

Manual Certification – Proof of Eligibility

FEBURARY 2023

Date: _____ Household ID: _____

Physical Address: _____ City: _____ Zip: _____

Mailing Address (if different from above): _____ City: _____ Zip: _____

Telephone 1: _____ Comment: _____

Telephone 2: _____ Comment: _____

Check if applicable: Homeless, Date Verified: _____ Migrant Living with Foster Parents

Eligibility Information

State WIC ID	DOB	Physically Present*	ID Proof	Residency Proof	ADJ Proof
		<input type="checkbox"/> Yes <input type="checkbox"/> No If No, list reason:	List proof provided:	List proof provided:	List Program: List Proof:
		<input type="checkbox"/> Yes <input type="checkbox"/> No If No, list reason:	List proof provided:	List proof provided:	List Program: List Proof:
		<input type="checkbox"/> Yes <input type="checkbox"/> No If No, list reason:	List proof provided:	List proof provided:	List Program: List Proof:
		<input type="checkbox"/> Yes <input type="checkbox"/> No If No, list reason:	List proof provided:	List proof provided:	List Program: List Proof:
		<input type="checkbox"/> Yes <input type="checkbox"/> No If No, list reason:	List proof provided:	List proof provided:	List Program: List Proof:

*List Reason(s) for not physical present: Confined to Bed Rest Participant Disability Caretaker with Disability
 Contagious Disease Medical Equipment Serious Illness Premature Infant Other-See Notes

Income Information

Proof of Income: _____	Amount: _____	
Proof of Income: _____	Amount: _____	
Proof of Income: _____	Amount: _____	
Household Size: _____	Total Income: _____	Income Eligible? <input type="checkbox"/> Yes <input type="checkbox"/> No

CPA Signature:

Date:

Attention WIC staff:

- Scan form in each individual participant’s folder for which the certification applies.
- Follow your agency’s SOD documentation procedure when eligibility information is transferred to the Information System.

Minnesota Department of Health - WIC Program 625 Robert St N, PO BOX 64975, ST PAUL MN 55164-0975; 1-800-657-3942, health.wic@state.mn.us, www.health.state.mn.us. To obtain this information in a different format, call: 1-800-657-3942

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