Yo	our name:				
	elcome to WIC!				
Ple	ase share the following information	tion about your household. It will h	ielp us serve you.		
1.	How many people (related or not related) live in your household?				
	Include:				
	<ul><li>Your spouse, partner and a</li><li>Children who live with you</li><li>Unborn babies (unless you</li></ul>		or resources with.		
	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	How often is this income		
		(before taxes or deductions)	received?		

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

This institution is an equal opportunity provider.

Washington State WIC Nutrition Program doesn't discriminate.

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

## Additional household income information:

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

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

## 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, audiotape, 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 <u>USDA Program Discrimination Complaint Form</u>, (AD-3027) found online at: <a href="http://www.ascr.usda.gov/complaint\_filing\_cust.html">http://www.ascr.usda.gov/complaint\_filing\_cust.html</a>, 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: <a href="mailto:program.intake@usda.gov">program.intake@usda.gov</a>

Fax: (202) 690-7442

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