What to Bring to Your WIC Appointment

Income

Bring ONE proof of income for everyone in your household such as:

- NYS Medicaid common benefits identification card (CBIC) or Medicaid Managed Care plan card with a CIN (Client Identification Number) for each person applying for WIC
- SNAP (Food Stamps) notice of decision/budget letter with dates listing all household members
- TANF notice of decision listing all household members
- All pay stubs/direct deposit stubs (past 30 days) for every working household member
- Alimony/child support
- Worker’s compensation
- Unemployment benefits/disability
- Bank statement
- Use of savings or cash income
- Verification of Certification (VOC) card (for participants transferring)
- Income tax record for self-employed
- Letter of support regarding any other income
- Written statement from employer
- Leave and Earnings Statement (L & E) (military only)
- Social Security
- Pension
- Statement of interest/dividends/Royalties
- Foster care stipend (If Medicaid is not available)
- If you have no income, you will need to sign a statement

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA’s TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/USDA-QASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant’s name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or
2) fax: (833) 256-1665 or (202) 690-7442; or
3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

For other complaints or to request a Fair Hearing contact:

1) mail: WIC Program Director
   NYSDOH, Riverview Center
   150 Broadway, 6th Floor
   Albany, NY 12204; or
2) phone: (518) 402-7093; fax (518) 402-7348; or
3) email: NYSWIC@HEALTH.NY.GOV

NEW YORK
STATE
Department of Health

19044 7/22
<table>
<thead>
<tr>
<th>Record</th>
<th>Identity</th>
<th>Residency</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>WIC Welcomes You</strong></td>
<td><strong>Bring ONE proof that you are one of the people served by WIC</strong></td>
<td><strong>Bring ONE current proof of where you live</strong></td>
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<tr>
<td><strong>Pregnant women:</strong></td>
<td></td>
<td></td>
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<tr>
<td>☐ Completed and signed WIC Medical Referral form</td>
<td></td>
<td></td>
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<tr>
<td>☐ Dated and signed health care provider statement with expected date of delivery</td>
<td></td>
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<tr>
<td>☐ Medicaid Presumptive Eligibility Screening Form completed and signed by the health care provider</td>
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<tr>
<td>☐ An ultrasound picture with a date and mom’s name</td>
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<tr>
<td><strong>Breastfeeding moms and moms with an infant younger than 6 months:</strong></td>
<td></td>
<td></td>
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<tr>
<td>☐ Completed and signed WIC Medical Referral form</td>
<td></td>
<td></td>
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<tr>
<td>☐ Dated and signed statement from a health care provider</td>
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<tr>
<td>☐ Dated hospital discharge papers</td>
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<tr>
<td><strong>Infants and children:</strong></td>
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<tr>
<td>☐ Completed and signed WIC Medical Referral form</td>
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<tr>
<td>☐ Birth certificate</td>
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<tr>
<td>☐ Baptismal record</td>
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<tr>
<td>☐ Hospital or health care provider’s record</td>
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</table>

**Identity**

Bring ONE proof of who you are

☐ Photo ID card (examples):
  - Driver’s license or learner’s permit
  - Non-driver’s ID card
  - Military ID card
  - Employment ID card
  - School ID card
- Birth certificate
- Baptismal record
- Citizenship document (examples):
  - Passport/Visa
  - Permanent Resident card (Green Card)
  - Certificate of Naturalization
  - Certificate of Citizenship
- Court document (examples):
  - Adoption record
  - Foster care placement letter
  - Custody papers
- Health care provider or shot record
- Hospital record/infant crib card/hospital ID bracelet (up to 6 months of age)
- Mexican Matricula Consular ID card
- Voter registration card
- Social Security card

**Residency**

Bring ONE current proof of where you live

☐ Current rent or mortgage document
☐ Current pay stub with address
☐ Letter from shelter/house of worship/social services on their letterhead
☐ Letter or statement from federal, state or local municipal agency
☐ Photo ID with current address
☐ Mail with recent postmark, household name and street address (examples):
  - Utility bill
  - Cell phone bill
  - Envelope/postcard with recent postmark
  - WIC appointment reminder
☐ Military only (examples):
  - Letter from company commander on letterhead
  - Military orders with New York installation