

Manual INWIC Form

Staff Name: _____ **Date:** _____

Household Information

Date: _____ **eWIC #:** _____ **HH ID#:** _____

Auth Rep1 Last: _____ **First:** _____ **MI:** _____ **DOB:** _____

Proxy 1 Last: _____ **First:** _____

Proxy 2 Last: _____ **First:** _____

Street Address: _____ **Transfer From:** _____
City: _____ **Zip:** _____

Mailing Address Same as Street Address **Preference No Mailing**

Mailing Address(If Different than Street Address): Address: _____
City: _____ **State:** _____ **Zip:** _____

Phone: _____ Prefer No Calls **Phone type:** Home Cell Other Txt Msg

How Heard About WIC: _____ **Language:** _____ Translator

Marital Status: _____ **Education Level:** _____ Homeless Migrant

Proof of Residency: Bank Acct Statement COP Form Current Drivers License Current Pay Stub Current SSI Check
 Current Vehicle Reg Documentation Not Provided HH/Medicaid Award Letter HH/Medicaid Printout
 Housing Authority ID Card w/ Address Lease/Rental Receipt Letter from Landlord Letter from Other Resident in Household
 Letter from Shelter/Hotel/Motel Mail including Bills New Infant Birth Record w/ Address No Proof (Letter C) SNAP Award Letter
 Social Security Award Letter TANF Award Letter Valid IN ID

Email Address: _____ No Unknown/Declined

Income Information

HH Size: _____ **Foster Child(ren):** _____

Adjunct Eligibility: Medicaid SNAP TANF

<u>Name</u>	<u>Adjunct Program</u>	<u>Verification (Number)</u>

Income Amount: _____ **Interval:** Hourly Weekly Bi-Weekly Semi-Monthly Monthly Annually

Calculated Income Amount: _____

Income Verification: Adjunctively Eligible - Self Declared Affidavit Alimony Bank Account Statement Child Support
 Disability Documentation Not Provided Earning Statement/Letter from an Employer Foster Care Letter Lump Sum Payments
 Military Leave Earnings Statement No Proof (Letter C) Other(See Chart Note) Pay Stub Pension/Retirement Verification
 Previous Year Income Tax Return (Self Employed ONLY) Social Security Benefits Unemployment Benefits

Client Information

Category: PG BE BP NPP IBE IBP IFF C1 C2 C3 C4

Gender:
 Male
 Female

Last: _____ **First:** _____ **MI:** _____ **DOB:** _____

Auth Rep 2 Last : _____ **First Name:** _____

Is this client Hispanic or Latino/a: Yes No
 Foster Legal Guardianship/Custody Caretaker
Race: American Indian or Alaska Native Black or African American
 Asian Native Hawaiian or Other Pacific Islander White

Voter Registration: Yes No N/A **ID Proof:** Birth Certificate Documentation Not Provided
 Driver's License Foster Care HH/Medicaid Card or Verification Hospital Records Immigration Records Marriage License
 Military ID No Proof (Letter C) State ID Card Passport School/Employee Picture ID SS Card Voter Registration Card
 WIC ID Folder/INWIC EBT Card at Subsequent Certification

Client Information Category: <input type="checkbox"/> PG <input type="checkbox"/> BE <input type="checkbox"/> BP <input type="checkbox"/> NPP <input type="checkbox"/> IBE <input type="checkbox"/> IBP <input type="checkbox"/> IFF <input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> C3 <input type="checkbox"/> C4				Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	
Last: _____		First: _____		MI: _____ DOB: _____	
Auth Rep 2 Last : _____ First Name: _____					
Is this client Hispanic or Latino/a: <input type="checkbox"/> Yes <input type="checkbox"/> No			Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American		
<input type="checkbox"/> Foster <input type="checkbox"/> Legal Guardianship/Custody <input type="checkbox"/> Caretaker			<input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White		
Voter Registration: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			ID Proof: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Documentation Not Provided		
<input type="checkbox"/> Driver's License <input type="checkbox"/> Foster Care <input type="checkbox"/> HH/Medicaid Card or Verification <input type="checkbox"/> Hospital Records <input type="checkbox"/> Immigration Records <input type="checkbox"/> Marriage License <input type="checkbox"/> Military ID <input type="checkbox"/> No Proof (Letter C) <input type="checkbox"/> State ID Card <input type="checkbox"/> Passport <input type="checkbox"/> School/Employee Picture ID <input type="checkbox"/> SS Card <input type="checkbox"/> Voter Registration Card <input type="checkbox"/> WIC ID Folder/INWIC EBT Card at Subsequent Certification					

Client Information Category: <input type="checkbox"/> Pregnant <input type="checkbox"/> BE <input type="checkbox"/> BP <input type="checkbox"/> NPP <input type="checkbox"/> IBE <input type="checkbox"/> IBP <input type="checkbox"/> IFF <input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> C3 <input type="checkbox"/> C4				Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	
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Voter Registration: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			ID Proof: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Documentation Not Provided		
<input type="checkbox"/> Driver's License <input type="checkbox"/> Foster Care <input type="checkbox"/> HH/Medicaid Card or Verification <input type="checkbox"/> Hospital Records <input type="checkbox"/> Immigration Records <input type="checkbox"/> Marriage License <input type="checkbox"/> Military ID <input type="checkbox"/> No Proof (Letter C) <input type="checkbox"/> State ID Card <input type="checkbox"/> Passport <input type="checkbox"/> School/Employee Picture ID <input type="checkbox"/> SS Card <input type="checkbox"/> Voter Registration Card <input type="checkbox"/> WIC ID Folder/INWIC EBT Card at Subsequent Certification					

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<input type="checkbox"/> Foster <input type="checkbox"/> Legal Guardianship/Custody <input type="checkbox"/> Caretaker			<input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White		
Voter Registration: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			ID Proof: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Documentation Not Provided		
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