



Order Form

Instructions: Complete on an as-needed basis

Order Date: _____ **WIC Agency / Clinic:** _____

Address: _____ **City:** _____

First Name: _____ **Last Name:** _____ **Email:** _____

Description	Quantity (single units)
WIC "Mom Strong" Outreach Brochure English	
WIC "Mom Strong" Outreach Brochure Spanish	
WIC "All About WIC" Medical Provider Brochure	
WIC Program Rack Card	
WIC Poster (Clinic Hours & Location)	
<i>We Accept WIC Benefits</i> Window Decal for Stores	
eWIC Card Holders English	
eWIC Card Holders Spanish	
Fair Hearings Procedures Poster	
Civil Rights Poster	
Substance Abuse Referrals (pads)	
Milestones Booklets	
Milestones Pamphlets	
Get Help Getting Food Brochure	
Oct. 1, 2019 WIC Participant Booklet English <i>(includes authorized food list)</i>	
Oct. 1, 2019 WIC Program Booklet Spanish	
Pocket-sized Accordion-fold Food List English	
Pocket-sized Accordion-fold Food List Spanish	

Submit via mail:
Montana WIC Program
1400 Broadway C305
Helena, MT 59620

Submit via fax:
(406) 444-0239

Questions:
Please contact Lydia
Sakowski at
406-444-5533 or
lydia.sakowski@mt.gov