

California WIC Program Self Declaration Statement

Proof of Income (Check applicable situation)

- I did not bring 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
- Paid in cash Homeless

I declare my total gross household annual income is \$

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 address because I am:**
- A disaster victim A resident of a remote Indian or Native village/rural location where there is no mail delivery Homeless
- A migrant farm worker

Street Address:

- I declare my current address is:**

City:

State:

ZIP Code:


Proof of Identification (Check applicable situation)

Name(s): _____

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

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

I certify that all information on this form 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.

WIC Family ID:	Family Representative:	Date:
Signature of Family Representative/Caretaker 	[WIC Staff User ID]	

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 WIC local agency.