Family ID _ _ _ _ _ _ _ _ _ _ _ _ — _

Family Certification Form

Parent/Guardian

Name **Parent/Guardian #1**

Last
First
Middle

Social Security Number
_ _ _ - _ _ - _ _ _ _

Date of Birth
M M D D Y Y

Sex
M F

Parent/Guardian #2

Last
First
Middle

Social Security Number
_ _ _ - _ _ - _ _ _ _

Date of Birth
M M D D Y Y

Sex
M F

Identification Method

01 - Birth Certificate
02 - Hospital Records
03 - Baptismal Certificate
04 - Marriage License
05 - Drivers License
06 - WIC Identification Card
07 - Immunization Card
08 - School/Employee ID Card
09 - Military ID Card
10 - Official ID
11 - Omitted
12 - Passport/Immigration Record
13 – Other _____

P/G #1 _ _

P/G #2 _ _

Language

EN__ English
SP__ Spanish
VT__Vietnamese
KO__ Korean
GR__ German
LA__ Laotian
AS__ ASL
OT__ Other

Out of State Transfer

Y N

Mailing Address

Mailing Address

Z I P -

Residence Address (only if different from mailing)

Z I P -

Residency

01__Utility/Credit Card Bill
02__Rent Receipt/Agreement
03__Business Letter/Bill
04__Letter & Proof
05__Voter Registration Card
06__Property Tax Receipt
07__Map
08__3rd-Party Verifier
09__Shelter
10__Homeless (WIC-19E)
11__Omitted
12__Omitted

Census Tract

Telephone Number

Area Code — **Phone Number** — **Extension**

Contact

Family Income

Gateway

A __ AFDC/TANF
F __ Food Stamps
M__ Medicaid
N__ None

OR

Gateway Income Method

16__3087
17__1009
18__1866-A
19__Omitted
20__1017
21__1027-A
22__1122
23__1266
24__Omitted
25__1000-B
26__Omitted
27__Other _____
28__1028

Non-Gateway Income Method

01__Checkstubs
02 __W-2 Form
03 __Statement on Employer Ltrhd
04__WIC 19a
05__WIC 19b
06__WIC 19c
07__WIC-32
08__Bank Statement
09__Current Tax Records
10__Income Rcpt Book/Accounting Stmt
11__Other _____

Income Clerk User ID

Date
M D D Y Y M

Family Size

Monthly Income

Indicator [Y/N]

Foster Y N
Migrant Y N
Military Y N
Homeless Y N

Comments

WIC Program Income Screening

Household Members	D.O.B.	Social Security #	Employer's Name	Employer's Address (physical or city)	Gross Income* (before deductions) Include income of all household members.
P/G #1					
P/G #2					
Participant #1					
Participant #2					
Participant/Other					
Participant/Other					
Participant/Other					
Participant/Other					
Participant/Other					
Participant/Other					
Participant/Other					

*Refer to Policy CS: 09.0 for definition of Income.

Total

Income Checked by _____ _____ Phone Verification _____

Staff Signature Date Name of Contact

I have been advised of my rights and obligations under the WIC Program. By signing this form, I certify that all information I have provided for my eligibility determination is correct to the best of my knowledge. This certification form is being submitted in connection with the receipt of federal assistance. WIC program officials may verify information including income and date of birth. I understand that intentionally making a false or misleading statement or intentionally omitting or withholding facts may result in my paying the state, in cash, the value of food benefits improperly issued and that I and/or my household members can be removed from WIC or criminally prosecuted or both.

Disclosure of your Social Security number and that of your dependents is voluntary and WIC services will not be denied if you fail to do so. Social Security numbers are collected in accordance with 42 U.S.C. 405(c)(2)(C)(i), 7CFR246.7(d)(2)(v) and WIC Policy CS: 13.0 to verify information you have provided and to guard against dual participation as required by 7CFR246.7(l).

The Commissioner of Health has authorized disclosure of certain information you have provided to designated health or welfare agencies (as listed on the attached page) that serve persons categorically eligible for WIC. These agencies will use your information only to (1) determine your eligibility for programs they administer or (2) conduct outreach for such programs.

Se me ha notificado de mis derechos y obligaciones bajo el programa de WIC. Con mi firma certifico, hasta donde tengo conocimiento, que es verdadera toda la información que proporcioné para calificar al programa. Esta forma de certificación se entregará al recibir la asistencia federal. Los oficiales de WIC pueden verificar la información incluyendo ingresos y fecha de nacimiento. Entiendo que el hecho de falsificar o usar información engañosa, asi como omitir intencionalmente datos, puede resultar en el re-embolso con dinero al contado para el estado por el valor de los alimentos distribuidos equivocadamente. Además, yo y/u otros miembros de la casa podemos ser removidos del programa WIC, se nos puede aplicar todo el rigor de la ley o ambos.

Revelar su número de seguro social o el de sus dependientes es voluntario de manera que los servicios de WIC no se le pueden negar por no proporcionarlos. Los números de seguro social se piden de acuerdo con 42 U.S.C. 405 (c)(2)(C)(i), la regla 7CFR246.7(d)(2)(v) y la póliza de WIC CS: 13.0 para verificar la información que usted ha proporcionado y para evitar la participación doble de acuerdo con los requisitos de la regla 7CFR246.7(l).

El Comisionado de Salud ha autorizado la revelación de cierta información que usted ha proporcionado a las instituciones benéficas ("welfare") y de salud (como los nombrados en la lista de la página adjunta) que sirven para las personas que califican categóricamente para WIC. Estas agencias usarán su información solamente para: (1) determinar si califica para los programas que administra o (2) reclutar a más personas para tales programas.

_____ _____

Applicant's or Parent/Guardian's Signature (Firma de solicitante o padres/tutor) Date (Fecha)

WIC is an equal opportunity program. If you believe you have been discriminated against because of race, color, national origin, age, sex or disability, call 1-800-942-3678.
WIC es un programa de oportunidad igual para todos. Si usted cree que ha sido discriminada por razón de raza, color, origen nacional, edad, sexo o incapacidad física, llame al 1-800-942-3678.