



State of Connecticut Department of Public Health
WIC Program

Self-Declaration

Authorized Person: _____ Family ID: _____

Participant Name: _____ Participant ID: _____

The Connecticut WIC Program requires each applicant to show proof of identity, residency (address), and income to be put on the WIC Program. Please read the following statement before completing this form.

I understand that by completing, signing, and dating this form, I am certifying that the information I am providing below is correct. I understand that intentional misrepresentation may result in paying the state agency, in cash, the value of the food benefits improperly received.

I understand that by signing this document I am eligible to receive 30 days of WIC benefits. In order to continue to receive WIC benefits I must provide the necessary documentation to prove eligibility. If I do not provide appropriate documentation within a 30-day period I will be terminated from the program and will have to complete a new application.

1. Completion of this form is for: Identity Residency Income
2. If this form is for identity, my name is _____
3. If this form is for residency, my address is: _____
4. If this form is for income my income is: _____
5. Reasons that I cannot show proof _____

Participant/Parent/Guardian _____ (Signature) _____ (Date)

APPROVED NOT APPROVED

FOR INCOME ONLY: (check one)

- Unreasonable barrier - No additional documentation needed
- Need more documentation next month

Staff: _____ (Signature) _____ (Title) _____ (Date)

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**CONNECTICUT WIC PROGRAM
SELF DECLARATION FORM**

Explanation:	The purpose for this form is to document and justify the reason a WIC applicant cannot provide proof of his/her identity, residency, and/or family income. This form should not be used on a routine basis.
Form Heading:	Write the Payee's name, Family number, Participant Name, and Participant ID number
"I understand" Block:	Ask the applicant to read the "I understand" paragraph (or read the paragraph to the applicant if he/she is unable to read).
Completion of this form is for:	Circle the specific area(s) for which the applicant is unable to provide proof. (All 3 reasons may be circled)
Identity:	If this form is to document identity, have applicant fill in the identity line.
Residency:	If this form is to document residency, have applicant fill in address line.
Income:	If this form is to document income, have applicant fill in income line.
Reason for No Proof:	Applicant (or staff if applicant is unable to write) writes a detailed statement explaining why he/she is unable to provide proof.
Participant/Parent/ Signature provided:	Participant/Parent/Guardian signs and dates form on the line provided:
Approved/Not Approved:	The WIC coordinator or designee reviews the form and checks the "approved" or the "not approved" box.
For Income Only:	If income is being self-declared, the WIC Coordinator or designee must also indicate if additional documentation is needed or not needed the following month.
Staff Signature:	WIC coordinator or designee signs his/her name and title, and enters the date.

The Self Declaration Form should be maintained in the file under scanned Images in CT-WIC.