

How WIC Helps You...

The Special Supplemental Nutrition Program for **W**omen, **I**nfants and **C**hildren (WIC) is here to help you. WIC provides supplemental foods, nutrition education, breastfeeding information and referrals to health and social services, **free of charge**, to eligible low-income pregnant, postpartum and breastfeeding women, infants and children up to five years of age who are at nutritional risk.

WIC is a short-term intervention program designed to influence lifetime nutrition and health behaviors in a targeted high-risk population. The information you receive from WIC will help you choose healthy foods for yourself and your family throughout your entire life. WIC requires that clients have one or more documented nutritional risks and incomes less than or equal to 185% of the poverty level.

The total gross (before taxes) income of your household cannot be greater than the following:

WIC Gross Income Limits: 7/1/2017 – 6/30/2018					
Household Size	Annual	Monthly	Twice-Monthly	Bi-Weekly	Weekly
1	22,311	\$1,860	\$930	\$859	\$430
2	30,044	2,504	1,252	1,156	578
3	37,777	3,149	1,575	1,453	727
4	45,510	3,793	1,897	1,751	876
5	53,243	4,437	2,219	2,048	1,024
6	60,976	5,082	2,541	2,346	1,173
7	68,709	5,726	2,863	2,643	1,322
8	76,442	6,371	3,186	2,941	1,471
For each additional family member add	+ \$7,733	+ \$645	+ \$323	+ \$298	+ \$149

"In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

To file a complaint of discrimination, write USDA, Director, Office of Adjudication and Compliance, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (866) 632-9992 (voice). Individuals who are hearing impaired or have speed disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer."

CALL the WIC Office (532-5582 ext 5270 / 1-800-894-1162)
for more information/application.

Acceptable Documents List

WIC is required to check and document proof of income, identity and residence of each program applicant at each certification. You must have the following items for certification appointments:

- Person(s) to be certified
- Parent/Guardian present (for infant/child applicants)
- Current custody papers
- Marriage/divorce papers, if name is changed
- **IDENTIFICATION:** Bring one of the following documents for proof of your identity: Tribal ID; Driver's License; Social Security card; Employer or School ID; Health Benefits ID; Social Services ID; Pay Stub; Voter Registration Card; Passport

For Infants/Children: Birth Card; Tribal ID; Birth Certificate; Immunization Record; Social Security card; Health Benefits ID; Social Services ID; Passport

- **RESIDENCE:** Bring one of the following documents for proof of residence: Utility bill (gas, electric); Rent or Mortgage Statement; Receipt for Lodging or Housing; State, Local, Tribal document showing residency/address
- **INCOME** of all household members: 4 consecutive pay stubs; Unemployment stub/statement; Earning statement; W-2 form with tax return.

Notification of Eligibility Letter from the following sources:

Medicaid; Temporary Assistance to Needy Families; Supplemental Nutrition Assistance Program; or Food Distribution Program on Indian Reservations

Income includes the following:

Monetary compensation for services, including wages, salary, commissions, fees; Active military payments; Net income from farm and non-farm employment; Social Security benefits; Dividends or interest on savings or bonds; Income from estates, trust or investments; Net rental income; Public assistance or welfare payments; Foster care; Unemployment compensation; Government Civilian employee or military retirement or pensions or Veteran's payments; Private pensions or annuities; Alimony or child support payments; Regular contributions from persons not living in the household; Other cash income: includes, but is not limited to: withdrawals from any source, including savings, investments, trust accounts and other resources that are readily available to the family. Lump sum payments: includes but is not limited to: inheritances, gifts, lottery winnings, workman's compensation for lost wages, severance pay, and insurance premiums for "pain and suffering", winnings from proceeds from gaming, gambling, and bingo.

HELP WIC HELP YOU!! Bring information to appointments! If you arrive for a certification appointment without the necessary verifications, WIC staff will give you a list of what is needed and another appointment

I. IDENTITY/RESIDENCE

Applicants First Name		M.I.	Last Name		Maiden Name
<input type="checkbox"/> Male	Date of Birth		Marital Status	Telephone #: Home () _____	
<input type="checkbox"/> Female	/ /			Work () _____	
Infant/Child Applicants: Name of Parent/Guardian			Are you the birth mother of infant/child?		
Mailing Address		City	Zip	County	
Residence if different from mailing					
<p>RACE/ETHNIC AFFILIATION: The collection of racial/ethnic data is strictly for statistical reporting requirements and will not affect your eligibility to participate in the WIC Program. I am:</p> <p>ETHNICITY: ()Hispanic or Latino ()Not Hispanic or Latino</p> <p>RACE (select one or more): ()American Indian or Alaska Native – Tribal Affiliation: _____</p> <p>()Black or African American ()Native Hawaiian or Pacific Islander ()Asian ()White</p>					

II. ECONOMIC UNIT

List everybody who lives with you. List yourself first

FIRST NAME	M.I.	LAST NAME	AGE	RELATIONSHIP TO YOU
				SELF

III. INCOME

Please check the Program(s) which you and/or the applicant are currently enrolled:
 Supplemental Nutrition Assistance Program Medicaid Food Distribution Program on Indian Reservations TANF

Indicate the GROSS total family income. This means income BEFORE deductions such as income tax and Social Security, insurance premiums, bonds, etc.

Include the wages of ALL family members AND such benefits as Unemployment benefits, Social Security payments, Pensions, Alimony and Child Support payments, payments for the care of a foster child, dividends on savings or bonds, etc.

SOURCE	FAMILY MEMBER'S NAME	AMOUNT	FREQUENCY (Weekly, Every 2 Weeks, Monthly, or Yearly)
Child Support			

FOR OFFICE USE ONLY

Clinic: ()01 ()02	Client ID:	Category:	Family Size:	Current Income: \$
Proof of Identity Presented:		Proof of Residence Presented:		Proof of Income Presented:
Signature/Title of WIC Staff who obtained eligibility information				Date:
()Approved – Term Date:		()Denied – Reason:		

*Notes:

SIGN AFTER YOU READ AND UNDERSTAND THE CERTIFICATION BELOW**PARTICIPANT RIGHTS....**

The United States Department for Agriculture (USDA) prohibits discrimination in its programs on the basis of race, color, national origin, sex, age and disability. Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint, write the Administrator, Food and Nutrition Service, USDA, Alexandria, VA 22302.

You may appeal any decision made by the WIC Program regarding your eligibility for the Program. You have a right to make an oral or written request for a hearing.

The WIC Program will make health and nutrition services available to you. You are encouraged to participate in these services.

Information that you have provided to become eligible for WIC may be used for Statistical or evaluation purposes in a form that does not identify the WIC participant, and for other reasons, the information will not be released without your specific written consent.

PARTICIPANT OBLIGATIONS...

If you misuse the WIC Program you may be prosecuted under Federal law and be suspended from the Program. Misuse includes, but is not limited to, purchasing unauthorized foods or items with your WIC food vouchers, selling WIC foods or food vouchers.

It is illegal, as a WIC participant, to enroll in and receive WIC food vouchers from two or more WIC programs at the same time. You will immediately disqualify from one or both Programs.

If you misrepresent yourself or provide false information to the program, you may be subject to prosecution under State and Federal law.

It is illegal, as a WIC participant, to enroll in and receive benefits from the WIC and Commodity Supplemental Food Programs at the same time.

WIC benefits will be terminated immediately for failure to pick up food vouchers for two consecutive months.

WIC benefits will be terminated immediately if WIC Program staff describes my behavior, as a WIC participant or parent/guardian of a WIC participant as abusive or

Problematic.

You will be removed from the Program when it is determined that you are no longer eligible to participate and/or if you fail to comply with Program Rules and Regulations.

You must notify the WIC Office promptly of any changes during the certification period, such as change of address, household size, income and custody of minor WIC participants.

CERTIFICATION STATEMENT

I am not presently enrolled in any other WIC Program and I understand that I may participate in only one Program. I have read and understand my rights and obligations under the Program as a WIC participant or as a parent/guardian of a WIC participant. I certify that the information I have provided for my eligibility determination (I.e., annual gross income) for me or my dependent(s) is correct, to the best of my knowledge. This application form is being submitted in connection with the receipt of Federal assistance. Programs officials may verify information that I have provided. I understand that intentionally making a false or misleading statement or intentionally misrepresenting, concealing, or withholding facts may result in paying the WIC Program, in cash, the value of the food benefits improperly issued to me or my dependents(s) and may subject me to civil or criminal prosecution under State and Federal law and disqualification from participating in the WIC Program.

I, the undersigned, agree to comply with all of the above conditions during the entire certification period. I, hereby state that neither my dependent(s) nor I currently receive benefits from another WIC Program. I also agree that I (we) will not receive WIC benefits from more than one WIC Program during the same time period. I understand that it is considered fraud.

Participant, Parent/Guardian Signature
Date