Date:	WOMEN, INFANTS, & CHILDREN	2.17, Allaciment #
I,	, am unable to provide docu	mentation of (please circle):
IDENTITY	RESIDENCY	INCOME
For (applicant(s)/parent/guard	lian):	
Reason:		
For income documentation on weekly – monthly – bi-monthly -		(please circle) weekly – bi-
I realize if I give you false inform	nation this may result in termination f	rom the program or prosecution.
Applicant and/or Parent/Guar	dian's Signature:	

USDA Nondiscrimination Statement

Local WIC Staff Signature: State WIC Staff Signature:

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- 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.

This institution is an equal opportunity provider.