**Your name**: _____

## Welcome to WIC!

Please share the following information about your household. It will help us serve you.

1. **How many people (related or not related) live in your household**? _____

   Include:

   - Your spouse, partner and any other people you share income or resources with.
   - Children who live with you at least half of the time.
   - Unborn babies (unless you object)

   Don't include:

   - Foster children in your care. (WIC counts foster children as their own household).

2. **Which programs are <u>you</u> currently on?**

   ☐ Medical Assistance
   Please provide your ProviderOne Services card number: _____
   ☐ Temporary Assistance to Needy Families (TANF)
   ☐ Supplemental Nutrition Assistance Program (SNAP)
   ☐ Food Distribution Program on Indian Reservations (FDPIR)

3. **Which programs are members of your household on?**

   ☐ Medical Assistance
   Is this person a pregnant woman? _____
   If yes, please provide this person's ProviderOne Services card number: _____
   Is the person an infant? _____
   If yes, please provide this person's ProviderOne Services card number: _____
   ☐ Temporary Assistance to Needy Families (TANF)
   ☐ Supplemental Nutrition Assistance Program (SNAP)
   ☐ Food Distribution Program on Indian Reservations (FDPIR)

4. **Please provide information about your household's income**:

| Source* of income | Income amount (before taxes or deductions) | How often is this income received? |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

If you need more room, use the other side of this form.

*Source examples: Work, military, child support, unemployment, SS/SSI, gifts, bonuses, etc.

**This institution is an equal opportunity provider.**
Washington State WIC Nutrition Program doesn't discriminate.

Additional household income information:

| Source* of income | Income amount (before taxes or deductions) | How often is this income received? |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

*Source examples: Work, military, child support, unemployment, SS/SSI, gifts, bonuses, etc.

**Washington WIC doesn't discriminate.**
In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/ad-3027.pdf , from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or
2. **fax:**
   (833) 256-1665 or (202) 690-7442; or
3. **email:**
   program.intake@usda.gov

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