

**Special Supplemental Nutrition Program for
Women, Infants, and Children (WIC)
Assistance Documentation Form
(Supplement to Application for Income Eligibility)**

This form should be completed if applicant indicates that no one in his/her household is earning wages.

Section I. Assistance Provided to applicant

I, _____, certify that _____
(name of person providing residence and/or support) (name of applicant)

Check all that apply:

- Receives \$ _____ a month from me as a regular contribution to his/her income.
 Is supported by me in that I pay for his/her expenses, but I do not provide him/her with cash assistance.

By signing this form, I affirm that the above information is an accurate statement of assistance. I understand that if I deliberately omit or give false information that this applicant and/or members of her household can be removed from WIC, or criminally prosecuted, or both.

(signature of person providing residence and/or support) (phone #) (date)

Section II. No Assistance Provided to Applicant

This section may be completed by any of the following persons: staff of church, legal-aid, social-service agencies, school, doctor, public health nurse, and elected public officials. The above named persons must be unrelated to the applicant and not live in his/her household, and may not be employed by WIC.

To the best of my knowledge, neither _____, nor any member of
(name of applicant)

his/her household has any cash income or receives any outside assistance (non-cash).

By signing this form, I affirm that the above information is an accurate statement of income. I understand that if I deliberately omit or give false information that this applicant and/or members of her household can be removed from WIC, or criminally prosecuted, or both.

(signature of person completing form) (title)

(agency/employer name) (address)

(phone #) (date)

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