

Range of Prenatal Weight Gain

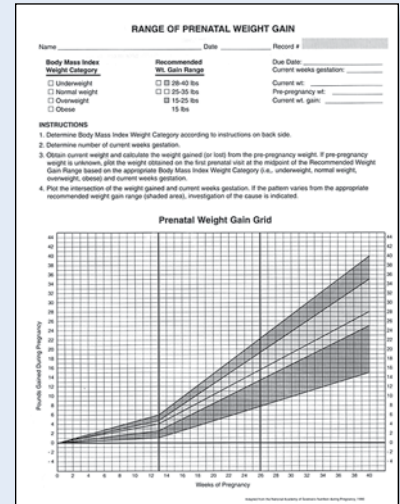
Stock no. WIC-4

English

3/05

Chart used to assist in plotting prenatal weight gain, and for estimating body-mass index.

Order from DSHS Warehouse. Use AG-30 form.



Notice of Participant Ineligibility

Stock no. WIC-5

English/Spanish

10/04

Form can be used to notify participants of ineligibility by mail

Order from DSHS Warehouse. Use AG-30 form.

Notice of Participant/Applicant Ineligibility
Notificación de Inelegibilidad para el participante/solicitante

Notification Date: _____ Fecha de Notificación: _____

Attention: _____ Atención: _____

Se ha determinado que no es elegible para participar en el programa de WIC. La(s) razón(es) de su ineligibilidad se indican en la siguiente lista:

- You do not live inside the service area of this WIC project.
- After careful screening of your blood, growth measurements, dietary patterns, and medical history, you (your infant/child) have not been found to be in nutritional need.
- Your income exceeds the income standard used by this program.
- You have attended the WIC program or you are already participating in another WIC project.
- Case load management.
- Other (specify): _____

Si usted vive fuera del área de servicio de este proyecto de WIC.

- Después de un análisis cuidadoso de su sangre, índice de crecimiento, dieta e historia médica, se ha llegado a la conclusión que usted (su bebé/ hijo/hija) no necesita ayuda nutricional.
- Su sueldo es mayor que el nivel de sueldo máximo que se permite por este programa.
- Usted ha asistido al programa de WIC o ya está participando en otro proyecto de WIC.
- Límite de cupo.
- Otra razón (especificar): _____

Si usted cree que su ineligibilidad para este programa fue injustamente determinada, usted tiene el derecho de pedir una audiencia. Para más información sobre cómo solicitar una audiencia, comuníquese con este agente o con la oficina estatal de WIC al 1 (800) 342-3078.

En cumplimiento con lo establecido por las leyes federales y la legislación del Departamento del Agricultor de los Estados Unidos de América (USDA), esta notificación puede proporcionar a las personas dadas de alta, copia, reproducción, sea verbal o escrita.

Para presentar una queja por discriminación, favor de escribir al USDA, Director, Office of Civil Rights, Room 3208N, 1400 Independence Ave., S.W., Washington, DC 20250-9410, or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

WIC 5 Rev. 10/04

Assistance Documentation Form (Supplement to Income Eligibility Application)

Stock no. WIC-19a

English/Spanish

2/05

Use Section I when applicant has no income, household members do not earn wages, and no money is made by household members.

Use Section II when applicant has no income.

Order from DSHS Warehouse. Use AG-30 form.

Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) Assistance Documentation Form (Supplement to Application for Income Eligibility)

This form should be completed if applicant indicates that no one in his/her household is earning wages.

Section I. Assistance Provided to Applicant

I, _____ (name of person providing assistance and/or support) certify that _____ (name of applicant)

Check all that apply:

I receive \$ _____ a month from me as a regular contribution to his/her income.

I am supported by me in that I pay for his/her expenses, but I do not provide his/her with cash assistance.

By signing this form, I affirm that the above information is an accurate statement of assistance. I understand that if I deliberately omit or give false information that this applicant and/or members of her household can be removed from WIC, or otherwise prosecuted, or both.

Signature of person providing assistance and/or support: _____ (print name) _____ (date)

Section II. No Assistance Provided to Applicant

This section may be completed by any of the following persons: staff of church, legal-aid, social-service agencies, school, doctor, public health nurse, and elected public officials. The above named persons must be unrelated to the applicant and not live in his/her household, and may not be employed by WIC.

To the best of my knowledge, neither _____ (name of applicant) nor any member of his/her household has any cash income or receives any public assistance (non-cash).

By signing this form, I affirm that the above information is an accurate statement of income. I understand that if I deliberately omit or give false information that this applicant and/or members of her household can be removed from WIC, or otherwise prosecuted, or both.

Signature of person completing form: _____ (print name) _____ (date)

WIC 19a Rev. 02/05

Employment Verification Form

Stock no. WIC-19b
Stock no. WIC-19bV

English/Spanish
English/Vietnamese

7/06
7/06

Use this form to verify income when an applicant or any individual of the applicant's household gets paid in cash or does not have a check stub. The local agency staff, the wage earned, and the employer all complete sections on this form.

Order from DSHS Warehouse. Use AG-30 form.
To request the Vietnamese form, contact your Information and Response Management (IRM) liaison.

Separate Economic Unit

Stock no. WIC-19c

English

12/01

Use this form when an applicant and her family members are determined to be a separate economic unit from the rest of the household.

Order from DSHS Warehouse. Use AG-30 form.

Residency Verification Form for Homeless Family

1.	Name of Family Member	Date of Birth

Stock no. WIC-19E

English/Spanish

11/01

Use this form for homeless applicants who are unable to verify any specific place of residency. This item has been depleted and will not be reprinted. Obtain a copy from the *WIC Policies and Procedures Manual*.

Applicant's Statement of Farm/Self-Employed

Stock no. WIC-32

English/Spanish

10/04

Use Section A when an applicant or any individual of the applicant's household is self-employed. Use Section B when an applicant or any individual of the applicant's household is a farmer.

Order from DSHS Warehouse. Use AG-30 form.

Family Certification Form

Stock no. WIC-35

English

10/04

Use this form to document presented certification information and proof of identification, residency, and income for the parent, guardian, applicant and his/her household.

Order from DSHS Warehouse. Use AG-30 form.

WIC Supplemental Information Form

Stock no. WIC-35-1

English/Spanish

9/04

Stock no. WIC-35-1v

English/Vietnamese

9/05

This form contains the rights and responsibilities of each WIC participant. Complete the top portion of the form when an applicant is determined eligible for WIC benefits. Complete the bottom portion of the form when an applicant is determined ineligible for WIC benefits or a participant is terminated.

Order from DSHS Warehouse. Use AG-30 form.

Order Vietnamese from WIC Warehouse. Use Texas WIC Materials Order Form.

Sharing of Information

Stock no. WIC-35-2
Stock no. WIC 35-2v

English/Spanish
English/Vietnamese

5/05
5/05

This form is used to document the client's consent or declination to release information to the Texas Health Steps Program.

Order from DSHS Warehouse. Use AG-30 form.

WIC Income Questionnaire

Stock no. WIC-35-3
Stock no. WIC-35-3A
Stock no. WIC-35-3V

English
Spanish
Vietnamese

8/06
8/06
8/06

This form is used to assist applicants in the providing WIC with more accurate information regarding their household income.

Order from DSHS Warehouse. Use AG-30 Form

Infant Participant Form

Stock no. WIC-36

English

4/05

Documents WIC certification and nutrition-assessment information for an infant participant.

Order from DSHS Warehouse. Use AG-30 form.

Quick Intake / Transfer Form

Stock no. WIC-37

English

12/06

Use this form (a) to collect preliminary information from WIC applicants and (b) to request in-state transfer information. It is often used when the information cannot be directly entered into the Texas WIN system.

Order from DSHS Warehouse. Use AG-30 form.

Child Participant Form

Stock no. WIC-38

English

4/05

Documents WIC certification and nutrition-assessment information for a child participant.

Order from DSHS Warehouse. Use AG-30 form.

Pregnant Participant Form

Stock no. WIC-39

English

4/05

Documents WIC certification and nutrition-assessment information for a pregnant participant.

Order from DSHS Warehouse. Use AG-30 form.

Breastfeeding Participant Form

Stock no. WIC-40

English

5/05

Documents WIC certification and nutrition-assessment information for a breastfeeding participant.

Order from DSHS Warehouse. Use AG-30 form.

Postpartum Participant Form

Stock no. WIC-41

English

5/05

Documents WIC certification and nutrition-assessment information for a postpartum participant.

Order from DSHS Warehouse. Use AG-30 form.

Diet History for Infants Birth Through 11 Months

Stock no. WIC-42

English

11/04

Stock no. WIC-42a

Spanish

8/04

Document used to collect and assess diet and health information on infants up to 11 months old.

Order from DSHS Warehouse. Use AG-30 form.

Diet Health History for Children Ages 1 Through 4 Years

Stock no. WIC-44
Stock no. WIC-44a

English
Spanish

11/04
8/04

Document used to collect and assess diet and health information on children ages 1 through 4 years.

Order from DSHS Warehouse. Use AG-30 form.

Diet History for Pregnant/Breastfeeding/Postpartum Women

Stock no. WIC-45
Stock no. WIC-45a

English
Spanish

11/04
11/04

Document used to collect and assess pregnant, breastfeeding, and postpartum women's diet and health information.

Order from DSHS Warehouse. Use AG-30 form.

Residency Form

Stock no. WIC-R02

English/Spanish

11/05

Use Section A when applicant does not have proof of residency and a third party can verify the applicant's living arrangements.

Use Section B when applicant uses a map to indicate her residence.

Use Section C when applicant lives with someone and does not have proof of residency.

Order from DSHS Warehouse. Use AG-30 form.

Stock no. WIC-R02V

English/Vietnamese

4/05

Order from WIC Warehouse. Use Texas WIC Materials Order Form.

Infant Midpoint Review

Stock no. WIC-R05

English/Spanish/Vietnamese

7/06

Use this form to determine if an infant is receiving health-care services. Documents well-child checkup or nutrition and immunization assessment by WIC.

Order from DSHS Warehouse. Use AG-30 form.



What to Bring to Your WIC Appointment

Stock no. WIC-R14

English

8/06

Stock no. WIC-R14a

Spanish

8/06

This is a list of items a participant needs to bring to the first WIC appointment.

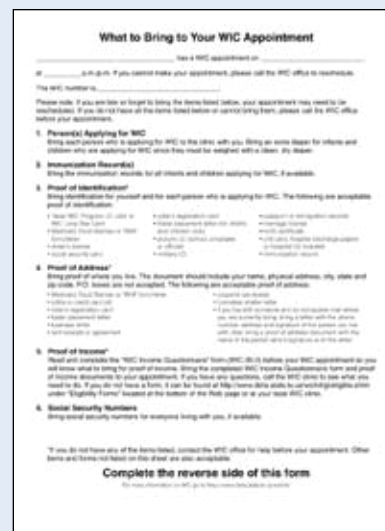
Order from DSHS Warehouse. Use AG-30 form.

Stock no. WIC-R14v

Vietnamese

8/06

Order from WIC Warehouse. Use Texas WIC Materials Order Form.



Single-User Electric Breast Pump Release Form

Stock no. WIC-50

English

10/04

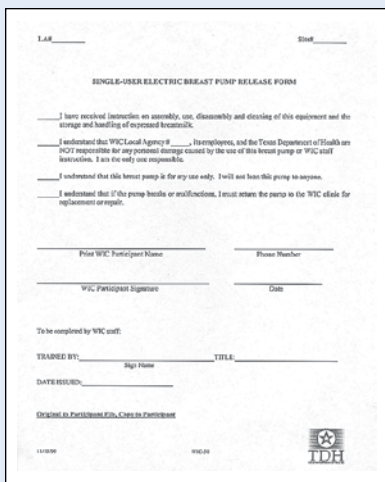
Stock no. WIC-50a

Spanish

12/04

Two-page carbonless copy form required when issuing a breastfeeding single-user electric breast pump to a breastfeeding participant.

Order from WIC Warehouse. Use Texas WIC Materials Order Form.



Multi-User Electric Breast Pump Loan/Release Form

**Stock no. WIC-51
Stock no. WIC-51a**

**English
Spanish**

**10/04
12/04**

Two-page carbonless copy form required when issuing a breastfeeding multi-user electric breast pump to a breastfeeding participant.

Order from WIC Warehouse. Use Texas WIC Materials Order Form.


Local Agency _____ Date _____

MULTI-USER ELECTRIC BREAST PUMP LOAN/RELEASE FORM

PARTICIPANT'S NAME (Last, First, Middle): _____
ADDRESS: _____
CITY AND STATE: _____
PHONE HOME: _____ PHONE WORK: _____
OTHER CONTACT: _____ PHONE NUMBER: _____
BREAST PUMP # _____

I am currently enrolled in the Texas WIC Program and will continue attending by keeping my WIC appointments. Any termination of this enrollment will cancel this agreement.
I understand that it is my responsibility to return the WIC clinic of any change of address or phone number.
I understand that I am the only one authorized to use this pump. I will not loan this pump to anyone.
I have received instruction on assembly, use, disassembly and cleaning of the breast pump and the storage and handling of expressed breast milk.
I understand that WIC Local Agency _____, its employees, and the Texas Department of Health are NOT responsible for any personal damage caused by the use of this breast pump. I am the only one responsible.
I understand that it is my responsibility to ensure the pump runs from death or loss. I will handle the pump with care. I will back the pump in my car when traveling, either in the trunk or out of trunk. I will keep the pump in a secure area at home.
I understand that if the pump breaks or malfunctions, I must return the pump to the WIC clinic for replacement or repair.
I understand that this breast pump is the property of the State of Texas WIC Program and as such property, I must return it to the WIC clinic by the date due or it will be reported as stolen.

WIC Participant Signature _____ Date _____
Print Name _____ TITLE _____
DATE ISSUED _____ DATE DUE: _____
Original in Participant File, Copy to Participant _____



Opportunity to Register to Vote

Stock no. NVRA-WIC

English/Spanish

11/04

Voter registration.

Order from WIC Warehouse. Use Texas WIC Materials Order Form.

OPPORTUNITY TO REGISTER TO VOTE

1. If you are not registered to vote, would you like to register to vote today?
 YES NO

2. Applying to register or wanting to register to vote will not affect the amount of assistance that you will be provided by this agency.

3. If you have any questions about this form, you will be advised to have someone read this form to you. You may also be asked to sign this form.

4. If you want to help fill out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private and get it all the way yourself.

5. If you believe that someone has interfered with your right to register to vote, you may file a complaint with the Election Division of the Secretary of State, P.O. Box 59286, Austin, Texas 78716, 1-800-693-2843.

6. If you decide to register to vote, this division will assign a confidential election officer to help you register to vote.

7. If you decide to register to vote, information regarding the office to which the application was submitted will remain confidential, and will not be used for voter registration purposes.

DECLARATION OF VOTER REGISTRATION

I declare to register to vote today:
Signature of Applicant _____
Print Name of Applicant _____
Date of Signature _____

YES NO

OPORTUNIDAD DE OPORTUNIDAD DE INSCRIBIRSE PARA VOTAR

1. Si no ha hecho para votar en la localización donde reside, ¿quiere inscribirse hoy para votar?
 SI NO

2. El hecho de solicitar su inscripción en el registro de votantes, o de registrarse a solistado, no afecta el monto de la asistencia que se recibe en esta agencia.

3. Si NO HA MARCADO NINGUNA DE LAS OCS CUBIERTAS, SEASIMERA QUE EN ESTA OPORTUNIDAD, ODDODO UN FACILITADOR PARA VOTAR, SE LA PODRA PRESTAR SI LO DESSEA.

4. Si alguien quiere ayudarle a completar el formulario de inscripción de votantes, usted puede aceptar o rechazar la oferta de ayuda. Usted puede completar el formulario de inscripción de votantes en privado y conseguirlo usted mismo.

5. Si usted cree que alguien ha interferido con sus derechos al registrarse a votar, usted puede presentar una denuncia ante el Secretario de Estado de Texas, P.O. Box 59286, Austin, Texas 78716, 1-800-693-2843.

6. Si decide registrarse para votar, se le asignará un agente de inscripción confidencial para ayudarle a registrarse para votar.

7. Si decide registrarse para votar, información acerca de la oficina a la que se presentó su solicitud, permanecerá confidencial, y no se usará para fines de inscripción de votantes.

NEGATIVA A INSCRIBIRSE PARA VOTAR

Me niego a inscribirme hoy para votar.
Firma de quien se Insiste y Fecha _____
Número de identificación de solicitante _____

NVRA-WIC

Voter-Registration Card

**Stock no. 13-06-1538
Stock no. 13-06-1538a**

**English
Spanish**

**2004
2004**

Voter-registration card.

Order from WIC Warehouse. Use Texas WIC Materials Order Form.

INSTRUCTIONS FOR COMPLETING APPLICATION FOR VOTER REGISTRATION

These instructions are for the application to register to vote. You must be a U.S. citizen and 17 years old to register to vote. You must be a U.S. citizen TO REGISTER. If you are not a U.S. citizen, you must register to vote in your home country.

1. Register your full name including first, middle and last. If you have changed your name, give former names.

2. Birthdate: address, including street address, city, state, and zip. If you do not have a street address, give the description of the location off where you live.

3. Mailing address: If mail cannot be delivered to your residence, give a mailing address.

4. Gender, Social Security Number, Telephone Number, and Driver's License Number or Identification Number are optional. The social security number is required by sections of the U.S. Code and will be used to maintain the accuracy of the registration records. Your voter registration application is open to the public.

5. City and County of Home Residence: If you have previously resided in another county or former residence, you may give those cities and counties.

6. Agree: As agent may apply for voter registration for another person as long as that person is listed in the applicant's household, with their address, city and county. The agent must also be a registered voter in the county where registration is requested. Indicate the relationship of the agent to the applicant. (Include relationship in the signature.)

7. Sign Your Name: If you cannot sign your name next to the X, a person may witness you making your mark. Give the name and address of the person who witnessed you make your mark about the applicant. If you cannot make a mark, have the witness use the applicant's name and make a mark. This does not constitute a signature if you can sign your name.

8. Indicate by checking the appropriate box where your signature is a new registration, a change of name or address, or request for replacement certificate.

GENERAL VOTER REGISTRATION INFORMATION

You may register to vote at any time. You must be a U.S. citizen and 17 years old to register. Your voter registration will become effective 30 days after a municipal or county election, whichever is later. YOU MUST BE A U.S. CITIZEN TO REGISTER. If you are not a U.S. citizen, you must register to vote in your home country.

If you do not wish to register to vote, you may decline to register and request a certificate of non-registration. This certificate is valid for one year. If you do not wish to register to vote, you may decline to register and request a certificate of non-registration. This certificate is valid for one year. If you do not wish to register to vote, you may decline to register and request a certificate of non-registration. This certificate is valid for one year.

VOTER REGISTRATION APPLICATION

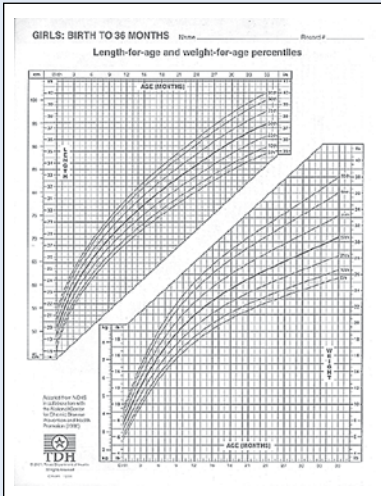
NAME: _____
FIRST NAME: _____
MIDDLE NAME: _____
LAST NAME: _____
BIRTHDATE: _____
ADDRESS: _____
CITY AND COUNTY: _____
STATE AND ZIP: _____

NEW REGISTRATION
 CHANGE OF NAME OR ADDRESS
 REQUEST FOR REPLACEMENT CERTIFICATE
 OTHER

Signature: _____
Print Name: _____
Date: _____



Girls: Birth to 36 Months



Stock no. CH-9W

English

8/04

This is a growth chart for girls up to 36 months old. This chart gives head circumference for age, weight for length, weight for age, and length for age.

Order from DSHS Warehouse. Use AG-30 form.

Boys: Birth to 36 Months

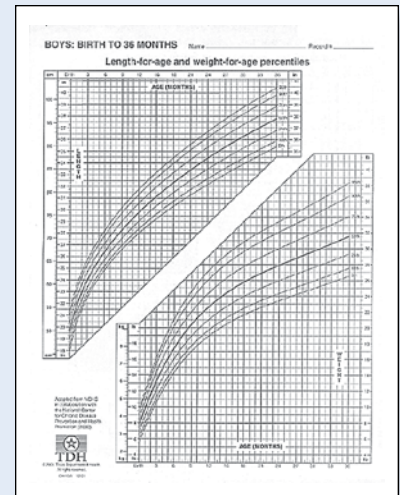
Stock no. CH-10W

English

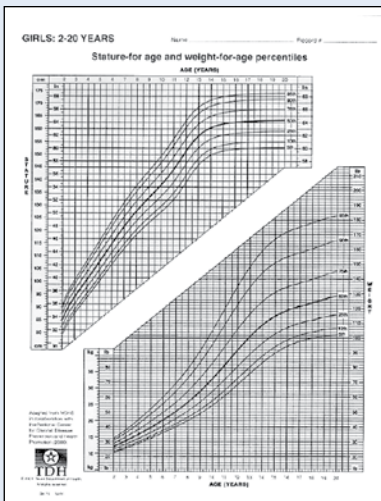
11/04

This is a growth chart for boys up to 36 months old. This chart gives head circumference for age, weight for length, weight for age, and length for age.

Order from DSHS Warehouse. Use AG-30 form.



Girls: 2–20 Years



Stock no. CH-11

English

8/04

Front of this chart shows Body Mass Index for age percentiles for girls ages 2 to 20. Back of this chart is a growth chart for girls ages 2 to 20 years (stature for age and weight for age).

Order from DSHS Warehouse. Use AG-30 form.

Boys: 2–20 Years

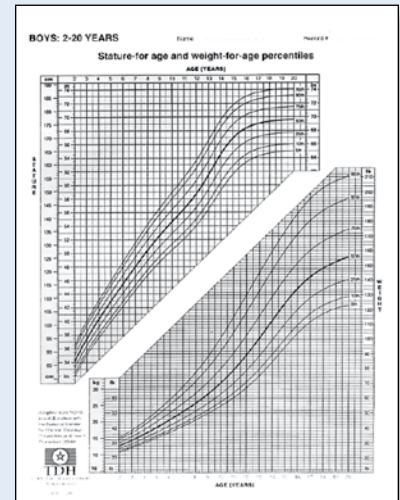
Stock no. CH-12

English

11/04

Front of this chart shows Body Mass Index for age percentiles for boys ages 2 to 20 years. Back of this chart is a growth chart for boys from 2 to 20 years (stature for age and weight for age).

Order from DSHS Warehouse. Use AG-30 form.



Girls: 2–5 Years

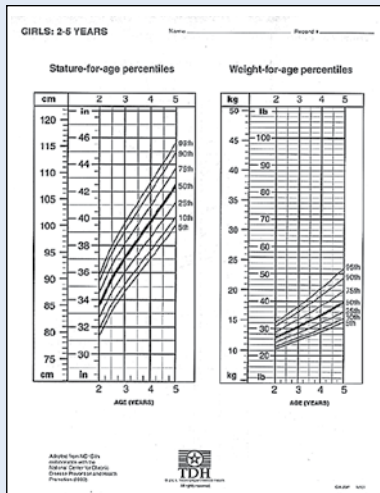
Stock no. CH-20W

English

1/05

Front of this chart shows Body Mass Index for age percentiles for girls ages 2 to 5 years. Back of this chart is a growth chart for girls from 2 to 5 years (stature for age and weight for age).

Order from DSHS Warehouse. Use AG-30 form.



Boys: 2–5 Years

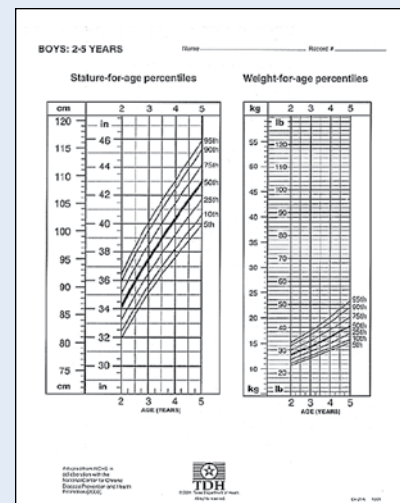
Stock no. CH-21W

English

6/05

Front of this chart shows Body-Mass Index for age percentiles for boys ages 2 to 5 years. Back of this chart is a growth chart for boys ages 2 to 5 years (stature for age and weight for age).

Order from DSHS Warehouse. Use AG-30 form.



A Friendly Reminder from WIC

Stock no. 13-12

English/Spanish

3/05

Flier to remind your WIC participants of their appointment times.

Order from DSHS Warehouse. Use AG-30 form.

A Friendly Reminder from WIC
Un recordatorio cordial de WIC

Name / nombre
Date / fecha
Time / hora

You have a class appointment / Usted tiene una cita para asistir a una clase
 You have a certification appointment for / Usted tiene cita de certificación para

Please bring / Por favor, traiga

- Your WIC ID card / Su tarjeta de identificación de WIC
- Your child's shot record / El registro de vacunaciones de su hijo
- Your current Food Stamp, Medicaid or TANF letter OR current proof of income for everyone working in your household (like a check stub) / Sus Linternas para Comidas actuales, su carta más reciente de Medicaid o TANF, o un comprobante actual de ingresos para cada persona de su hogar que trabaja así como el documento de pago
- Proof of street address, such as a rent receipt or utility bill / Comprobante de dirección: por ejemplo el recibo de renta o factura de electricidad o gas
- Birth certificate or birth card (for newborns only) / Certificado de nacimiento o tarjeta de cuna (solo para recién nacidos)
- Your child or children / A sus hijos o hijas
- You missed your appointment; please call the WIC office to reschedule. / Usted faltó a su cita; favor de llamar a la oficina de WIC para hacer otra cita.
- Other information / Otra información

Questions? / ¿Preguntas?
Give your WIC office a call. / Llame a la oficina de WIC

© 2005, Texas Department of Health, Bureau of Health Services. All rights reserved. / The contents of this form are for informational purposes only. This document is not a replacement for professional medical advice. / Este folleto tiene fines únicamente de información y no debe ser usado como sustituto de la atención médica profesional.

We Are Here to Serve You

Stock no. 13-7

English

4/97

Stock no. 13-7a

Spanish

4/97

Poster to place in WIC clinics so that participants know who to call if they have a question about WIC or a problem with the program or staff.

Order from DSHS Warehouse. Use AG-30 form.

We are Here to Serve
YOU

If you have a question about WIC or if you have a problem with our program or staff, please call the WIC Director.

If the WIC Director cannot answer your questions or solve your problem, call WIC in Austin: 1-800-WIC-FOR-U (1-800-942-3678).

WIC Director:

Name: _____
Address: _____
Phone: _____

WIC **CHILDREN'S HEALTHY FAMILIES** TDH

WIC is an acronym for Women, Infants, and Children. WIC is a federal program that provides nutrition education, counseling, and breast-feeding support to low-income pregnant, postpartum, and breastfeeding women, and to their infants and young children. WIC is a part of the U.S. Department of Health and Human Services. For more information, call 1-800-942-3678.

WIC Self Declaration Form

No stock no.

English/Spanish

8/01

Use this form for victims of theft, loss, natural disaster or homeless or migrant workers with no proof of identification, residency and no source of income and the WIC-19a does not apply.

To request the WIC Self Declaration Form, contact your Information and Response Management (IRM) liaison.

WIC Self-Declaration Form
For Identification, Residency, Zero-Income and Proof of Income (Homeless)

This form is valid one certification period only. A reassessment shall be done at each certification.

Identification: _____ is an applicant to the Texas WIC Program and I _____
am/my child is a victim of theft, loss, or disaster; homeless; or migrant farm worker and has no acceptable proof of identification for myself/my child.

Residency: _____ is an applicant to the Texas WIC Program and I _____
am/my child is a victim of theft, loss, or disaster; homeless; or migrant farm worker and has no acceptable proof of residency for myself/my child.

Zero Income: _____
This is to certify that _____ belongs to a household that has no money and a WIC ID is not applicable. The applicant or the parent/guardian/caregiver who is applying on behalf of a child is self-declaring the household income to be zero.

Proof of Income for Homeless: _____
This is to certify that _____ is homeless and is unable to provide proof of income because _____
The applicant or the parent/guardian/caregiver who is applying on behalf of a child is self-declaring they have no proof of income. (Example: I have no documents because I am paid in cash and my employer will not sign a statement.)

Just Take One

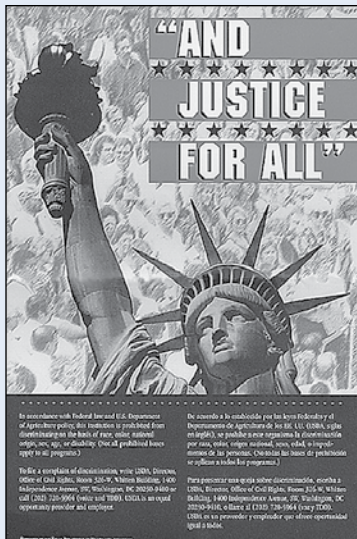
Stock no. 13-163

English/Spanish

8/98

Colorful poster states: "Do not enroll in more than one WIC clinic at a time. It's the law!"

Order from WIC Warehouse. Use Texas WIC Materials Order Form.



And Justice for All

Stock no. 13-183p

English/Spanish

10/05

Poster gives a nondiscrimination statement.

Order from WIC Warehouse. Use Texas WIC Materials Order Form.

Your Right to a Fair Hearing

13-06-12103

English/Spanish

3/05

Poster informs WIC applicant/participants about how to request a fair hearing.

Order from WIC Warehouse. Use Texas WIC Materials Order Form.

