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 has any income. Section I may also be completed if the applicant receives financial assistance in addition to their income from someone who resides outside the household.

Section I. Assistance Provided to Applicant

I, _____, certify that _____
(name of person providing support) (name of applicant)

Check all that apply:

☐ Receives $ _____ per 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 signining 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 support) (phone number) (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 not be related to the applicant and must not live in his/her household, and may not be employed by WIC.

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

_____ _____
(title) (agency/employer name)

_____ _____
(phone number) (agency/employer address)

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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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