



Revised 1/2021

State of Connecticut Department of Public Health  
WIC Program  
**VERIFICATION FORM**

Authorized Person Name \_\_\_\_\_ Family ID # \_\_\_\_\_

Participant Name \_\_\_\_\_ Participant ID # \_\_\_\_\_

The WIC Program requires proof of identity, residency and income in order to provide eligible applicants with program services. The Verification Form serves to assist applicants who cannot provide proof of this information with the opportunity to have a third party provide a letter to confirm an individual's identity, residency and/or income.

Please complete the following:

Print Your Name:	Signature:
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Agency/Organization:

Address:

Telephone Number:

Name of person/family members applying for WIC:

1.	4.
2.	5.
3.	6.

Check the box next to the requirement(s) for which you are providing verification and write a detailed statement to support applicant's situation:

Identity	Residency	Income (Indicate amount & frequency)
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Statement:

APPROVED  NOT APPROVED

Staff:

(Signature) (Title) (Date)

**WE RESERVE THE RIGHT TO VERIFY THIS INFORMATION**

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<https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf> 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: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov). This institution is an equal opportunity provider