

No proof form

Complete this form if no proof of income, residence or identity is available. This form must be signed and dated by the applicant or participant and a WIC staff member.



Applicant/participant name(s): _____

WIC family ID number: _____

Proof of income

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

Check the reason no proof is available:

- | | | |
|--|--|---|
| <input type="checkbox"/> I did not bring proof of income today. The income information I am declaring is correct. I must bring proof of our household income within 30 days of today or my certification will end, and I will not get any more WIC benefits. | <input type="checkbox"/> I cannot provide proof of income because I am:
<input type="checkbox"/> a disaster victim
<input type="checkbox"/> homeless
<input type="checkbox"/> paid in cash
<input type="checkbox"/> other: _____ | <input type="checkbox"/> a migrant farm worker
<input type="checkbox"/> have zero income |
|--|--|---|

Proof of address/residence

I declare my current address is: _____

Check the reason no proof is available:

- | | | |
|---|--|--|
| <input type="checkbox"/> I did not bring proof of address today. The address information I am declaring is correct. I must bring proof of our address within 30 days of today or my certification will end, and I will not get any more WIC benefits. | <input type="checkbox"/> I cannot provide proof of address because I am:
<input type="checkbox"/> a disaster victim
<input type="checkbox"/> homeless
<input type="checkbox"/> other: _____ | <input type="checkbox"/> a migrant farm worker |
|---|--|--|

Proof of identity

Check the reason no proof is available:

- | | |
|--|--|
| <input type="checkbox"/> I did not bring proof of identity for _____ today. I must bring proof of identity within 30 days of today or my certification will end, and I will not get any more WIC benefits. | <input type="checkbox"/> I cannot provide proof of identity because I am:
<input type="checkbox"/> a disaster victim
<input type="checkbox"/> other: _____ |
|--|--|

Please read and sign

I understand that by completing, signing and dating this form, I am certifying that the information I have provided is correct. I understand that if I give false information on purpose it is considered abuse of the program and I may be required to pay back WIC for the amount of my WIC food benefits.

Applicant/participant signature _____ **Date** _____

Staff signature _____ **Date** _____

If you need this in an alternate format, please call 971-673-0040.
WIC is an equal opportunity program and employer.