2.04   **Residency Requirements**

POLICY:

A WIC applicant must reside within the boundaries of West Virginia in order to receive WIC Program benefits.

PROCEDURE:

A. Service to Applicants

The Local Agency will serve applicants who reside in or choose to obtain WIC benefits in the geographical area for which it is contracted by the State Agency to provide WIC services.

1. Migrant and homeless persons will be considered as residents by their presence in the State.

2. The length of residency will not be a barrier to eligibility.

B. Verification of Residency

1. Verification of residency will be required of the applicant during each certification appointment (See **Policy 2.17, Attachment #2**).

   a. The source of verification may include:
      i.   CHIP Eligibility Verification
      ii.   Citizenship Papers
      iii. Concealed Carry Permit
      iv.   Custody and Foster Care Documentation
      v.   Driver's License or State Identification Card with photo
      vi.   Employee Check Stub (current, with address printed on it)
      vii. Immigration Record (with address printed on it)
      viii. Medicaid Eligibility
      ix.   Military Identification Card (with address printed on it)
      x.   Rent Lease, Receipt or Mortgage Receipt (current)
      xi.   SNAP Benefits Eligibility Letter
      xii. School Identification Card (with address printed on it)
      xiii. Social Security Benefit or Social Security Disability (current)
      xiv. Tax Return or W-2 Form
      xv.   Unemployment Benefit (current)
      xvi. Utility Bill (current)
      xvii. VA Benefit (current)
      xviii. Voter Registration Card
      xix. WV Works Eligibility Letter (with address printed on it)
      xx.   Self-Declaration Form (state-agency approval only; see below; see **Policy 2.17, Attachment #1)**

2. The address and source of verification will be documented in the **Crossroads Family Demographics Screen**.

C. Self-Declaration Form (see Policy 2.17 Attachment #1)

1. An applicant/participant and/or parent, guardian or caretaker that has no proof of residency must provide a signed statement attesting their residency (see **Policy 2.17 Attachment #1**).

2. The only acceptable uses of **Policy 2.17 Attachment #1** include: a domestic violence victim, a victim of theft, loss or disaster, a homeless individual or a migrant.

    a. A misplaced or lost proof of residency is not an acceptable use of **Policy 2.17 Attachment #1**.

3. **Attachment #1** will be scanned into the **Crossroads Computer System**, titled and documented as Self-Declaration Form.

4. Use of **Attachment #1** <u>must</u> have State-Agency approval. The State-Agency will document approval for self-declared proof of identity in the **Crossroads Computer System**.

D. Temporary Residence

1. Residency for a student, military personnel, foster child or other temporary resident will be determined by the address at which the person resides while at the temporary location.

E. Joint Custody

1. Residency of a child whose parents are separated and share joint custody will be determined by the parents.

F. Dual Participation

1. WIC personnel will call the State Agency Help Desk **immediately** upon getting a "Duplicate Participation" message in Crossroads to ensure that the problem is resolved **correctly (see Policy 1.11 Dual Participation**).

G. Persons Affiliated with Institutions/Homeless Facilities

1. Persons affiliated with institutions/homeless facilities are eligible to participate in the WIC Program when they meet Program eligibility criteria (see **Policy 2.18 Services to Persons Affiliated with Institutions & Homeless Facilities**).

H. Notification of Ineligibility

2.04   Residency Requirements

1. Applicants who reside or choose to obtain benefits outside of the Local Agency geographical area for which it provides services will receive a **Crossroads generated Notice of Ineligibility** (see **Policy 2.09 Notification of Ineligibility**).

REFERENCES:

1. WIC Regulations 246.7, Certification of Participants
2. West Virginia WIC Policy 2.17, Identification of Applicant/Participant and Parent, Guardian or Caretaker