WIC Income Questionnaire

Your appointment date is _____. Complete this form before your appointment and bring it with you. If Section I or Section II do not apply to you, go to the other side and complete Section III. If you need help completing this form or if you do not know what to bring to your appointment, call the WIC office at _____.

Section I. Medicaid, SNAP or TANF Benefits

Complete this section if the person applying for WIC:

- **receives Medicaid, SNAP or TANF or**
- **lives in a household where anyone in the household receives TANF or**
- **lives in a household where a pregnant woman or an infant receives Medicaid**

Check either Yes or No for the questions below.

1. Does the person applying for WIC benefits receive Medicaid for the month of your appointment?	❑ Yes ❑ No
2. Does the person applying for WIC benefits receive SNAP for the month of your appointment?	❑ Yes ❑ No
3. Does the person applying for WIC benefits receive TANF for the month of your appointment?	❑ Yes ❑ No
4. Does anyone in your household receive TANF for the month of your appointment?	❑ Yes ❑ No
5. Is there a pregnant woman in the household who receives Medicaid for the month of your appointment?	❑ Yes ❑ No
6. Is there an infant, under 12 months, in the household who receives Medicaid for the month of your appointment?	❑ Yes ❑ No
If you answered "Yes" to any question, the only income information needed is Your Texas Benefits Card or Medicaid letter or printout from https://www.yourtexasbenefitscard.com/ or SNAP or TANF letter for the month of your appointment.	

I certify that all information I have provided is correct.

_____	_____	_____
Applicant's or Parent's/Guardian's or Authorized Adult's Signature	*Applicant's or Parent's/Guardian's or Authorized Adult's Printed Name*	*Date*

Section II. DFPS Placements

Complete this section if the person applying for WIC is in DFPS Placement.

Check either Yes or No to answer questions 1 and 2.

1. Does the applicant receive Medicaid for the month of your appointment?	❑ Yes ❑ No
2. Do they have a DFPS placement letter?	❑ Yes ❑ No
If you answered "Yes" to either question, bring Your Texas Benefits Card or Medicaid letter or printout from https://www.yourtexasbenefitscard.com/ for the month of your appointment.	

I certify that all information I have provided is correct.

_____	_____	_____
Foster Parent's Signature	*Foster Parent's Printed Name*	*Date*

Section III. Do Not Receive Medicaid, SNAP or TANF Benefits or Not in DFPS Placement

Complete this section if the person applying for WIC does not receive benefits from Medicaid, SNAP or TANF or are not in DFPS Placement.

- **Check either "Yes" or "No" to all the questions below.**
- **If you answer "Yes" to any of the questions 1–6, bring proof of all sources of income to your WIC appointment.**
- **If you answer "No" to all the questions below, call the WIC office or ask WIC staff what you need to bring.**
- **Make sure the information you bring shows your USUAL gross household income (prior to deductions).**

1. Do you work? If "Yes," and you have more than one job, bring paycheck stubs (dated within 30 days of your appointment) from each job. If you started a new job and have not received your first paycheck, please provide a signed and dated statement from your employer with an estimate of your gross pay for the pay period.	❑ Yes ❑ No
2. Does anyone else living with you work? If "Yes," bring paycheck stubs (dated within 30 days of your appointment) from each job.	❑ Yes ❑ No
3. Do you or anyone living with you receive any items listed a – f below? If "Yes, " bring proof (dated within 30 days of your appointment).	
a.) Social Security/Supplemental Security Income (SSI) or disability for current year? (If a copy of award letter is needed, call 1-800-772-1213.)	❑ Yes ❑ No
b.) Pensions or retirement check?	❑ Yes ❑ No
c.) Unemployment check?	❑ Yes ❑ No
d.) Workman's compensation check?	❑ Yes ❑ No
e.) Money or financial support from parents, relatives, friends, or any other source on a regular basis?	❑ Yes ❑ No
f.) Child support?	❑ Yes ❑ No
Amount _____ Received monthly?.....	❑ Yes ❑ No
Received weekly?	❑ Yes ❑ No
Name of person providing support _____phone #_____ (if known)	
4. Did you or anyone living with you receive other money not listed above within the last 12 months? If "Yes," please list here and bring proof of this source of income (e.g., inheritance, monetary gift, lotto winnings) _____	❑ Yes ❑ No
5. Are you or anyone living with you on leave without pay status, reduced pay status or on Family and Medical Leave Act (FMLA)? (Bring most recent check stub)	❑ Yes ❑ No
6. Do you or anyone living with you currently use another source of income, not mentioned above to support yourself/your family? Source of income:_____	❑ Yes ❑ No
7. All the information provided reflects my USUAL gross household income (before deductions).	❑ Yes ❑ No

By signing this form, I certify that all information I have provided is correct. I certify that I have informed the WIC staff about ALL sources of income received by all members of my household (this includes all persons who reside with me). The information I provided accurately reflects my USUAL gross household income (before deductions). I understand that my household income may be verified with the Texas Workforce Commission.

_____ _____ _____

Applicant's or Parent's/Guardian's or Authorized Adult's Signature *Applicant's or Parent's/Guardian's or Authorized Adult's Printed* *Date*

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