

# Manual INWIC Form

Staff Name: _____		Date: _____	
<b>Household Information</b>			
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 <input type="checkbox"/>		Preference No Mailing <input type="checkbox"/>	
Mailing Address(If Different than Street Address): Address: _____			
City: _____		State: _____ Zip: _____	
Phone: _____ <input type="checkbox"/> Prefer <input type="checkbox"/> No Calls		Phone type: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Other <input type="checkbox"/> Txt Msg	
How Heard About WIC: _____		Language: _____ <input type="checkbox"/> Translator	
Marital Status: _____		Education Level: _____ <input type="checkbox"/> Homeless <input type="checkbox"/> Migrant	
<b>Proof of Residency:</b> <input type="checkbox"/> Bank Acct Statement <input type="checkbox"/> COP Form <input type="checkbox"/> Current Drivers License <input type="checkbox"/> Current Pay Stub <input type="checkbox"/> Current SSI Check <input type="checkbox"/> Current Vehicle Reg <input type="checkbox"/> Documentation Not Provided <input type="checkbox"/> HH/Medicaid Award Letter <input type="checkbox"/> HH/Medicaid Printout <input type="checkbox"/> Housing Authority ID Card w/ Address <input type="checkbox"/> Lease/Rental Receipt <input type="checkbox"/> Letter from Landlord <input type="checkbox"/> Letter from Other Resident in Household <input type="checkbox"/> Letter from Shelter/Hotel/Motel <input type="checkbox"/> Mail including Bills <input type="checkbox"/> New Infant Birth Record w/ Address <input type="checkbox"/> No Proof (Letter C) <input type="checkbox"/> SNAP Award Letter <input type="checkbox"/> Social Security Award Letter <input type="checkbox"/> TANF Award Letter <input type="checkbox"/> Valid IN ID			
Email Address: _____		No <input type="checkbox"/> Unknown/Declined <input type="checkbox"/>	
<b>Income Information</b>			
HH Size: _____ <input type="checkbox"/> Foster Child(ren): _____			
Adjunct Eligibility: <input type="checkbox"/> Medicaid <input type="checkbox"/> SNAP <input type="checkbox"/> TANF			
<b>Name</b>		<b>Adjunct Program</b>	
<b>Income Amount:</b> _____		<b>Interval:</b> <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	
<b>Calculated Income Amount:</b> _____			
<b>Income Verification:</b> <input type="checkbox"/> Adjunctively Eligible - Self Declared <input type="checkbox"/> Affidavit <input type="checkbox"/> Alimony <input type="checkbox"/> Bank Account Statement <input type="checkbox"/> Child Support <input type="checkbox"/> Disability <input type="checkbox"/> Documentation Not Provided <input type="checkbox"/> Earning Statement/Letter from an Employer <input type="checkbox"/> Foster Care Letter <input type="checkbox"/> Lump Sum Payments <input type="checkbox"/> Military Leave Earnings Statement <input type="checkbox"/> No Proof (Letter C) <input type="checkbox"/> Other(See Chart Note) <input type="checkbox"/> Pay Stub <input type="checkbox"/> Pension/Retirement Verification <input type="checkbox"/> Previous Year Income Tax Return (Self Employed ONLY) <input type="checkbox"/> Social Security Benefits <input type="checkbox"/> Unemployment Benefits			
<b>Client Information</b>			
<b>Category:</b> <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			<b>Gender:</b> Male <input type="checkbox"/> Female <input type="checkbox"/>
Last: _____ First: _____ MI: _____ DOB: _____			
<b>Auth Rep 2 Last :</b> _____		<b>First Name:</b> _____	
Is this client Hispanic or Latino/a: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Foster <input type="checkbox"/> Legal Guardianship/Custody <input type="checkbox"/> Caretaker		<b>Race:</b> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	
<b>Voter Registration:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<b>ID Proof:</b> <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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<b>Voter Registration:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			<b>ID Proof:</b> <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Documentation Not Provided		
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