

Special Supplemental Nutrition Program for Women, Infants and Children (WIC)

Residency Form

This section may be completed by any of the following: church staff, legal aid, a lawyer, social-service agencies, school staff, a public-health nurse, a doctor, or an elected public official. The above-named person cannot be an employee of the WIC program, related to the applicant, or a member of the applicant's household.

Section A
Third-Party Verifier

I certify that _____ resides at the following location on a permanent basis (seven days a week):
(Name of applicant or parent/guardian/caregiver)

Location/Address: _____

Signature Date

Title Organization/Agency

Telephone number: _____

This section should be completed if no written proof of residency exists or the family's residence does not have a designated address. **A map, or a hand-drawn map, showing the location of the residence must be attached.**

Section B
Map

I understand that giving false information to WIC is sufficient grounds for termination from the WIC program. I do not receive any mail with a physical address (street address, rural-route number, etc.).

Give directions to residence:

Signature of applicant or parent/guardian/caregiver Date

This section should be completed if the applicant indicates that she/he is living with someone else and has no written proof of her/his residence.

A utility bill or some other form of acceptable written proof of residency with the name and address of the person providing residence must be provided to WIC.

Section C
Letter and Proof

I, _____, certify that
(Name of person providing residence)

_____ resides at my residence on a permanent basis.
(Name of applicant or parent/guardian/caregiver)

Address: _____

Telephone number (if available): _____

Signature of person providing residence Date