



## Memorandum

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**TO:** WIC Regional Directors #08-090  
WIC Local Agency Directors

**FROM:** Mike Montgomery, Section Director (Original Signed)  
Nutrition Services Section

**DATE:** July 11, 2008

**SUBJECT: Policy Memo:** Revised CR:01, CS:10, CS:14, CS:20, CS:22, CS:23; Deleted CS:29, and Revised Forms WIC-35, WIC-35-1, and WIC-5

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The subject policies were revised and are in effect as of August 1, 2008; however, local agencies have until September 1, 2008 to implement. Local agencies are subject to monitoring under the changed provisions beginning March 1, 2009. The revised policies can be downloaded from the WIC online policy manual starting August 1, 2009 at:

[http://www.dshs.state.tx.us/wichd/policy/idx\\_policy.shtm](http://www.dshs.state.tx.us/wichd/policy/idx_policy.shtm). Some of the policy changes concern revisions to forms, which were announced to you in an advance notice email dated July 3, 2008 from Paula Kanter regarding changes to the *WIC-35*, *WIC-35-1*, and the *WIC-5*. Advance copies of the forms were included in that email. This information is repeated at the end of this memo.

Following are the highlights of the revisions. Directors are advised to closely compare the current and revised versions of the policies for all changes.

***CR:01, Rights and Obligations of an Applicant/Participant:***

- Removed all rights and obligations currently listed in the policy and replaced them with a reference to the Supplemental Information Form (*WIC-35-1*) for the rights and responsibilities.
- Removed the rights listed in the policy for an ineligible applicant and made reference to the revised *Ineligibility form, WIC-5*, for the fair hearing notice.
- Clarified that where there are non-English speaking applicants, participants or parent/guardians/caregivers, the statements on rights and obligations may be provided either verbally or in writing in a language that is understood.

***CS: 10, Economic Unit for Income:***

- Removed the reference to form *WIC-19C*, which is now obsolete
- A Separate Economic Unit (SEU) Table with updated monthly gross income dollar amounts is included in the policy and will be updated at least annually as part of this policy.

- Staff will identify families that qualify for SEU by marking the SEU box on side 2 of the revised *WIC-35* and identify the qualifying individuals by placing a check mark in the SEU column.
- Clarified that a pregnant woman who is a member of an SEU, should not have family size increased by the number of children she is expected to deliver until after the calculations on SEU are completed.
- Added that a pregnant applicant may choose not to increase her family size by the number of children she is expected to give birth to.
- Added persons performing military service as an additional exception to the rule that family members absent more than six months are not included in the economic unit.

**CS:14, Completion of the *WIC Income Questionnaire* and the *Family Certification/WIC Program Income Screening Form*:**

- For more information, in addition to this memo, refer to the *WIC Income Questionnaire Questions and Answers* and the *WIC Income Questionnaire Guide* on the website at: <http://www.dshs.state.tx.us/wichd/tng/idl-trng-matris.shtm>
- Added instructions for completing the *WIC Income Questionnaire (WIC-35-3)*.
- Added “Applicant” to “Parent/Guardian” throughout the policy to correspond with the changes made to the *WIC-35*.
- Added instructions for identifying SEU families when an applicant qualifies as a separate economic unit.
- Clarified that the 60-day period during which income documentation for one family member may be used to qualify another family member does not apply to those who were adjunctively income eligible.
- Clarified that the client shall be offered the opportunity to read or have read to them, the information on the form.

**WIC-35 Side 1 changes:**

- Added Primary Account Number (PAN) where applicable.
- Under recording D.O.B., added a statement to confirm the correct date order is entered. This is to ensure the correct date order is entered for local agencies that allow participants to complete this section of the form. For example, 06-12-1980 is June 12, 1980, not the 6<sup>th</sup> of December, 1980.
- Under Gateway Income Methods if “other” is appropriate, added option to write “automated” or any other form number name/number not listed on the *WIC-35*.
- Clarified that the household’s total gross monthly income from Side 2 is recorded without including cents and that rounding up or down is not allowed.
- Deleted references to TIERS as an option under “Other” for Gateway Income Method.
- Clarified that the income amount indicated for “Non-Gateway Income Method” is the highest amount of income. Formerly, the policy instructed you to select the “predominant” type of documentation of income presented. See example.

WIC 35-2 Side 2 changes:

- Under Gateway Verification, added that staff will select “online, by phone or automated” and will record the phone number used for verification if automated method is used.
- Added that if a WIC form is used to document employer information, enter the form number.
- Added a requirement for staff to indicate their title in addition to signature and date.

**CS:20, Certification Forms:**

- Added that local agencies will determine where the following certification forms will be filed in the chart: *WIC-35, WIC-35-1, WIC-35-3*, and the new *12-0612805 Vena Family Documentation Tool*.
- Removed listing of *WIC-19* series forms and replaced with “WIC Forms or signed written statements used to determine residency and income eligibility or identification, if applicable.”
- Updated the names of the health history forms.
- Removed mention of the EBT participant forms.

**CS:22, Completing the Supplemental Information Form/Form NVRA-WIC Opportunity to Register to Vote:**

- Combined the *NVRA Form* with the SIF, which is also reflected in the revised title of this policy.
- Provided instructions for completing the new form.
- Added a section on sharing WIC participant information. The Department State Health Services (DSHS) Commissioner of Health has designated the DSHS Health Service Regions, and if designated by a Health Service Region, local health departments, health services districts, and health authorities access to client information for use in conducting infectious disease investigations. Applicants must agree to the potential sharing of their information for this purpose as a condition of eligibility as they do now for the Texas Center for Birth Defects Research and Prevention project. In almost all cases, release of client data will be handled by the State Agency. A separate memo will be sent by August 1<sup>st</sup> with more information on this initiative.
- Removed instructions for notifying applicants about their ineligibility, which is now documented on form *WIC-5, Notification of Ineligibility, Termination, or Expiration of Certification*.

**CS:23.0, Notification of Ineligibility, Termination, or Expiration of Eligibility:**

- Updated the title and policy statement to reflect that the policy now covers termination and expiration of eligibility.
- Added information on termination and expiration of eligibility that were formerly in policy *CS:29, Notification of Termination and Expiration of Eligibility*.

***CS:29, Notification of Termination and Expiration of Eligibility:***

- Deleted this policy because the procedures were added to policy CS:23.0.

**CHANGES TO THE WIC FORMS**

**Supplemental Information Form (WIC-35-1):** Also refer to the sample *WIC-35-1* included with this memo.

- A new form must be used at each certification/subsequent certification.
- Combined form NVRA WIC with the SIF and changed the title accordingly to the *Supplemental Information Form/Opportunity to Register to Vote – Form NVRA-WIC.*
- The form is for both EBT and voucher clinics.
- The form is no longer bilingual. The English version is *WIC-35-1*; the Spanish version is *WIC-35-1a*. A Vietnamese version will be available numbered *WIC-35-1v*.
- The form is intended for all eligible family members (up to 4 children and a pregnant, postpartum or breastfeeding woman, as applicable) versus one form per participant. If more than 4 children are being certified, an additional form must be completed.

**Rights and Responsibilities:**

- Includes the same statements as on the previous version.
- A “Courtesy” statement was added under Rights and under Responsibilities.
- A statement that WIC does not provide all food or formula needed for a month was added under “WIC Benefits” in the Responsibilities.

**Shared Participant Information:**

- The *Sharing of Information (WIC-35-2) form* is obsolete.
- *Sharing of Information with Texas Health Steps* was added.
- *Sharing of Information with the Texas Center for Birth Defects Research and Prevention* was added and reads differently from the flier that was being stapled to the SIF. Applicants cannot opt out of sharing information with the TCBDPR if they wish to participate in WIC.
- Sharing of Information with DSHS Health Services Regions and their designees was added. See Policy *CS:22* highlights in this memo for more information. Clients cannot opt out if they wish to participate in WIC.

**Required Signature Statement:**

- The applicant/parent/guardian/caregiver must read the statement (or staff must read it for him/her) and then sign and date the form.
- If the applicant is a pregnant, breastfeeding, or postpartum woman, physical presence must be marked as yes or no.
- Includes statement that client received the *WIC Program Explanation/Keep Your Family Healthy* form (refer to memo 08-060). The new form does not include a checkbox for the form as was stated in memo 08-060. By signing the SIF, the participant is confirming receipt of the form.

**Eligible Applicants/Participants:**

- The form requires writing the names of all eligible infants and children.
- The form requires documentation of their physical presence by marking yes or no.

**For WIC Staff Use Only:**

- This section is used to document physical presence waivers and when an infant is presented to WIC, if not present at the certification.

**Opportunity to Register to Vote:** The requirements for offering/completing the form are the same.

**Family Certification Form (WIC-35)**

- The form is for both EBT and vouchers.
- Side 2 allows for documentation of a separate economic unit (SEU).
- A Vietnamese version will be available (*WIC-35v*)

**Side 1 changes:**

- Added PAN for EBT clinics.
- Added “Applicant” to “Name of Parent/Guardian #1.”
- Added Spanish translation to several sections of the form.
- Removed all “omitted” numbers under Identification Method and Residency boxes.
- Gateway box: removed AFDC; A = TANF
- Gateway Income Method: removed number 24 and 26 which said “omitted.” Added back number 19 RN-68A. Changed 16 to 3087 “series.” Added 29 TF0001 and 30 TF0002.
- Non-Gateway Income Method: Added 1028 Employer Verification to number 5.
- Added “Household” to Family size to ensure household income is recorded.

**Side 2 changes:**

- Employer Name: added “and/or WIC Form Name (if applicable)”
- Added SEU column used to identify individuals in a separate economic unit.
- Added FOR WIC STAFF USE ONLY box to document when a family is an SEU.
- Added “Gateway Verification” box to identify whether adjunctive eligibility was verified online, by phone, or automated.
- Transferred information on disclosure of participant information to the SIF.
- Transferred the paragraph on receiving dual benefits was removed from the SIF and transferred to the WIC-35 so clients will read this at the beginning of the process.

**Notification of WIC Ineligibility, Termination, or Expiration of Eligibility (WIC-5)**

- The “Notification of Ineligibility” section on the SIF was transferred to this form.
- Ineligibility based on no condition of nutritional need is now only for infants 0-3 months of age.

**Please destroy old forms by the required implementation date of September 1, 2008.** If you have any questions on these form and policy changes, please contact your IRM liaison using the format: [firstname.lastname@dshs.state.tx.us](mailto:firstname.lastname@dshs.state.tx.us).

**Information previously emailed July 3, 2008 from Paula Kanter concerning the revised forms, which were included with the email to all WIC Directors:**

The forms include the *WIC-35 Family Certification Form*, *WIC-35-1 SIF* and the *WIC-5 Notification of Ineligibility form*. Several of the new forms were printed much sooner than we expected and may have already arrived at your local agency. The email included an attached pdf of several of the forms so you and your staff will know what they look like in case your shipment arrives and you are wondering what form it is or if you even ordered it. The forms are listed below. The same form will be used for EBT and voucher clinics. Remember, these are not to be implemented any earlier than August 1<sup>st</sup>.

- *WIC-35, Family Certification Form (Bilingual)*
- *WIC-35-1 Supplemental Information Form/Opportunity to Register to Vote – English*
- *WIC-35-1 Supplemental Information Form/Opportunity to Register to Vote – Spanish*

The *WIC-5 Notification of Ineligibility or Termination (Bilingual)* was not attached. The form is in the process of being sent to the print shop. The Vietnamese versions will be posted on the web in a few weeks and you will need to make copies, as needed. We will not stock them in the warehouse.

**Please note:** The revised SIF does not include a checkbox for the *WIC Program Explanation* and *Keep your family healthy form* as indicated in Memo #08-060

<http://www.dshs.state.tx.us/wichd/data08/08060.pdf>. By signing the SIF, the participant is confirming receipt of the form.

If you have questions or require additional information, please contact Valerie Wolfe, Program Specialist, at (512) 458-7111 extension 2072, or [Valerie.Wolfe@dshs.state.tx.us](mailto:Valerie.Wolfe@dshs.state.tx.us).

Attachments: *Policies CR:01,*  
*CS:10, CS:14, CS:20, CS:22, CS:23,*  
*Sample WIC-35-1*

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**Rights and Obligations of an Applicant/Participant**

**Purpose**

To ensure that the participant or parent/guardian/caretaker of the participant clearly understands the rights and obligations of a WIC participant and that an ineligible applicant or parent/guardian/caretaker of an ineligible applicant clearly understands the rights of a WIC applicant.

**Authority**

7 CFR Part 246.7

**Policy**

The local agency (LA) staff shall, at the time of each certification, have the participant or parent/guardian/caretaker of the participant read, or be read to, the rights and obligations of a participant in the WIC Program. The LA staff shall, at the time an applicant is found ineligible, have the applicant or parent/guardian/caretaker of an applicant read, or be read to, the rights of an applicant in the WIC Program.

**Procedures**

- I. At each certification, the participant or parent/guardian/caretaker of a participant shall be offered the opportunity to read or have read to her/him, the rights and responsibilities of a WIC participant on the Supplemental Information Form (WIC35-1). The participant or parent/guardian/caretaker of a participant shall sign the form attesting to the fact that she/he has been informed of this information. The form shall be maintained in the participant's or family's record.
  
- II. Applicants found ineligible shall be advised of the ineligibility and the right to a fair hearing by reading or having read to them the WIC Notification of Ineligibility or Termination form (WIC-5). Refer to **Policy CR:03.0** for the fair hearing procedures. The reason for

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Effective August 1, 2008

Policy No. CR:01.0

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ineligibility shall be identified on the form. The applicant shall sign the WIC-5 attesting to the fact that she/he has been informed of this information. The form shall be retained on file and made available for audit/review.

- III. Where there are non-English speaking applicants or participants or parents/guardians/caretakers, the statements shall be provided verbally or in writing in a language that is understood. Interpreters shall be made available as needed.
  
- IV. In areas of the state with the Commodity Supplemental Food Program (CSFP), the participant or parent/guardian/caretaker of the participant shall sign the Preventing Dual Participation between the Commodity Supplemental Food Program and the WIC Program form stating she/he will not participate in the CSFP while participating in the WIC Program. This form is available through the state agency.

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Policy No. CS:10.0

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## **Economic Unit for Income**

### **Purpose**

To establish a consistent method of determining income eligibility.

### **Authority**

7 CFR Part 246.7; USDA FNS Instruction 803-3; 25 TAC §31.22

### **Policy**

Income eligibility for WIC services shall be based on the total income of the economic unit.

### **Definitions**

Economic Unit means all persons, related and/or unrelated, living together in the same dwelling, with the exception of the following special situations: pregnant woman, foster child, and individuals who qualify as a separate economic unit.

### **Procedures**

- I. When determining an applicant's income eligibility for WIC services:
  - A. Determine economic unit size by counting all persons living in the dwelling, with the following exceptions:
    1. pregnant women (see procedure II);
    2. individuals who reside in institutions (see procedure III);
    2. foster children (see procedure IV); and
    3. individuals who qualify as a separate economic unit (see procedure VI).

<p style="text-align: center;"><b>Nutrition Services</b> <b>Department of State Health Services</b></p>
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Effective August 1, 2008

Policy No. CS:10.0

- B. Determine total economic unit income by counting all incomes of all members of the unit.
  - C. Compare the total economic unit income for the economic unit size with the Texas WIC Income Guidelines (see [Policy CS:12.0](#)).
  - D. Record unit size and income(s) on form WIC-35.
- II. For a pregnant woman, with the exception that she qualifies as a separate economic unit (refer to procedure VI. D.), increase her family size by the number of children she expects to give birth to. If she is expecting one child, count her as two individuals; if she is expecting twins, count her as three individuals. The LA shall allow applicants to waive the increase in family size.
- III. Individuals residing in institutions (e.g., homes for battered women, drug treatment centers, intermediate care facilities for mentally retarded or mentally ill persons, half-way houses, etc.) that meet the conditions specified in [Policy CS:06.0](#) are considered a separate economic unit. In this instance, the economic unit consists of the applicant and family members residing in the institution.
- IV. A foster child shall be considered a separate economic unit (a one-person economic unit).
- A. The income of the foster child shall be the payments made by the welfare agency for the care of the child. Note: If a foster child receives income, whether from a job or outside financial resource, it must be counted in the income determination.
  - B. If the foster child is later adopted, the child's income eligibility shall change and then be based on the income of the adoptive family.
- V. When determining economic unit size:
- A. Do not include members who have been absent from the economic unit for more than six months, unless the member

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Effective August 1, 2008

Policy No. CS:10.0

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continues to exercise customary family responsibilities, i.e., contributes to the support of the economic unit.

- B. You may include persons temporarily absent if the following circumstances exist:
  - 1. other members still consider the economic unit to be the principal residence of the absent member; and
  - 2. the absence does not exceed six months (except in the case of school or military service); and
  - 3. the absence is for a purpose such as school, training, employment, hospitalization, institutionalization, military service etc.; and
  - 4. the absent member continues to exercise customary family responsibilities, e.g., a parent continues providing support, physical care, planning, etc.

VI. On an exception basis, a separate economic unit (SEU) may be identified within a dwelling, if the applicant indicates that he/she shall be counted as a separate group/economic unit.

- A. Exceptions shall be reviewed on a case by case basis. It is recommended that the Certifying Authority (CA) or WIC Certification Specialist (WCS) approve the SEU; however, LAs shall determine their own procedure on who may approve an SEU.
- B. To qualify as an SEU, applicants shall meet the following criteria, which shows their independent source of income adequate to provide for their living expenses in their particular environment:
  - 1. The total monthly gross income of the SEU shall be equal to or greater than the amount listed on the Separate Economic Unit Screening Table in this policy and
  - 2. The SEU usually purchases and prepares food separately from the other persons who are not members of the SEU but reside in the same dwelling or intends to purchase and prepare food separately after certification.

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Effective August 1, 2008

Policy No. CS:10.0

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- C. LA staff shall identify the SEU's household members by placing a checkmark in the SEU column on the Family Certification Form (WIC-35).
- D. LA staff shall compare the SEU's monthly gross income to the SEU Screening Table in this policy to determine if the family qualifies as an SEU.
- E. After determining SEU status, any unborn fetus(es) shall be counted as part of the household size when comparing household income to the WIC Income Guidelines in [Policy CS: 12.0](#) and completing the WIC-35.
- D. Do not certify the following as a Separate Economic Unit:
  - 1. minor children who live with their parents;
  - 2. a child under age 18 who lives with adult household members who serve as managing conservators; That is,
    - a. the household member(s) ~~adult~~ provides more than half of the child's total support; and
    - b. the family states that the child is under parental-or guardian control.
  - 3. spouses: two people who are legally married, which includes two people who live together and represent themselves to the community as husband and wife.

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Effective August 1, 2008

Policy No. CS:10.0

<b>Separate Economic Unit Screening Table</b>	
<b>Family Size</b>	<b>Monthly Income</b>
1	\$ 118
2	\$ 211
3	\$ 311
4	\$ 423
5	\$ 517
6	\$ 651
7	\$ 744
8	\$ 853
Each Additional Member	+ \$96
<i>Based on Official USDA Food Plans: Cost of Food at Home. US Average-Thrift Plan, April 2008, individual groupings</i>	

Compare the total amount of income of the entire group considered in the economic unit to the Separate Economic Unit Screening Table. Use the WIC-35 form for all documentation.

- Is the total income of the group equal to or greater than the amount listed on the **Separate Economic Unit Screening Table** for family size?
- Does the group usually purchase and prepare food separately or intend to purchase and prepare food separately after certification?

If the answer to both of these questions is "**yes**," the group can qualify as a SEU. Mark the box for SEU on the WIC-35.

If the answer to either of these questions is "**no**," the group cannot qualify as a SEU. All persons living in the household and their income must be listed and screened for eligibility on the WIC-35.

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Effective August 1, 2008

Policy No. CS:14.0

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**Completion of the WIC Income Questionnaire and the  
Family Certification/WIC Program Income Screening Form and the  
Sharing of Information Form**

**Purpose**

To provide instructions on completing the WIC Income Questionnaire (WIC-35-3) and the Family Certification/WIC Program Income Screening Form (WIC-35).

**Authority**

State Policy

**Policy**

The WIC Income Questionnaire shall be utilized to document the family's sources of income. The Family Certification/WIC Program Income Screening Form (WIC-35) shall be utilized by the local agency (LA) to record applicant and household information. These forms shall be maintained on file in the participant's or family's record, as determined by the LA.

**Procedures**

- I. The applicant shall use the WIC Income Questionnaire to document all sources of income or adjunctive income eligibility.
  - A. The WIC-35 shall be completed prior to determining income eligibility. It is recommended that the applicant complete the form prior to the certification appointment.
  - B. All questions within the applicable section shall be answered by marking either the "Yes" or "No" box.
  - C. The question, "All the information provided reflects my usual gross monthly household income (prior to deductions)," shall be marked "Yes" in order to use the information provided as documentation of household income.

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Effective August 1, 2008

Policy No. CS:14.0

- D. The applicant's or parent/guardian's printed name, signature, and the date are required.
  - E. If a participant's or parent's/guardian's income is screened within 60 calendar days of their last income screening date, the participant or parent/guardian may use the same WIC-35-3 form in lieu of completing a new one. If the same form is used, he/she shall sign and date near the previous signature and date.
- II. The LA shall use the Family Certification/WIC Program Income Screening Form (WIC-35) to record all required applicant information.

**Side 1 - Family Certification Form:**

- A. Family I.D (FID): The Family Identification number or Primary Account Number (PAN) may be recorded.
- B. Name of applicant or Parent/Guardian #1 and #2: Record the last, first, and middle name(s). This person(s) shall be the food instrument recipient. (The completion of Parent/Guardian #2 is optional.)
- C. Social Security Number: Record the social security number for the applicant or each parent/guardian, if available. Written proof is **not** required. Refer to [Policy CS: 13.0](#) for further information.
- D. Date of Birth: Record the date of birth of the applicant or Parent/Guardian #1 and Parent/Guardian #2, if applicable. If the applicant completes this section, confirm that the month and date were recorded in the correct order (e.g. 06-12-1980 is June 12, 1980, not the 6<sup>th</sup> of December, 1908.) Make sure the year of birth is four digits such as "06-12-1980."
- E. Sex: Indicate if the Applicant or Parent/Guardian #1 and Parent/Guardian #2, if applicable, is Male (M) or Female (F) by placing a check in the appropriate box.
- F. Identification Method:
  - 1. Record the two digit number corresponding to the type of identification presented by the Applicant or Parent/Guardian in the "P/G #1" box and P/G #2 box, if applicable. For example, the P/G #1 presented a driver's

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---

Effective August 1, 2008

Policy No. CS:14.0

- license as proof of identification. Enter "05" in the box marked "P/G #1."
2. If "Other" is selected, document the type of identification method.
- G. Language: Check or circle the two-letter code for the language preferred/spoken by the parent/guardian/applicant. If the individual is bilingual, the LA may document this by checking or circling both languages. However, the Texas WIC Information Network (TWIN) will accept only ONE code.
- H. Out of State Transfer: If the family is transferring from out of state, check Yes (Y) otherwise check No (N).
- I. Mailing Address: Enter family's mailing address (street, apartment #, if applicable, city, zip code).
- J. Residence Address: Complete this field in the following cases:
1. residence address differs from the mailing address; or
  2. mailing address is a P.O. Box.
- K. Residency Method: Check or circle the two digit number corresponding to the type of residency proof presented in the box. For example, P/G #1 presented a rent receipt as proof of residency. Check or circle "02" for "Rent Receipt/Rental Agreement." If a gateway program is used for documentation, check "03" for business letter. (See [Policy CS:06.0.](#))
- L. Census Tract: Optional field.
- M. Telephone Number: Record the family's daytime phone number including the area code and telephone extension, if applicable.
- N. Contact: Record the name of the person who shall be contacted at the indicated telephone number if different from the parent/guardian/applicant (e.g., neighbor or relative).
- O. Gateway
1. Check or circle one appropriate initial corresponding to the type of gateway participation presented by the family, if applicable. For example, Medicaid is presented. Check or circle "M" for Medicaid.
  2. Participation in the Women's Health Program is documented under the Medicaid option.

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Effective August 1, 2008

Policy No. CS:14.0

3. Write below the box the name of the gateway recipient if different from the name of the applicant. For example: Child three years old is certified based on the adjunctive income eligibility of an infant sibling receiving Medicaid. Write the name of the infant below the Gateway box.
- P. Monthly Income:
1. Record the family's (household's) total gross monthly income from Side 2. Record the dollar amount excluding the cents (do not round up or down).
  2. For those applying as adjunctively income eligible ask for a verbal declaration of the family's total gross monthly income and enter this amount. Refer to the glossary at the end of the policy manual for the definition of "family."
- Q. Gateway Income Method: (If this field is completed, "Non-Gateway Income Method" shall not be completed.)
1. Check or circle the appropriate number for the type of form presented, if applicable, for proof of gateway participation. For example, Form 3087 is presented. Check or circle "16" for 3087 Series.
  2. If "Other" is appropriate, enter "phone," "on-line," "automated" or any other form name/number not listed on the WIC-35 n the blank and check or circle "27" for "Other." If phone or automated verification is indicated, the name of the person contacted for phone verification or the phone number used to verify eligibility of Gateway participation shall be recorded on side 2 under Gateway Verification (see III. A. 3. in this policy).
- R. Non-Gateway Income Method: (If this field is completed, the "Gateway Income Method," shall not be completed.) Check or circle the appropriate number that reflects the highest amount of income, if applicable, as income documentation. For example, a client presents check stubs as proof of income. Check or circle "01" for "Check Stubs." If client presents pay check stubs showing a monthly income of \$1,215 and a copy of her monthly child support check for \$150, check or circle code "01" for

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Effective August 1, 2008

Policy No. CS:14.0

- paycheck stubs since the income received from employment is her highest amount source of income.
- S. Income Clerk User I.D.: Enter the TWIN system user ID.
  - T. Date: Enter the date income eligibility was determined only if different from the date applicant was found to be eligible/ineligible to receive program benefits. The year shall be a four-digit number such as "02-28-2007."
  - U. Family (Household) Size: Record the two digit number for the family size, such as "01" or "02." Refer to the glossary for the definition of "family."
  - V. Indicators Y/N: Place a check in the appropriate reply box Yes (Y) or No (N) for items Foster child, Migrant, Military family, and Homeless family.
  - W. Comment: This area is provided for any additional comments.
- III. Side 2 WIC Program Income Screening. LA staff may complete side 2 before completing side 1. If an applicant is found income ineligible, completion of side 1 is not required.
- A. For applicants applying as adjunctively income eligible only the following are required:
    - 1. applicant or parent/guardian signature and date;
    - 2. staff signature, title, and date; and
    - 3. phone, automated or online Gateway verification for adjunctive eligibility, if applicable. Select "Online," "By Phone," or "Automated" if one of these methods is used to verify proof of Gateway. Enter the name of the contact person verifying adjunctive income eligibility. If an automated system is used, record the phone number used to obtain verification.
  - B. For applicants not using adjunctive eligibility, the following shall be completed.
    - 1. Household Members:
      - a. Applicant or Parent/Guardian (P/G)#1: Record the Applicant or Parent/Guardian applying for benefits for themselves or on behalf of a child

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Effective August 1, 2008

Policy No. CS:14.0

- b. P/G #2: If another parent/guardian is a member of the household (for example, a spouse), record that person's name as "P/G #2."
2. Participant #1, Participant #2, Participant/Other:
  - a. Record all other applicants/participants starting with Participant #1 and Participant #2, and utilizing the spaces for Participant/Other as needed. Record the names of all other non-applicant members of the household in the Participant/Other spaces. All household members shall be listed even if separate economic unit (SEU) is identified.
  - b. Date of Birth (D.O.B.): Record the date of birth for each individual listed under Household Members. Written proof is **not** required.
  - c. Social Security #: Record the social security number for each applicant and household member, if available. Written proof is **not** required. See [Policy CS:13.0](#), for further information.
  - d. Employer's Name/WIC Form Number and Employer's Address: Record the employer's name and physical address or city where located for each individual who is employed in the household. If a WIC form was used, document the WIC form number. Written proof is **not** required for employer's name/address.
  - e. Gross Income: Record the monthly gross income per [Policy CS:09.0](#), for each person in the household.
  - f. Total: Add the monthly gross income entries together and record the total.
  - g. SEU (shaded column): Refer to [Policy CS:10.0](#) for the criteria for separate economic unit (SEU). If the applicant or parent/guardian is identified as an SEU, place a check mark in the SEU column for those individuals who are members of the SEU. Add the gross income entries together for these individuals and record the total.

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Effective August 1, 2008

Policy No. CS:14.0

- h. For WIC Staff Use Only: Check the SEU box if the applicant or parent/guardian qualifies as an SEU.
  - i. Income Checked by Staff Signature, Title and Date: The LA staff completing the screening shall sign (not initial), write his/her title, and date the form using his/her official signature and own handwriting.
  - j. Applicant or Parent/Guardian Signature and Date: The applicant or parent/guardian shall sign (not initial) and date the form in his/her own handwriting.
  
- IV. A WIC-35 and WIC-35-3 forms shall be used to document income. The forms shall be easily accessible for audit/review.
  - A. When certification records are not kept in family folders, a notation shall be made in each individual's folder (without WIC-35's and 35-3's) indicating in which family member's folder the forms are filed. For example: "See Mary Smith's (mother's) folder for WIC-35."
  - B. Income shall be documented each time a family member is certified (except for instream migrants). If income has been documented for one family member within the last 60 days, it may be used for other family members being certified within that 60-day period. WIC staff and the applicant or parent/guardian/caregiver shall sign and date near the original signature on the forms. The dates should be within 60 calendar days of each other. The 60-day period does not apply to applicants who were adjunctively income eligible (refer to [Policy CS:08.0](#)).
  
- V. Information on client's rights and release of client data: The client shall be offered the opportunity to read or have read to them the section on side 2 of the WIC-35 regarding the provision of information to the WIC Program, the verification of such information, and dual participation. If the client does not understand, the information shall be explained to the client.

<p style="text-align: center;"><b>Nutrition Services</b> <b>Department of State Health Services</b></p>
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Effective August 1, 2008

Policy No. CS:14.0

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- VI. LAs shall retain copies of applicants'/participants' WIC-35 and WIC-35-3, and documentation provided as proof of income eligibility document(s) in order to assist in the prevention of Program fraud and abuse. These document(s) may be attached to the WIC-35 and shall be kept in the client's file. LA staff shall not make copies of identification and residency documents for the participant's file.
- VII. Refer to [Policy CS:23.0](#) for the document and forms required to maintain on file when an applicant is found ineligible.

### **Guidelines**

For more information on completing the WIC Income Questionnaire (WIC 35-3), refer to the "WIC Income Questionnaire Questions and Answers" and the "WIC Income Guide" on the web at:

<http://www.dshs.state.tx.us/wichd/tng/idl-trng-matrls.shtm>

<p style="text-align: center;"><b>Nutrition Services</b> <b>Department of State Health Services</b></p>
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Effective August 1, 2008

Policy No. CS:20.0

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### Certification Forms

#### **Purpose**

To document the eligibility of each participant.

#### **Authority**

7 CFR Part 246.7(h)

#### **Policy**

All eligibility data for each person certified for WIC shall be recorded on the appropriate forms. The forms shall be maintained ~~shall be~~ on file in each participant's or family's.

#### **Procedures**

- I. The following forms shall be on file in the participant's or family's record:
  - A. One of each of the following forms. The Local Agency (LA) shall determine where the forms shall be maintained in the record.
    1. WIC-35, Family Certification Form;
    2. WIC-35-1, Supplemental Information Form/Form NVRA-WIC, Opportunity to Register to Vote;
    3. WIC-35-3, Income Questionnaire Form; and
    4. 13-06-12805, VENA Family Documentation Tool.
  - B. WIC Forms or signed written statements used to determine residency and income eligibility or identification, if applicable (refer to [Policy CS:05](#), [Policy CS:06](#), and [Policy CS:07](#))
  - C. The appropriate Health History form from the following;
    1. WIC-42, -42a or -42v, Diet Health History for Infants

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Effective August 1, 2008

Policy No. CS:20.0

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2. WIC-44, -44a or 042v, Health History for Children; or
  3. WIC-45, -45a or -45v, Diet Health History for Pregnant/Breastfeeding/Postpartum Women.
- D. The appropriate nutrition risk assessment form from the following;
1. WIC-36, Infant Participant Form/WIC Infant Nutritional Risk Codes;
  2. WIC-38, Child Participant Form/WIC Child Nutritional Risk Codes;
  3. WIC-39, Pregnant Participant Form/WIC Pregnant Nutritional Risk Codes;
  2. WIC-40, Breastfeeding Participant Form/WIC Breastfeeding Nutritional Risk Codes; or
  3. WIC-41, Postpartum Participant Form/WIC Postpartum Nutritional Risk Codes.
- E. The appropriate growth chart from the following;
1. WIC-4, Range of Prenatal Weight Gain;
  2. CH-9W, Girls: Birth to 36 Months;
  3. CH-10W, Boys: Birth to 36 Months;
  4. CH-20W, Girls: 2-5 Years; or
  4. CH-21W, Boys: 2-5 Years.
- F. Physical presence waiver form, if applicable (refer to [Policy CS:04.0](#)).
- II. Enter participants' certification data into the Texas WIC Information Network (WIN) system using the Family Certification Form (WIC-35) and the appropriate Participant Form (WIC-36 through WIC-41).

<p style="text-align: center;"><b>Nutrition Services</b> <b>Department of State Health Services</b></p>
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Effective August 1, 2008

Policy No. CS:22.0

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**Completing the Supplemental Information Form/Form NVRA-WIC,  
Opportunity to Register to Vote**

**Purpose**

To legally document notice of eligibility, release of client information, and applicant /participant rights and obligations, and compliance with the National Voter Registration Act (NVRA) of 1993.

**Authority**

7 CFR Part 246.7 (h)(7)

**Policy**

Local agencies (LAs) shall use the Supplemental Information Form (SIF)/Form NVRA-WIC, Opportunity to Register to Vote (WIC-35-1), to document appropriate notification of eligibility, release of information, rights, and obligations and provide applicants/participants the opportunity to register to vote.

In accordance with **Policy GA: 19.0**, LA staff shall provide pregnant, breastfeeding and postpartum applicants/participants with NVRA-WIC Opportunity to Register to Vote, at each certification. Adult parents/guardians applying on behalf of a child may receive Form NVRA-WIC and shall be offered a voter registration application.

**Procedures**

- I. At each certification, participants and parents/guardian/caretakers applying on behalf of a child shall be offered the opportunity to read, or have read to them, the Supplemental Information Form (SIF).
  - A. **Rights and Responsibilities of a WIC Participant.** This section is to inform participants of their rights and obligations on the WIC Program (See **Policy CR: 01.0**).

<p style="text-align: center;"><b>Nutrition Services</b> <b>Department of State Health Services</b></p>
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Effective August 1, 2008

Policy No. CS:22.0

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- B. **Shared WIC Participant Information.** This section refers to the release of participant information to programs the Commissioner of the Texas Department of State Health Services has authorized to receive information for specified purposes.
1. For programs listed as 2. a. and b. on the WIC-35-1, applicants and parents/guardians/caregivers do not have the option of declining to permit information sharing if they decide to participate in the WIC Program.
  2. For the Texas Health Steps (THS) Program, listed as 2.c. on the WIC-35-1, applicants and parents/guardians/caregivers have the option to disclose or decline to share information and shall place a mark in the appropriate box on the form. If the participant declines to disclose their information, LA staff shall check "99" under the "Referred To" on the Health Care/Referral section of all applicable Participant Forms (WIC-36 through 41).
- C. **Required Signature Statement.** The applicant or parent/guardian/caregiver shall be offered the opportunity to read or have read to him/her the signature statement.
1. The LA staff shall provide the Program Explanation/Keep Your Family Healthy form (stock #13-06-12894), which includes the following USDA required information for each participant:
    - a. The purpose of the WIC Program is to provide nutritional support, i.e., education and strategies for a healthy diet, supplemental foods, referrals and breastfeeding promotion and support, during critical times of growth and development, to improve health and achieve positive health outcomes.
    - b. The nutrition assessment process is necessary to identify nutrition needs (e.g., medical conditions, dietary practices) and interests so that WIC can

<b>Nutrition Services</b> <b>Department of State Health Services</b>
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Effective August 1, 2008

Policy No. CS:22.0

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- provide benefits that are responsive to the participant's wants and needs.
  - c. The relationship between WIC staff and the participant is a partnership – with open dialogue and two-way communication – working to achieve positive health outcomes.
  - d. WIC food benefits are prescribed for the individual, to promote and support the nutritional well-being of the participant and to help meet the recommended intake of important nutrients or foods.
  - e. The food provided by the Program is supplemental, i.e., it is not intended to provide all of the participant's daily food requirements.
  - f. Each participant must reapply at the end of the certification period and be reassessed for Program eligibility.
- 2. The applicant or parent/guardian/caregiver shall then sign and date the space designated "Signature of Applicant or Parent/Guardian/Caregiver."
  - a. The SIF is a legal document. All signatures and dates on the form shall be made by the signing party in his/her own handwriting.
  - b. A date stamp shall not be used, and initials shall not be used unless initials constitute the individual's official signature.
  - c. The signature date shall reflect notification of eligibility within the appropriate processing timeframe (see Policy CS: 02.0).
  - d. The second parent/guardian/caregiver signature is to be used for a second parent/guardian/caregiver, if applicable, who is also a food instrument recipient. If the second parent/ guardian/caregiver signs the form at a later date than when eligibility was determined, that date shall be recorded next to the signature.

<b>Nutrition Services</b> <b>Department of State Health Services</b>
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Effective August 1, 2008

Policy No. CS:22.0

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- e. If an additional food instrument recipient has been identified within the household during the certification period, the new recipient shall sign and date the SIF. Do not cross out the signature of the original food instrument recipient. If a change in custody has occurred, the new guardian shall complete (including the section on sharing information with THSteps) and sign a new SIF. For foster children, refer to **Policy CS: 11.0**.
  - f. If a pregnant, breastfeeding or postpartum woman applicant/participant signs the signature statement, documenting her name under Eligible Applicants/Participants is optional.
  - g. Eligible infant and/or child applicant/participant names shall be documented under "Eligible Applicants/Participants." The form allows for five names. If additional children are eligible, a second form shall be completed (including the section on sharing information with the THSteps Program) and signed.
- D. Physically present:**
- 1. LA staff shall document the physical presence of an applicant/participant on the SIF by checking the "Yes" or "No" box (refer to **Policy CS: 04.0** for the criteria and requirements for waivers when not physically present).
    - a. Infants less than one month old may be certified without being physically present; however, the infant shall be presented to WIC staff by the infant's six week birth date.
      - i. All required documentation shall be presented at the certification.
      - ii. The date the infant was presented shall be documented in the "For WIC Official Use Only" section.

<p style="text-align: center;"><b>Nutrition Services</b> <b>Department of State Health Services</b></p>
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Effective August 1, 2008

Policy No. CS:22.0

- b. Pregnant, breastfeeding and postpartum applicants with special healthcare needs may be certified without being physically present (refer to **Policy CR: 07.0**). If determined eligible, an adult acting on behalf of the pregnant, breastfeeding or postpartum woman shall sign the signature statement and enter the pregnant, breastfeeding or postpartum woman's name under the "Eligible Applicants/Participants" section.

**E. For WIC Official Use Only.** This section is for the Certifying Authority's (CA) or WIC Certification Specialist's (WCS) signature. The CA or WCS shall sign and date the form as the designated WIC official authorized to certify participants. The staff member's title shall be included (abbreviations are acceptable, e.g., CA, RD, WCS). By signing the SIF, the WIC official attests to the accuracy of determination of eligibility. This form is a legal document (see signature and date requirements under I.C.2. in this policy).

**II. Form NVRA-WIC, Opportunity to Register to Vote.** At each certification, LA staff shall have pregnant, breastfeeding and postpartum applicants/participants read and complete the section titled "Opportunity to Register to Vote." Each LA may determine at what point in the application process to offer the voter registration services. Refer to **Policy GA: 19.0** for the criteria and instructions on completing the Opportunity to Register to Vote and compliance with the National Voter Registration Act of 1993. Adult parents/caregivers applying on behalf of a child, are not required to complete the "Opportunity to Register to Vote" section; however, they shall be offered a voter registration application.

<p style="text-align: center;"><b>Nutrition Services</b> <b>Department of State Health Services</b></p>
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Effective August 1, 2008

Policy No. CS:23.0

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## **Notification of Ineligibility, Termination or Expiration of Eligibility**

### **Purpose**

To ensure applicants and participants are informed of the reasons for ineligibility or termination and clearly understand their right to a fair hearing to appeal such a determination. To ensure participants are informed of the expiration date of their certification and the ability to reapply to continue receiving benefits if categorically eligible.

### **Authority**

7 CFR Part 246.7

### **Policy**

A person found ineligible for the program shall be notified in writing of the reason(s) for the ineligibility and of the right to a fair hearing. Local agencies (LAs) shall use the Notice of Ineligibility or Termination form (WIC-5) to document an applicant's or participant's ineligibility or termination from the program.

A participant who is approaching the end of WIC Program eligibility due to termination or expiration of his/her certification period shall receive notification at least 15 days prior to the end of the certification.

### **Definitions**

Ineligible means an individual does not qualify for WIC at either initial or subsequent certification because:

- a. there is no documented condition of nutritional need (infants up to three months of age),
- b. the person's household income exceeds standards,
- c. the person does not live in the local agency's (LA's) service area,

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Effective August 1, 2008

Policy No. CS:23.0

- d. the child is five years or older,
- e. the person does not meet categorical requirements; or
- f. the person has not met the physical presence requirement.

## Procedures

### I. Notification of Ineligibility at Initial and Subsequent Certifications

A. When ineligibility is determined during the certification visit, the applicant or parent/guardian/caregiver shall be notified in writing at that time. Documentation of such notification shall be maintained as follows:

1. Notification of ineligibility at an initial or subsequent certification visit shall be documented on the WIC-5, Notice of Ineligibility or Termination
2. Any active participant, belonging to the household determined income or residency ineligible, shall be issued one final set of benefits (to ensure he/she is receiving a 15 day notification) before termination (see II. Notification of Termination)

**Example:** Child's certification period 11/20/xx through 4/30/XX. On January 10<sup>th</sup>, mom applies as a pregnant woman but is determined income ineligible. In order to provide the parent 15 days of notification before termination, the child is entitled to benefits through January 25<sup>th</sup>. Since the child's last food instrument is valid on January 19<sup>th</sup> and expires on February 17<sup>th</sup>, the food instrument is considered to be the last set for which the child is eligible. A final set of benefits shall not be issued.

**Non-electronic benefit transfer (non-EBT):** The participant should only receive benefits through the 15 day notification period. If vouchers were previously issued to an active participant in the family and the "first date to

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---

Effective August 1, 2008

Policy No. CS:23.0

spend" is after the 15 day notification period, attempt to recover the vouchers. Void the vouchers before terminating the participant.

**Electronic Benefits transfer (EBT):** To determine if an active participant is entitled to additional benefits, add 15 days to the date income ineligibility was determined for the applicant. If the active participant does not have benefits on the card that day, issue a single month's benefits before terminating the participant. If the participant has benefits on that day, do not issue additional benefits. In situations where the participant has future month's benefits on the WIC Lone Star card, the parent shall be informed the card will be inactivated the month following the last set of benefits (15 day rule). LA staff shall call the Information and Response (IRM) to place a future month administrative lock on the card.

- B. When ineligibility is determined after the certification visit, and the applicant or parent/guardian/caregiver is not physically present, notification of ineligibility shall be mailed.
  - 1. Notification of ineligibility shall be identified on the WIC-5 form and be mailed to the applicant or parent/guardian/caregiver
  - 2. LAs shall retain a copy of the WIC-5 with a notation that the form was mailed and the date it was mailed; i.e., write "mailed" in lieu of the applicant's signature. Documentation that supports the decision regarding applicant ineligibility shall be kept on file.
  - 3. Any active participant, belonging to the household and determined income ineligible, shall be issued one final set of benefits to ensure he or she is receiving a 15-day notice before termination. (See example under I. A. 2.)

## II. Notification of Termination for Active Participants

<p style="text-align: center;"><b>Nutrition Services</b> <b>Department of State Health Services</b></p>
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Effective August 1, 2008

Policy No. CS:23.0

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- A. A 15-day written notice shall be provided if a participant is terminated within a certification period for the following reasons:
1. program abuse (includes dual participation);
  2. caseload management/funding shortage; and
  3. exceeds income guidelines due to a reassessment.
- B. Document the date of notification on the Notification of Ineligibility or Termination form (WIC-5); the documented date shall be at least 15 days before the "Action Date" of termination in the WIN system.
1. Instruct the participant/parent/guardian/caregiver to sign and date the WIC-5 if physically present at the clinic when notice and reason(s) for termination are given.
  2. If the participant is not physically present, use form WIC-5 to send notification by mail. The LAs shall retain a copy of the WIC-5 with a notation that the form was mailed and the date it was mailed; i.e., write "mailed" in lieu of the applicant's signature. Documentation that supports the decision regarding applicant ineligibility shall be kept on file.
  3. Participants found to exceed the income standard during an active certification, due to a reassessment of their income eligibility, shall be issued one final full set of food benefits, to ensure he or she is receiving a 15 day notification before termination. (See example under I.A.2).
  4. The active participant(s) shall be terminated in the WIN system. The termination date will be recorded as the day after the "Last Date To Spend" on the last set of vouchers. If vouchers were previously issued and the "first date to spend" is after the 15 day notification period, attempt to recover the vouchers. Void the vouchers before terminating the participant. For electronic benefit transfer (EBT), the last date to spend is the last day of the month, so the participant is terminated on the first day of the

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Effective August 1, 2008

Policy No. CS:23.0

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following month. A participant terminated in the WIN system cannot be reactivated without recertification/subsequent certification.

- III For applicants found income ineligible, LAs shall retain the following forms/documents on file:
- A. WIC-35, Family Certification/WIC Program Screening Form (completion of side 2 is required),
  - B. WIC-35-3, WIC Income Questionnaire,
  - C. documents provided as proof of income, and
  - D. WIC-5, WIC Notification of Ineligibility or Termination

IV. Notification of Certification Expiration

Notification of certification expiration shall be given either verbally during the last contact in person or in written form.

- V. Any individual terminated for any reason has a right to a fair hearing. (See Policy **CR:03.0.**)

**Guidelines:**

Refer to the Texas WIN Reference Manual for instructions on WIN Termination procedures.

# Supplemental Information Form

## Opportunity to Register to Vote - Form NVRA-WIC

### 1. Rights and Responsibilities of a WIC Participant

#### Rights

- a. Nutrition Education and Referrals.** The WIC office will make health services and nutrition education available for your participation.
- b. Equal Opportunity.** The WIC Program is available to all people regardless of race, color, national origin, or ethnicity.
- c. Fair Hearing.** You have the right to request a hearing from the agency regarding any action taken by the agency.
- d. Privacy Notification.** You have the right to request and receive a copy of the State of Texas confidentiality laws and review the information. You also have the right to ask the staff if the information found to be incorrect.
- See <http://www.dshs.state.tx.us> for more information on Privacy Notification. (Reference: Government Code, Section 522.021, 522.023 and 559.004)
- e. Courtesy.** You have the right to be treated with respect and courtesy by all staff.

#### Responsibilities

- a. WIC Benefits.** WIC benefits are provided to purchase nutritious foods and are to be used only for the WIC participant. I understand that WIC does not provide all the

Refer to Policy CS: 22.0 for information on completing the SIF.

Each LA will decide when each section will be completed during the certification process, e.g., some sections can be completed during income screening or everything can be completed at the end of the certification.

- b. WIC Vouchers.** I understand that if my WIC vouchers are replaced.
- c. WIC Card.** I understand that if my card is lost or stolen, I must call the WIC office to report it as lost or stolen.
- d. Lone Star (EBT) Card.**
- Keep all appointments or let the clinic know when I cannot make my appointment.
  - Buy only WIC-approved foods with my WIC benefits.
  - Never redeem WIC benefits for cash, credit, non-food items or unauthorized foods.
  - Not sell or trade my / my child's WIC vouchers or WIC Lone Star (EBT) Card or the food or the formula purchased with my / my child's WIC benefits.
  - Not receive WIC benefits from more than one clinic during the same period.
  - Follow the terms of breast pump loan agreement, if applicable.

- d. Courtesy.** Treat WIC and store staff with courtesy.

### 2. Shared WIC Participant Information

As authorized by federal regulations at 7 CFR 246.26, the Commissioner of Health of the Department of State Health Services has authorized the use and disclosure of WIC participant information to the following programs as described.

- A. The Texas Center for Birth Defects Research and Prevention (TCBDRP) may use the information to conduct outreach about the National Birth Defects Prevention Study and will not release it to a third party.
- B. The DSHS Health Services Regions and/or local health departments, health services districts, or health authorities as designated by a Health Services Region may use the information to conduct infectious disease investigations.

The Texas Health Steps (THSteps) Program would like to share information with you about Medicaid benefits. THSteps helps to provide medical and dental check-ups and transportation to Medicaid clients. So that THSteps can get this important information to you, they need to know how to get in touch with you.

Only the most current information on file with WIC about you and your child will be shared with THSteps:

- Name                      Address
- Date of birth            Phone number

This information will not be disclosed to a third party or used for any other purpose. Your decision to share or not share your information will not affect your WIC eligibility or benefits. You have a right to withdraw or add your permission to share this information at any time. You may do so by letting WIC know your decision in person or in writing.

- I choose to share my and my child's name, address, date of birth and phone number so that I can learn more about Texas Health Steps and the important benefits it offers.
- I do not choose to share this information with Texas Health Steps\*

*\*For WIC staff: check or circle 99 Do not Release Client Data under the "Referred To" section on all Participant Forms for this family.*

### 3. Required Signature Statement

I have been advised of my rights and obligations under the Program. I certify that the information I have provided for my eligibility determination is correct, to the best of my knowledge. This certification form is being submitted in connection with the receipt of Federal assistance. Program officials may verify information provided to the WIC Program. I understand that intentionally making a false or misleading statement or intentionally misrepresenting, concealing or withholding facts may result in paying the State agency, in cash, the value of the food benefits improperly issued to me and may subject me to civil or criminal prosecution under the State and Federal law.

I have received the *WIC Program Explanation/Keep Your Family Healthy* form.

Signature: WIC Program Explanation/Keep Your Family Healthy form – Reference Memo 08-060

**For WIC official use only** Physically Present  Yes  No

Signature of additional parent/guardian/caregiver \_\_\_\_\_ Date \_\_\_\_\_

### Eligible Applicants/ Participants

Name \_\_\_\_\_  
**For WIC official use only** Physically Present  Yes  No

Name \_\_\_\_\_  
**For WIC off**

Name \_\_\_\_\_  
**For WIC off**

Name \_\_\_\_\_  
**For WIC off**

Name \_\_\_\_\_  
**For WIC official use only** Physically Present  Yes  No

**All eligible children's names can be entered in this section or LAs can continue to complete one SIF per participant.**

**A new SIF must be completed at each certification.**

**For ineligible applicants/participants, complete a WIC-5, Notification of Ineligibility or Termination form.**

#### For WIC Official Use Only

For infants less than one month of age who are not physically present, record date presented to WIC \_\_\_\_\_

**I certify that I determined the eligibility of the participant(s) listed above.**

**WIC Certifying Official Signature** \_\_\_\_\_ **Title** \_\_\_\_\_ **Date** \_\_\_\_\_

#### OPPORTUNITY TO REGISTER TO VOTE

1. If you  Yes  No  
2. Apply to register to vote today. If you do not, you will have to re-apply in 12 months.

##### REQUIRED

**Pregnant, breastfeeding and postpartum applicants (certifications for females 17 years and 10 months of age and older)**

1. If woman checks "Yes", staff must provide a Voter Registration application.
2. If woman checks "No", she must sign and date under Declination of Voter Registration
3. If the woman refuses to sign, staff must initial the box on lower right hand side.

##### OPTIONAL

**Parent or guardian/caregiver applying on behalf of an infant or child (includes certifications for females 17 years and 9 months of age and younger).**

**\*Staff MUST offer a Voter Registration application to the parent or guardian/caregiver (even if the Opportunity to Register to Vote section is not completed).**

**DECLINE**  
I decline to register to vote today.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Initials \_\_\_\_\_