

WIC Income Questionnaire Guide

Use this guide to assist you in knowing what questions to ask the applicant(s) in response to the answers selected.

Title	
Your appointment date is _____. Complete this form before your WIC appointment and bring it with you. If Section I or Section II do not apply to you, go to the other side and complete Section III. If you need help completing this form or if you do not know what to bring to your appointment, call the WIC office at _____.	Staff shall document the applicant's appointment date and the clinic telephone number in the blanks provided. If a participant makes changes to the Questionnaire, they should mark a line through the incorrect answer. They can then mark the correct answer and close to it, initial and date.
Section I. Medicaid, SNAP or TANF benefits	
Complete this section if the person applying for WIC: • receives Medicaid, SNAP or TANF or • lives in a household where anyone in the household receives TANF or • lives in a household where a pregnant woman or an infant receives Medicaid Check either Yes or No to answer questions below	
1. Does the person applying for WIC benefits receive Medicaid for the month of your appointment? <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Does the person applying for WIC receive SNAP for the month of your appointment? <input type="checkbox"/> Yes <input type="checkbox"/> No 3. Does the person applying for WIC benefits receive TANF for the month of your appointment? <input type="checkbox"/> Yes <input type="checkbox"/> No 4. Does anyone in your household receive TANF for the month of your appointment? <input type="checkbox"/> Yes <input type="checkbox"/> No 5. Is there a pregnant woman in the household who receives Medicaid for the month of your appointment? <input type="checkbox"/> Yes <input type="checkbox"/> No 6. Is there an infant, under 12 months, in the household who receives Medicaid for the month of your appointment? <input type="checkbox"/> Yes <input type="checkbox"/> No	1. If "Yes" response: • Ask to see the YTBC to verify eligibility by phone or on-line. Or view the Medicaid letter or printout authorizing Medicaid eligibility for the day of the appointment. • For specifics on Gateway Eligibility, see CS: 08.0. 2. If "Yes" response: • Ask to see the current month's form/letter. • For specifics on Gateway Eligibility, see CS: 08.0. 3. If "Yes" response: • Ask to see the current month's form/letter. • For specifics on Gateway Eligibility, see CS:08. 4. If "Yes" response: • Ask to see the current month's form/letter. • For specifics on Gateway Eligibility, see CS:08.0. 5. If "Yes" response: • Ask to see the YTBC to verify eligibility by phone or on-line. Or view the Medicaid letter or printout authorizing Medicaid eligibility for the day of the appointment. • For specifics on Gateway Eligibility, see CS:08.0. 6. If "Yes" response: • Ask to see the YTBC to verify eligibility by phone or on-line. Or view the Medicaid letter or printout authorizing Medicaid eligibility for the day of the appointment. • For specifics on Gateway Eligibility, see CS:08.0.
If you answer "Yes" to any question, the only income information needed is Your Texas Benefits Card or Medicaid Letter or printout from https://www.yourtexasbenefitscard.com/ or SNAP or TANF letter for the month of your appointment.	

Section II. DFPS Placement	
Complete this section if the person applying for WIC is in DFPS Placement. Check either Yes or No to answer questions 1 and 2.	
1. Does the applicant receive Medicaid for the month of your appointment? <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Do they have a DFPS placement letter? <input type="checkbox"/> Yes <input type="checkbox"/> No	1. If "Yes" response, ask to see the applicant's YTBC to verify eligibility by phone or on-line. Or view the Medicaid letter or printout authorizing Medicaid eligibility for the day of the appointment. For Specifics on Gateway Eligibility, see CS: 08.0 If "No" response, go to number 2. 2. If "Yes" response, get a copy of the placement letter. If no income is documented on the letter, ask the caretaker how much he/she receives monthly to care for the applicant and document that amount on the WIC-35. If "No" response, verbally verify placement with DFPS contact and document. Placement must be verified in writing or verbally. (DFPS placement verification is not required at subsequent certification.)
If you answer "Yes" to either question, bring Your Texas Benefits Card or Medicaid Letter or printout from https://www.yourtexasbenefitscard.com/ for the month of your appointment OR the DFPS Placement Letter.	
I certify that all information I have provided is correct. _____ <i>Foster Parent's Printed Name</i> _____ <i>Foster Parent's Signature</i>	If this section is completed, staff shall ensure the foster parent prints and signs their name and date this section. _____ <i>Date</i>

Section III. Do Not Receive Medicaid, SNAP or TANF or Not in DFPS Placement

Complete this section if the person applying for WIC does not receive benefits from Medicaid, SNAP or TANF or are not in DFPS Placement.

- Check either "Yes" or "No" to answer all the questions below.
- If you answer "Yes" to any questions 1 – 6, bring proof of all sources of income to your WIC appointment.
- If you answer "No" to all the questions below, call the WIC office to find out what you need to bring.
- Make sure the information you bring shows your USUAL gross monthly household income (prior to deductions).

<p>1. Do you work? If "Yes," and you have more than one job, bring paycheck stubs (dated within 60 days of your appointment) from each job. If you started a new job and have not received your first paycheck, please provide a signed and dated statement from your employer with an estimate of your gross pay for the pay period. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If "Yes" response inquire how many jobs the applicant has and obtain paycheck stubs dated within 60 days from the certification appointment with usual gross income from each job. If they have physically started a new job, but have not received their first check, they need to get the WIC-19b completed or get a signed statement from the employer. The letter from the employer must reflect the current gross income, the pay period and/or pay date. For specifics on income, see CS: 07.0.</p> <p>If "No" response, go to number 2.</p>
<p>2. Does anyone else living with you work? If "Yes", bring paycheck stubs (dated within 60 days of your appointment) from each job. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If "Yes" response inquire if other household members have jobs and how many. Obtain paycheck stubs dated within 60 days from the certification appointment with usual gross income for each household member that works and per each job. For specifics on income, see CS: 07.0.</p> <p>If "No" response, go to number 3.</p>
<p>3. Do you or anyone living with you receive any items listed a – f below? If "Yes," bring proof (dated within 60 days of your appointment). <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If "Yes" response to any of the questions below, collect documentation of income dated within 60 days from the certification appointment. Documentation that changes only once per year, e.g. Social Security award letters, may be accepted the entire year the letter covers, if reflective of current gross income. For specifics on income, see CS: 07.0.</p> <p>If "No" response, go to the next question.</p>
<p>a) Social Security/Supplemental Security Income (SSI) or disability for current year? <input type="checkbox"/> Yes <input type="checkbox"/> No (If a copy of award letter is needed, call 1-800-772-1213.)</p>	<p>If "Yes" response, staff shall request an award letter (within the past 12 months) or the check (dated within 60 days from the certification appointment). The documentation provided shall reflect current gross income. For a copy of the SSA award letter call 1-800-772-1213.</p>
<p>b) Pensions/retirement check? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If "Yes" response, staff shall request an award letter (within the past 12 months) or the check (dated within 60 days from the certification appointment). The documentation provided shall reflect current gross income.</p>
<p>c) Unemployment check? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If "Yes" response, staff shall request an award letter (within the past 12 months) or the check (dated within 60 days from the certification appointment). The documentation provided shall reflect current gross income.</p>
<p>d) Workman's compensation check? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If "Yes" response, staff shall request the check (dated within 60 days from the certification appointment). The documentation provided shall reflect current gross income.</p>
<p>e) Money or financial support from parents, relatives, friends, or any other source on a regular basis? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If "Yes" response, WIC-19a Section I shall be completed from the financial supporter and accepted if dated within 60 days from the certification appointment.</p>
<p>f) Child support? Amount _____ Received monthly? <input type="checkbox"/> Yes <input type="checkbox"/> No Received weekly? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of person providing support _____ Phone number _____(if known)</p>	<p>If "Yes" response to one or more questions, obtain the highest level of documentation available:</p> <ol style="list-style-type: none"> court order (reflects current dollar amount), "history of payments" from Office of the Attorney General, (dated within the last 60 days) written/dated statement from provider of child support, and written/dated statement from applicant. <p>This order should be followed in requesting proof of child support.</p> <p>If support is not received regularly, determine how much child support was paid within the last 12 months. Divide total amount by 12. This amount will be documented as monthly child support.</p> <p>If "No" response to all of the questions, go to number 4.</p>
<p>4. Do you or anyone living with you receive other money not listed above within the last 12 months? If "Yes," please list here and bring proof of this source of income (e.g. inheritance, monetary gift, lotto winnings)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If "Yes" response, staff shall request documentation dated within the past 12 months. Take total of "new money", divide by 12 and add 1/12th to monthly gross income. For specifics on the definition of income, see CS: 09.0.</p> <p>If "No" response, go to question number 5.</p>
<p>5. Are you or anyone living with you on leave without pay status, reduced pay status or on Family and Medical Leave Act (FMLA)? (Bring most recent check stub) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If "Yes" response, request appropriate documentation and ensure monthly gross income reflects the reduction or lack of pay during this time. For specifics on projecting income, see CS:07.0.</p> <p>If "No" response, go to question number 6.</p>
<p>6. Do you or anyone living with you currently use another source of income, not mentioned above, to support yourself/your family? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If "Yes" response, request appropriate documentation and calculate monthly gross income.</p> <p>If "No" response, go to question number 7.</p>