



DC Health – Community Health Administration
WIC STATE AGENCY

WIC PROGRAM
NOTICE OF ASSESSMENT APPOINTMENT

Date: _____

An assessment appointment for _____ has been made for:
Name

Date: _____

Time: _____

Please bring with you the items checked:

- () Proof of DC address (a bill or letter addressed to you in the past 30 days)
- () Proof of total family income (a check stub, current letter of approval from Medicaid or DC Healthy Families or TANF or SNAP (Supplemental Assistance Nutrition Program or formerly Food Stamps)
- () Immunization (shot) record
- () The infant/child to be assessed
- () Photo I.D.
- () Proof of pregnancy (if applicable)

Please keep this appointment:

- () Or you or your child will no longer be eligible for WIC foods after _____
when the current certification period ends. Date
- () So that the WIC nutritionist can check to see how your baby is eating and growing.

WIC Authorized Signature

Local WIC Agency / Telephone Number

This institution is an equal opportunity provider and employer.