



Documentation Check-Off List WIC Certification Process

Instruction: Staple this form to the copy of the Participant Summary

Date of (Re) Certification: _____
WIC I.D. No.: _____

Name of Participant: _____
Staff Name: _____

Check (✓) the type of documentation reviewed to determine eligibility:

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Residency: Proof documented within the past 30 days

- driver's license
- current voter registration card
- a bill addressed to applicant
- copy of current signed lease
- letter addressed to applicant with envelope postmarked
- rent receipt
- see attached signed Statement or Residence Form
- other (please indicate below):

Other Proof of Income:

- evidence of receipt of social security benefits
- gross income documentation from the military
_____ bank statement
_____ Leave Earning Statement
- pensions or veterans payments
- evidence for receipt of military retirement
- bank statement reflecting personal savings
- see attached signed Statement or Residence Form

Income Verification: EBT card **does not** serve to verify **current** employment or income.

Proof of Pregnancy

- Proof of Pregnancy

Adjunct Eligibility

Notice of current Eligibility for:

- SNAP
- Medicaid/DCHF/DC Healthcare Alliance ♣
- TANF
- National School Lunch Program

Proof of Identity- must be presented for each WIC applicant.

Physically Present: Yes No*

Other Proof of Income

- Paycheck stub
- Letter from employer
- Documentation of child support payment
- Documentation of unemployment benefits received

Adult

- photo ID
- voter registration card
- birth certificate
- passport
- other (please indicate) _____

Infant/Children

- birth certificate
- baptismal certificate
- hospital discharge papers
- immunization record
- other: _____

♣ Health insurance card from an authorized HMO is not acceptable.

* Indicate reason Certification



District of Columbia WIC Program Statement of Residence, Income, and or Identity

The applicant/participate could not provide proof of:

a. Residency due to:

- Homeless, has no address
- Living in shelter or transitional housing that does not provide mail service;
- New to the District and has not received any mail;
- Teenager, does not receive mail; or
- Other (please specify) _____

b. Income, due to:

- On maternity leave, no income;
- Living with a friend or relative, no income;
- Under 18, living with parent or parents, no income;
- Living in a shelter, no income; or
- Other (please specify) _____

c. Identity, due to:

- Victim of theft, all photo I.D.s have been stolen
- Loss of all pertinent photo I.D. information
- Victim of disaster (fire, flood), all photo I.D.s have been destroyed
- A homeless individual
- A migrant

d. Other (please specify) _____

Address reported as: _____

The income was reported as: \$ _____ **per** _____

I certify that the above residence and or income are accurate. I understand that this information is used to determine my eligibility to receive federal benefits. I also understand that false or misleading information may result in my having to pay the Government for food benefits obtained and/or in the filing of criminal charges against me. I understand that I will need to provide acceptable documentation when I return to the WIC clinic in 30 days.

Applicant/Participant Signature

Date

Staff Signature

Date