

## State Approved Wording to Meet Annual Public Outreach Announcement Requirement (per WPM 700-09)

### ***Directions for Local Agencies:***

*You must include the required items from each of the sections A through G as described below. If your agency's proposed annual public outreach announcement (APOA) includes all of the required wording in the exact manner described below, then your agency is not required to obtain State approval. However, proposed APOAs that do not include all of the required wording in the exact manner described below must be emailed to [WICOutreach@cdph.ca.gov](mailto:WICOutreach@cdph.ca.gov) for State review and approval.*

### **A. Approved Headings/Titles:**

#### **Choose One:**

- California Families Grow Healthy with WIC **or**
- You Work Hard to Raise a Healthy Family; Let WIC Help **or**
- You Take Care of Your Family; Let WIC Take Care of You **or**
- Count on WIC for Healthy Kids **or**
- Count on WIC for Healthy Families **or**
- You Work Hard to Be a Good Parent – Let WIC Help **or**
- You Are a Good Parent – Let WIC Help **or**
- Every Child in California Can Be Healthy & Well-Fed **or**
- You and Your Child Can Be Healthy & Well-Fed – WIC Can Help

### **B. Approved Introductions:**

#### **Choose One:**

- WIC is a federally funded nutrition program for Women, Infants, and Children. **or**
- WIC is a USDA funded nutrition program for Women, Infants, and Children. **or**
- WIC is a nutrition program for Women, Infants, and Children.

**C. Required Content for Who Is Eligible or Who Can Apply (Choose One):**

**Option 1**

**You may qualify if you:**

- Are pregnant, breastfeeding, or just had a baby; or
- Have a child under age 5; and
- Have a low to medium income; and
- Live in California

*Newly pregnant women, migrant workers, and working families are encouraged to apply.*

**Option 2**

- Are you pregnant?
- Did you just have a baby?
- Do you have children under age 5?
- Does your family have low to medium income?
- Live in California?

***Then you may qualify for WIC services.***

*Newly pregnant women, migrant workers, and working families are encouraged to apply.*

**D. Required Description of WIC Services/Benefits:**

**Include all of the following:**

**WIC Provides:**

- Nutrition Education and Health Information
- Breastfeeding Support
- Checks for healthy foods (like fruits and vegetables)
- Referrals to medical providers and community services

**E. Required Content for WIC Income Eligibility:**

*Note: Parts I and Part II below are **both required**.*

**Part I:** Include the following statement:

You may qualify for WIC if you receive Medi-Cal, CalFresh (Food Stamps), or CalWORKS (TANF) benefits.

**Part II:** Choose **one of the four** options:

**Option 1:**

**Your Family May Qualify for WIC\*:**

A family of 2 can earn up to \$1,134 per 2-week period

A family of 3 can earn up to \$1,430 per 2-week period

A family of 4 can earn up to \$1,726 per 2-week period

*\*Before tax income levels change annually. Call or check out our website for current information:*

[www.wicworks.ca.gov](http://www.wicworks.ca.gov)

**Option 2:** A family of four can earn up to \$3,739 before taxes per month and qualify.

**Option 3:** You may qualify if your family's income is within WIC Guidelines. To find out more, go to: [www.wicworks.ca.gov](http://www.wicworks.ca.gov)

**Option 4:**

<b>WIC Income Guidelines Table* (Income Before Taxes)</b>					
<b>Effective April 2015 – June 30, 2016</b>					
<b>Number of persons in Family *</b>	<b>Annual</b>	<b>Monthly</b>	<b>Twice Monthly</b>	<b>Bi-Weekly</b>	<b>Weekly</b>
2	\$29,471	\$2,456	\$1,228	\$1,134	\$567
3	\$37,167	\$3,098	\$1,549	\$1,430	\$715
4	\$44,863	\$3,739	\$1,870	\$1,726	\$863

*\*Income levels change annually. A pregnant woman counts as 2 persons. Call or go to our website for current information.*

[www.wicworks.ca.gov](http://www.wicworks.ca.gov)

**F. Required Local Agency Contact Information and CA-WIC Logo:**

***Choose One:***

**Option 1:**

Enroll early! Call today if you are pregnant, have an infant, or children under age 5:

- Insert local agency name, location, and contact information
- Insert CA-WIC logo with tagline
- Insert local agency logo (*optional*)

**Option 2:**

Enroll early! Call today to see if you qualify and to make an appointment:

- Insert local agency name, location, and contact information
- Insert CA-WIC logo with tagline
- Insert local agency logo (*optional*)

**G. Required Non-Discrimination Statement:**

***Choose One (depending on language being used):***

- This institution is an equal opportunity provider.
- Esta institución es un proveedor que ofrece igualdad de oportunidades.