



## Welcome to Healthy Together

WIC's new app helps you access all your WIC information in one place. This guide will help you download the app, connect to your account or apply for WIC, and explain next steps.

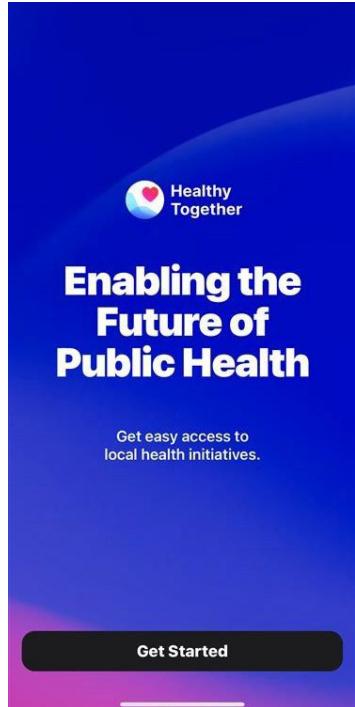
### Download the App

- Scan the attached QR code to navigate to the App Store
- Download the Healthy Together App
- Select Healthy Together 
- Once downloaded, follow the directions below to apply to the program

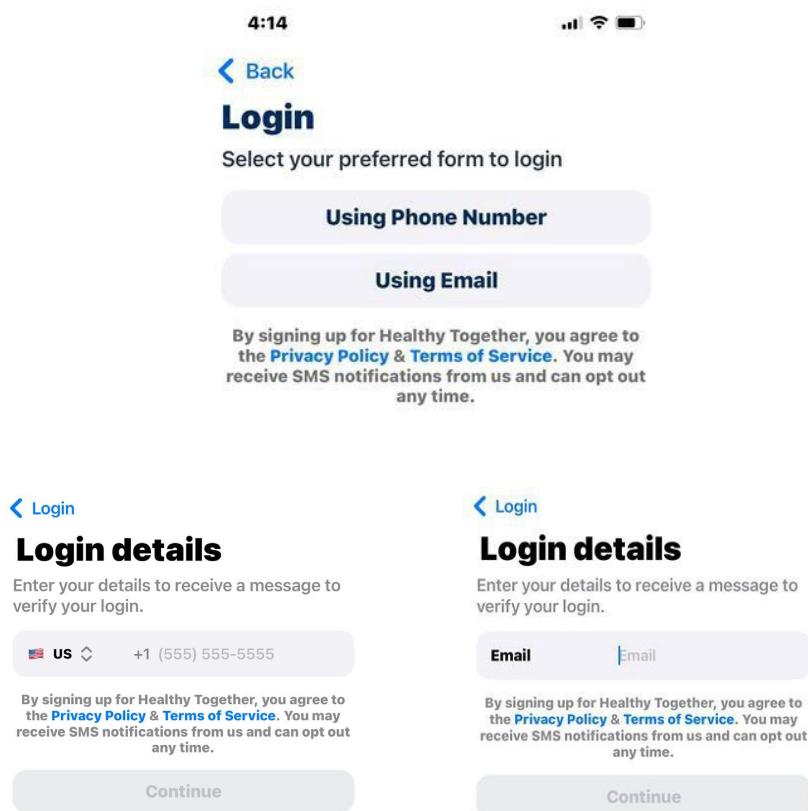


### Create Account:

1. Select *Get Started*

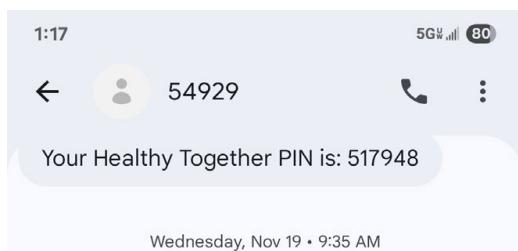


2. Login or Create an Account using phone or email



The 'Login' screen of the app. At the top, it shows the time as 4:14 and signal strength. Below that is a 'Back' button and the word 'Login' in bold. A subtext 'Select your preferred form to login' is present. There are two main buttons: 'Using Phone Number' and 'Using Email'. Below these buttons is a note: 'By signing up for Healthy Together, you agree to the [Privacy Policy](#) & [Terms of Service](#). You may receive SMS notifications from us and can opt out any time.' The 'Using Phone Number' screen shows a 'Get Started' button at the bottom. The 'Using Email' screen shows an 'Email' input field and a 'Continue' button at the bottom.

3. A *PIN Validation* will be sent via text or email:



#### Confirm Your Email to Enable Secure Access

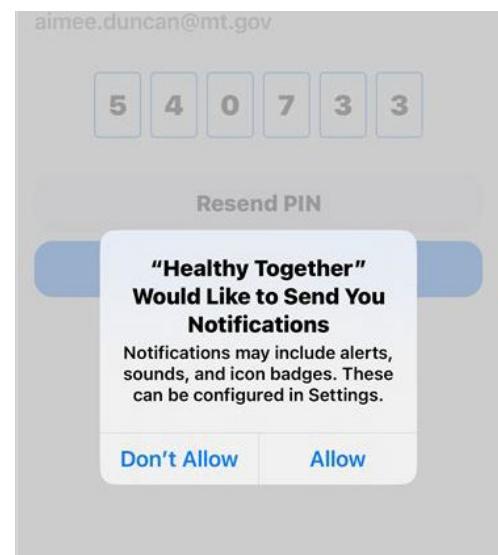
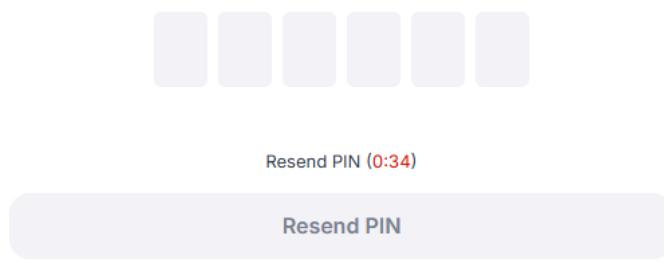
Confirm your email by entering the code below.

302123

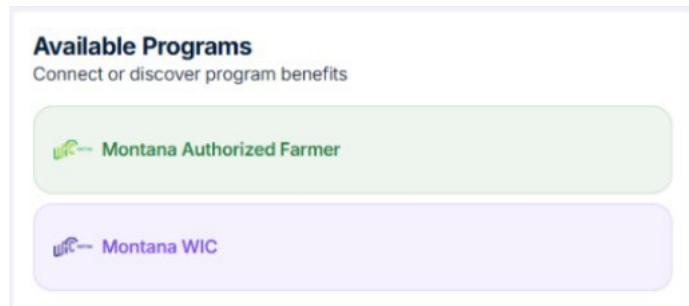
4. Enter the PIN in the app and select “allow” to make sure you receive notifications

### Verify your PIN

Enter the PIN sent to **2574**

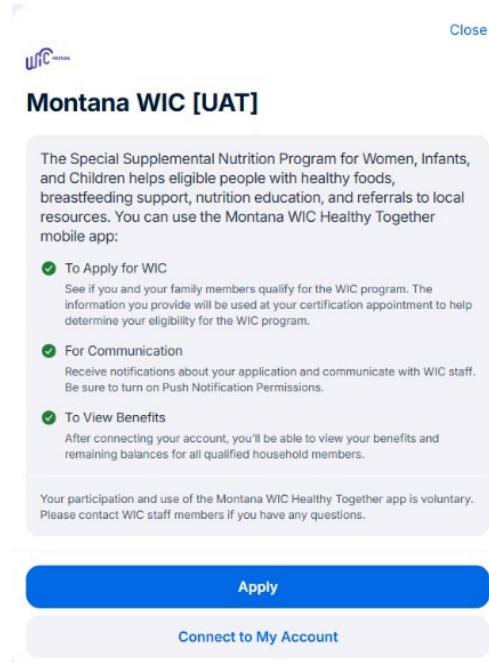


5. Select *Montana WIC* from the available program options



## 6. To “Apply”

*Apply:* For brand-new participants that will ask questions about contact information and eligibility. An application will be submitted to the local WIC clinic



1. Fill in the following information  
*(Full Legal Name is required – no nicknames)*

### Enter your name

Enter your legal name

First Name

Last Name

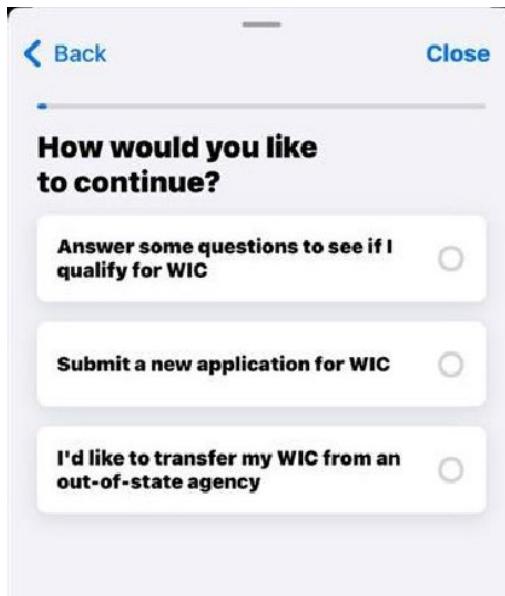
Continue



2. Select if anyone in your household has received WIC benefits before in Montana

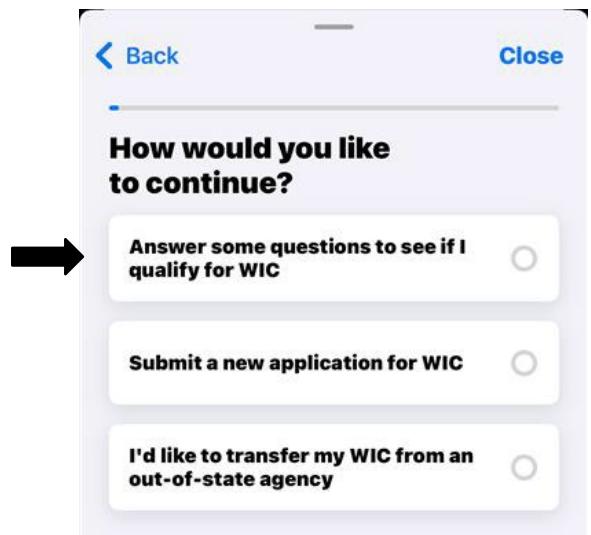


3. Select from the following options:



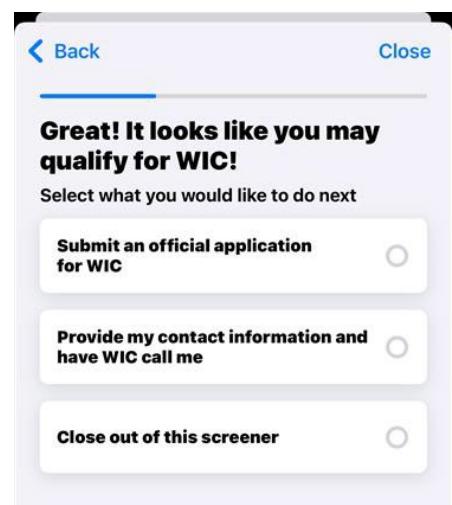
Option 1: Answer some questions to see if I qualify for WIC:

Selecting this option will bring up a series of questions about your current situation to determine if you may be eligible for WIC.



At the end of the screener, you will have a few options:

- Submit an official application
- Provide your contact information for WIC to call you
- Close out



## Option 2: Submit a new application for WIC:

Applying to WIC:

- Select the “Submit a new application for WIC”
- You will be taken through a series of questions about your current situation

[Back](#) [Close](#)

### Start an application for WIC

WIC (Women, Infants, and Children) is a program designed to help families and young children during an important time in growth and development.

1. There are many benefits including healthy food, breastfeeding support, nutrition education, and connections to local resources.
2. WIC is meant to supplement your food budget and complement your use of other resources.
3. WIC is a voluntary program and participation will not interfere with use of other programs like SNAP or Medicaid.

You can start the application process for WIC now. This form should take about 10 minutes to complete.

[Continue](#)



[Back](#) [Close](#)

### How it works

1. Complete the following application
2. Staff will review your information and contact you to schedule an appointment
3. During your appointment you'll need to show proof of ID, income, and address

This form does not guarantee enrollment in WIC; your eligibility will be confirmed when you have your first appointment with WIC. This institution is an equal opportunity provider.

[Continue](#)

[Back](#) [Close](#)

### Are you the primary contact for the household?

Yes

No

[Next](#)

[Back](#) [Close](#)

### How did you hear about WIC?

Family/Friend

SNAP or TANF or OPA

Social Media/Online

Health Care Provider

Text

Billboard

Radio

School/Education Facility

[Next](#)

[Back](#) [Close](#)

### Enter your contact information

Phone number\*

Allow text messages\*

Email

Allow email messages

Preferred contact method\*

[Next](#)

[Back](#) [Close](#)

### Are you or someone in your household currently enrolled in any of the following programs in Montana?

Medicaid/Healthy Montana Kids Plus

SNAP (Supplemental Nutrition Assistance Program)

TANF (Temporary Assistance for Needy Families)

FDPIR (Food Distribution Program on Indian Reservations)

Best Beginnings Childcare Scholarship - Traditional

School Lunch Program

None of the above

[Next](#)

You will be asked to provide information about the family members you are applying for:

**Screen 1: Are there any children under the age of 5 that are currently placed in your household through foster or kinship care?**

Yes

No

**Screen 2: Someone in my household is:**

There are multiple categories of eligibility, and your answers here help us understand what benefits you and/or your household may qualify for.

Select all that apply

Pregnant  (An arrow points from this option to the next screen)

Had a pregnancy end in the last 12 months

An infant or child under the age of 5 years old

None of the above

**Screen 3: Enter the information below for the household member who is pregnant**

First name\*  
Enter first name

Last name\*  
Enter last name

Date of birth\*  
Enter date of birth

**Screen 4: How is the primary contact related to the household member who is pregnant?**

Self

Spouse or Partner

Other

**Screen 5: Enter all the infants and children under the age of 5 years old in your household**

Only infants and children under 5 years old qualify as children in the Women, Infants, and Children (WIC) program.

Do not add any children that are 5 years or older.

**Screen 6: Enter the information below for the infant or child under 5 years old**

First name\*  
Diplodocus

Last name\*  
Dinosaur

Date of birth\*  
June 1, 2023

**Screen 7: How is the primary contact related to Diplodocus?**

Father

Mother

Grandfather

Grandmother

Aunt

Uncle

Legal Guardian

Stepfather

**Screen 8: Enter all the infants and children under the age of 5 years old in your household**

Only infants and children under 5 years old qualify as children in the Women, Infants, and Children (WIC) program.

Do not add any children that are 5 years or older.

**Screen 9: Add an infant or child under 5**

**Screen 10: Add an infant or child under 5**

Next, you will be asked to enter your address and select a clinic

The image shows three sequential mobile application screens. The first screen asks if the user is experiencing homelessness, with 'Yes' and 'No' options. The second screen is titled 'What is your address?' and contains fields for Street Address (123 Jurassic St), City (Helena), State (Montana), and ZIP Code (59601). The third screen is titled 'Choose a clinic from the following list' and shows a list with 'HELENA WIC' (1930 9th Ave, Helena, MT 59601) and an 'Other' option. A vertical list of letters (A through R) is on the right side of the third screen.

Before submitting, you will be asked to accept the terms and conditions

The image shows two mobile application screens. The first screen is titled 'Read & Accept Healthy Together's Electronic Signature Terms and Conditions'. It features a smartphone with a pen, a 'Cancel' button, and a 'Next' button. The second screen is titled 'Confirmation of Your Consent.' It contains a list of requirements for electronic communication, a statement about consent, and buttons for 'Accept & Continue' and 'Cancel'.

**Read & Accept Healthy Together's Electronic Signature Terms and Conditions**

Cancel

Next

**Confirmation of Your Consent.**

By providing your Consent, you confirm you have reviewed the above and agree:

1. To electronically receive all Communications;
2. To use electronic signatures; and
3. That you have hardware, software (including PDF reader), and email to receive Communications electronically.

\*\*We'll notify you if we change the computer hardware or software requirements in a way that creates a material risk that you will not be able to receive or access the Communications. Your continued use of electronic communication after any notice constitutes your continued Consent to the change.

Accept & Continue

Cancel

[Back](#) [Close](#)

**Review and sign below to complete the application**

By continuing with the Women, Infants, & Children (WIC) Program application you understand and agree to the following items:

1. I consent to sharing the information provided in this application with the Montana WIC Program  
 2. This application does not guarantee that I will receive WIC benefits  
 3. The information I am providing for program eligibility determination is correct to the best of my knowledge and is subject to verification by program staff.  
 4. By submitting this application, I certify and affirm that the information provided is my own or that I am the authorized and/or a permitted user of the information contained in this application.

This institution is an equal opportunity provider.

**Signature** Brontosaurus Dinosaur

 Tap to sign

**Submit**

[Back](#) [Close](#)

Children (WIC) Program application you understand and agree to the following items:

1. I consent to sharing the information provided in this application with the Montana WIC Program  
 2. This application does not guarantee that I will receive WIC benefits  
 3. The information I am providing for program eligibility determination is correct to the best of my knowledge and is subject to verification by program staff.  
 4. By submitting this application, I certify and affirm that the information provided is my own or that I am the authorized and/or a permitted user of the information contained in this application.

This institution is an equal opportunity provider.

**Signature** Brontosaurus Dinosaur

*Brontosaurus  
Dinosaur*  
Signed 12/29/25 at 8:28 AM

**Submit**

[Done](#) [Back](#)

**Your application was submitted.**



Your application is under review by the Montana WIC team.

You will receive a notification when your application is updated.

**Submitted** **Application submitted**  
Your WIC application has been received and will be reviewed by the Montana WIC team. They will reach out shortly with any questions and to guide you through the next steps in the process.

**Have any questions?**  
Contact the Montana team by calling (800) 433-4298 for help with your enrollment process.

**Disconnect Account**

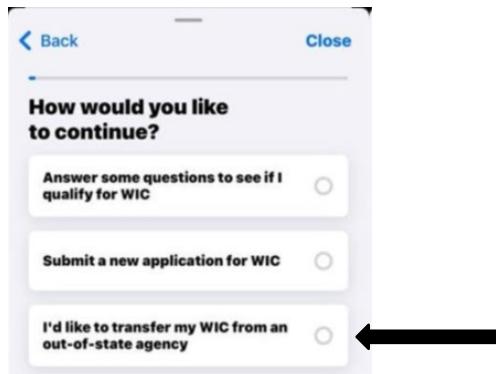
**Tasks** **Benefits** **Inbox** **Wallet**

Once submitted, a WIC staff member will contact you within a few days. Messages will be sent through the app, so please check your app daily for any notifications.

### Next Steps:

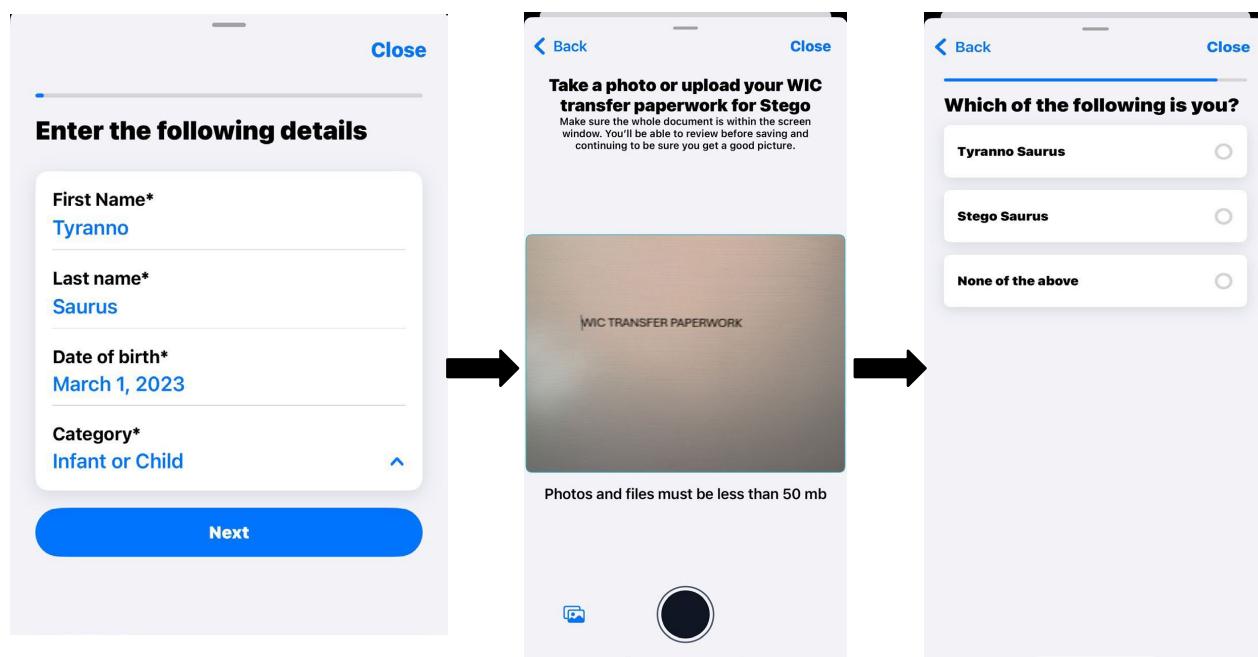
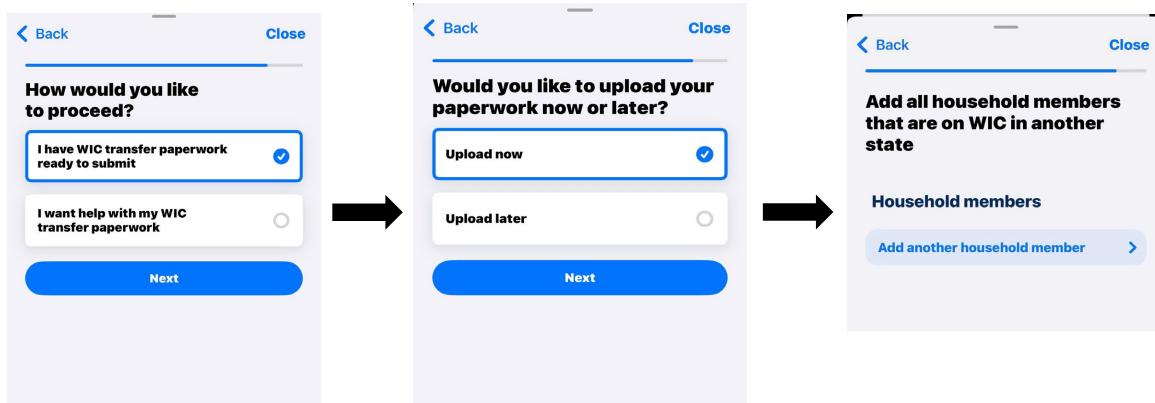
- WIC staff will review the submitted application and follow up if additional information is needed.
- If your application is approved, WIC staff will schedule an appointment to begin the WIC enrollment process.

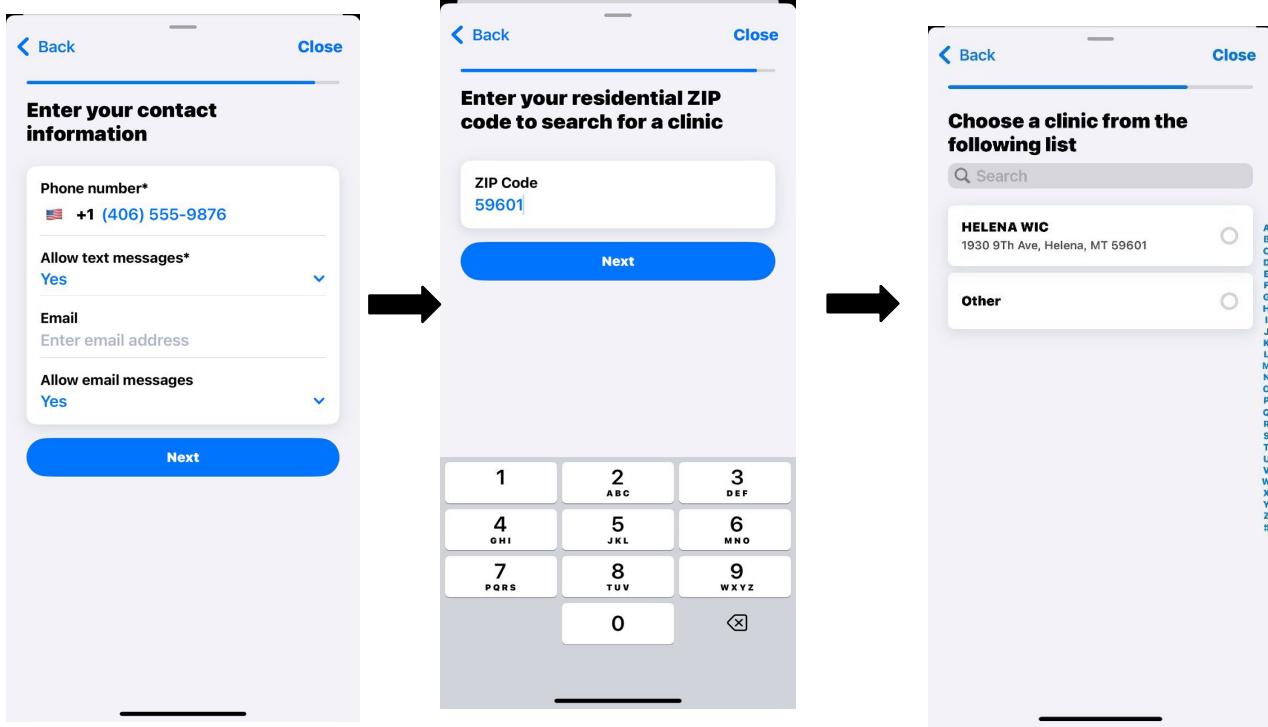
Option 3: I'd like to transfer my WIC from an out-of-state agency:



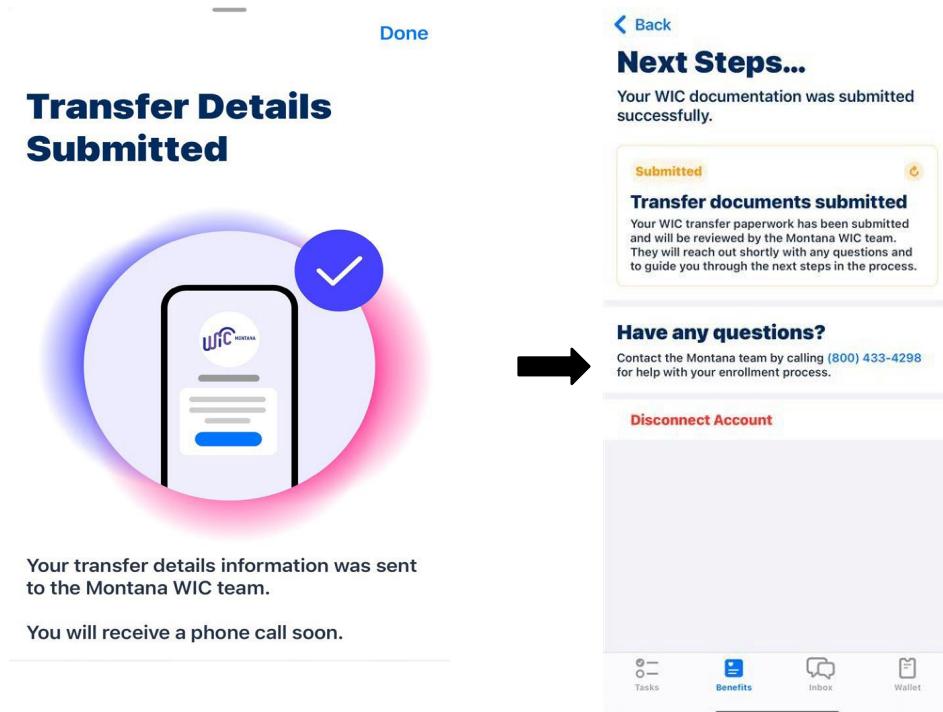
**Transferring WIC Services from Out of State:**

- You will be taken through the following screens to answer questions and upload your transfer paperwork





Once submitted, you will be contacted by a WIC staff member within a few days. Messages will be sent through the app, so please check your app daily for any notifications.



## Next Steps:

- WIC staff will review the transfer paperwork and follow up if additional information is needed.
- If approved, WIC staff will schedule a time with you to pick up your benefits card.