

WIC Self-Declaration Form for Identification, Residency, Zero-Income (Cash on Hand) and Proof of Income (Homeless)

This form is valid for one certification period *only*. A reassessment shall be done at each certification.

Identification

_____ is an applicant to the Texas WIC Program and I am/my child is a victim of
Applicant's Name
theft, loss, or disaster; homeless; or migrant farm worker and has no acceptable proof of identification for myself/
my child.

Applicant/Parent or Caregiver Signature

Date

Residency

_____ is an applicant to the Texas WIC program and I am/my child is a victim of theft,
Applicant's Name
loss, or disaster; homeless; or migrant farm worker and has no acceptable proof of residency for myself/my child.

Applicant/Parent or Caregiver Signature

Date

Proof of Income for Homelessness

This is to certify that _____ is homeless and
Applicant's Name
unable to provide proof of income because _____

The applicant or the parent/guardian/caregiver who is applying on behalf
of a child is self-declaring they have no proof of income. (Example: I have
no documents because I am paid in cash and my employer will not sign a
statement.)

Applicant/Parent or Caregiver Signature

Date

Zero Income

This is to certify that _____ belongs to a
Applicant's Name
household that has no money and a WIC-19a form is not applicable. The
applicant or the parent/guardian/caregiver who is applying on behalf of a
child is self-declaring the household income to be zero.

Applicant/Parent or Caregiver Signature

Date

Self-Declaration/Cash on Hand

This is to certify that _____ is self
Applicant's Name
declaring income received within the previous 30 days in the amount of

Amount Received

Applicant Signature

Date

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992.

Submit your completed form or letter to USDA by:
(1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410;
(2) fax: (202) 690-7442; or
(3) email: program.intake@usda.gov.

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