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Effective October 1, 2015

Policy No. CS:14.0

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**Completion of the WIC Income Questionnaire and the  
Family Certification/WIC Program Income Screening 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 (WIC-35-3) shall be utilized to document the applicant's sources of income. The Family Certification/WIC Program Income Screening Form (WIC-35) shall be utilized 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 Local Agency (LA).

**Procedures**

- I. The WIC Income Questionnaire (WIC-35-3) shall be used to document all sources of income or adjunctive income eligibility and shall be completed by the applicant or parent/guardian.
  - A. The WIC Income Questionnaire shall be completed prior to determining income eligibility.
  - 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 household income (before deductions)," shall be marked "Yes" in

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order to use the information provided as verification of household income.

- D. The applicant's or parent's/guardian's printed name, signature and the date are required each time income is screened, at certifications and income reassessments.
  - E. If an applicant's or parent/guardian's income is screened within 30 calendar days of their last income screening date, the participant or parent/guardian may use the same WIC Income Questionnaire 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.
  - F. When the applicant or parent/guardian makes changes/corrections, they should initial near change/correction.
- 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. Primary Account Number (PAN): 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) if available. This person(s) shall be the food instrument recipient. When the applicant or parent/guardian provides written authorization for another adult to attend the certification appointment, the individual should be listed as Parent/Guardian #2.
- 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

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- 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, 1980). 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 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 applicant or parent/guardian. 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.
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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 applicant or parent/guardian (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.
- P. 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, Your Texas Benefits Card (YTBC) is presented. Check or circle "16" for YTBC. When YTBC is presented, staff shall verify current Medicaid eligibility (see [Policy CS:08.0](#) Procedures I.B.2.) and complete the Gateway Verification section of the WIC-35.
  - 2. If "Other" is appropriate, enter "phone," "on-line," "automated" or any other form name/number not listed on the WIC-35 in 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

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verify eligibility of gateway participation shall be recorded on side 2 under Gateway Verification (see III.A.3. in this policy).

- Q. 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 paycheck 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 paycheck stubs since the income received from employment is her highest amount of income.
- R. Income Clerk User I.D.: Enter the TWIN system user ID.
- S. 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."
- T. Family (Household) Size: Record the two digit number for the family size, such as "01" or "02."
- U. Monthly Income:
1. Record the 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 household's total gross monthly income and record the amount.
- V. Indicators Y/N: Place a check in the appropriate reply box, Yes (Y) or No (N), for Foster child which includes all DFPS placements, Migrant, Military family, and Homeless family.
- W. Comment: This area is provided for any additional comments.

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- 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 is required:
1. applicant's, parent's/guardian's, or authorized adult's signature and date;
  2. staff signature, title and date; and
  3. applicant's gateway client identification (ID) or case number; and
  4. phone, automated or online gateway verification for adjunctive eligibility, if applicable. Select "By Phone", "Automated" or "Online" if one of these methods is used to verify gateway eligibility. 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
    - 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.

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- 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 and Address and/or WIC Form Number: Record the employer's name and physical address or city where located for each employed household member. If a WIC form was used, document the WIC form number. Written proof is not required for employer's name/address.
- e. Different pay frequency/Annual: Calculate the annual income for the household members when the sources of income are on different pay frequencies. Refer to **Policy CS:07.0** for additional information on income.
- f. Same pay frequency: Record the income for the household members when the sources of income are on the same pay frequency. Refer to **Policy CS:07** for additional information on income.
- g. SEU : Refer to **Policy CS: 10.0** for the criteria for separate economic unit (SEU). If the applicant is identified as a 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.
- h. Annual Total or Total (#1): Add the income entries from the appropriate column and record the total. Visually compare the total from the different pay frequency or same pay frequency column to the WIC Income Guidelines.
- i. Meets income guidelines (#1a): After visually comparing and confirming the applicant meets the WIC Income Guidelines, place a check in the appropriate reply box, Yes or No.
- j. Monthly Income (#2): Divide the total by 12 months and record the monthly income. The monthly income shall only be entered in TWIN when the applicant is eligible.
- k. For WIC Staff Use Only: Check the SEU box if the applicant qualifies as a SEU.
- l. Income Checked by/Staff Signature, Title and Date: The LA staff completing the screening shall sign (not initial), write

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his/her title and date the form using his/her standard/official signature and own handwriting.

- m. Applicant's or Parent's/Guardian's or Authorized Adult's Signature and Date: The applicant, parent/guardian, or authorized adult shall sign (not initial) and date the form in his/her own handwriting. Per **Policy CR:07.0**, families with special health care needs may authorize another adult to attend the initial certification or sub-certification; therefore, the authorized adult shall sign and date the form. Authorized adults for other participants can only attend sub-certifications and shall sign and date the form at that time.

- IV. **WIC Program Income Screening** when using **Online Tools**. LA staff may use the online tools income calculator to determine if an applicant is income eligible or ineligible.
- A. Enter the household "Family Size".
  - B. Enter the name(s) of each individual with income and click "Calculate". The results page will indicate if the household is income eligible or ineligible.
  - C. Print the results page and attach it to the WIC-35. This page takes the place of the staffs' manual income calculations. The WIC-35 with the attached income calculator results page shall be filed in the appropriate chart.
  - D. For the household members listed on the income calculator results page, document their date of birth, social security number, name of employer, address (physical or city) of employer and/or WIC form number (if applicable and not listed on result page) on the documentation provided as proof of income (i.e. checkstub, etc.), on the income calculator results page or on the WIC-35.
  - E. For household members whose income is not included, document their name, date of birth, social security number on the WIC-35.

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- F. Different pay frequency/Annual, Same pay frequency, Annual Total or Total (#1), Meets income guidelines (#1a), and Monthly Income (#2) from side 2 and Family (Household) Size and Monthly Income from side 1 on the WIC-35 are optional to complete since this information is documented on the income calculator results page.
  
- V. A WIC-35 and WIC-35-3 form 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-35s and 35-3s) 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 household member is certified (except for instream migrants). If income has been documented for one household member within the last 30 calendar days, it may be used for other household members being certified within that 30-day period. WIC staff and the applicant or parent/guardian shall sign and date near the original signature on the forms. The dates should be within 30 calendar days of each other. The 30-day period does not apply to applicants who were adjunctively income eligible (refer to **Policy CS: 08.0**)
  
- VI. 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.
  
- VII. LAs shall retain copies of applicants'/participants' WIC-35 and WIC-35-3, and the document(s) provided as proof of income in order to assist in the prevention of Program fraud and abuse. Copies of income document(s) are only required for applicants not adjunctively income eligible. 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.

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VIII. Refer to **Policy CS: 23.0** for the documents 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/resources.shtm>.