

## Temporary Certification for Missing Proof of Income

Participant name(s) – Last, First

**Staff:**

- Use this form when proof of income exists but the participant, parent guardian or caretaker didn't bring it to the clinic.
- Enter the self-reported household income in Cascades Income Details and assess if it meets WIC guidelines.
- Select "Not Provided" for proof of income.

**Participant, Parent Guardian, or Caretaker:**

By signing this form I understand and agree:

- WIC is giving me 1 month to bring in proof of my household income.
- The proof must show I am income eligible for WIC to continue receiving WIC benefits.
- I am reporting the following household income:

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

**This information is true and correct to the best of my knowledge.**

\_\_\_\_\_  
Participant/Parent Guardian/Caretaker signature

\_\_\_\_\_  
Date

**WIC Nutrition Program doesn't discriminate.**

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

Mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;

Email: [program.intake@usda.gov](mailto:program.intake@usda.gov)

Fax: (202) 690-7442

**This institution is an equal opportunity provider.**

Washington State WIC Nutrition Program doesn't discriminate.



For persons with disabilities, this document is available on request in other formats.  
To submit a request, please call 1-800-841-1410 (TDD/TTY 711).



DOH 962-989 December 2018

Participant/Parent Guardian/Caretaker name – Last, First

<b>Staff initial all that apply:</b> _____ Interpreter    _____ Read to client    _____ Written translation    _____ Other
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