

# California WIC Program Self Declaration Statement

## Proof of Income (Check applicable situation)

I did not bring my proof of income today. The income information I am declaring today is correct. I must bring proof of my income **within** 30 days of today or my certification will end, and I **will not** get any more WIC benefits.

I cannot provide proof of my income because I am:  A disaster victim  A migrant farm worker  Homeless  
 A pregnant teen turned out of home  Paid in cash

I declare my total gross household income is \$ \_\_\_\_\_ per \_\_\_\_\_

## Proof of Address (Check applicable situation)

I did not bring my proof of address today. The address information I am declaring today is correct. I must bring proof of my address **within** 30 days of today or my certification will end, and I **will not** get any more WIC benefits.

I cannot provide proof of my address because I am:  A disaster victim  A migrant farm worker  Homeless  
 A pregnant teen turned out of home  A resident of a remote Indian or Native village  A resident of a rural location where there is no mail delivery

I declare my current address is: \_\_\_\_\_  
\_\_\_\_\_

## Proof of Identification (Check applicable situation)

I cannot provide proof of my identification because I am:  A disaster victim  A migrant farm worker  Homeless

I certify that all of the above information is true and correct. I understand that this information is to be used to determine WIC Program eligibility. I also understand that if I intentionally misrepresent, conceal or withhold facts, I may be prosecuted under State law and shall have to repay benefits received.

The information requested on this form is required by the California Department of Public Health, Women, Infants and Children (WIC) Program and is mandatory to determine WIC Program eligibility. Any unauthorized review, use, disclosure or distribution of this information is prohibited. The information used to determine WIC Program eligibility will be kept confidential and on file at the WIC office. You have the right to review the information during normal business hours by calling your local WIC agency.

WIC Family ID: \_\_\_\_\_

Applicant/Participant Name: \_\_\_\_\_  
Print

Applicant/Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### STAFF USE ONLY

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

