes No Don't know

Currently Employed? YES NO Monthly Rent: \$ _____ Utilities: \$ _____

LANDLORD'S Name: _____ TELEPHONE: _____
Address: _____

TYPE OF SUPPORT NEEDED (attach additional sheet, if needed):
 Rent Food Utilities Car Other

Are you delinquent in Rent/utility bill payment? If Yes, how many WEEKS? _____

Please Describe Need in Detail:

References: (List the individuals who can provide information regarding your circumstances and indicate how long have you known each reference).

(Name, telephone, address)

(Name, telephone, address)
Applicant's Relationship if any, with the landlord, the references or the person filling out the application: Yes/No.
Explain if Yes: _____

CERTIFICATION:
I certify that all statements made in this application are correct and I agree to abide by the decision of the MCSS Inc. I understand that any documents submitted to MCSS with this application become the sole property of MCSS and will not be returned or transferred.

Signature of Applicant: _____ **DATE** ___/___/___

Name of Person filling the Application: _____ **TELEPHONE:** _____