

**Indiana WIC Program  
Indiana State Department of Health**

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WIC Program Booklet

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**Certification**

(All forms, except where indicated, are translated into Burmese, Chin and Spanish)

30-day Benefit Notification

Manual Certification Forms

Manual Certification Forms - Child, Infant, Postpartum and Prenatal\*

Manual Certification Forms – Household and Client Information\*

Manual Mid-certification Forms - Breastfeeding (BE & BPm), Child and Infant\*

\*These English forms are used by WIC staff only during INWIC down times.

No Proof Form

Notice of Certification Expiration

Notice of Ineligibility

Termination Notice

WIC Signature Page, Addendum and Attachment

Addendum Notice

Attachment A

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Signature Page Step 2 Consent for Services

Signature Page Step 3 Rights and Obligations