

# What to Bring to Your WIC Appointment

\_\_\_\_\_ has a WIC appointment on \_\_\_\_\_

at \_\_\_\_\_ a.m./p.m. If you cannot make your appointment, please call the WIC office to reschedule.

The WIC number is \_\_\_\_\_.

Please note, if you are late or forget to bring the items listed below, your appointment may need to be rescheduled. If you do not have all the items listed below or cannot bring them, please call the WIC office before your appointment.

## 1. Person(s) Applying for WIC

Bring *each* person who is applying for WIC to the clinic with you. Bring an extra diaper for infants and children who are applying for WIC since they must be weighed with a clean, dry diaper.

## 2. Immunization Record(s)

Bring the immunization records for all infants and children applying for WIC, if available.

## 3. Proof of Identification\*

Bring identification for yourself and for *each* person who is applying for WIC. The following are acceptable proof of identification:

- Texas WIC Program I.D. card or WIC Lone Star Card
- Medicaid, Food Stamps or TANF form/letter
- driver's license
- social security card
- voter's registration card
- foster placement letter
- picture I.D. (school, employee or official)
- military I.D.
- passport or immigration records
- marriage license
- birth certificate
- crib card, hospital discharge papers or hospital I.D. bracelet
- immunization record

## 4. Proof of Address\*

Bring proof of where you live. The document should include your name, physical address, city, state and zip code. P.O. boxes are not accepted. The following are acceptable proof of address:

- Medicaid, Food Stamps or TANF form/letter
- utility or credit card bill
- voter's registration card
- foster placement letter
- business letter
- rent receipts or agreement
- property tax receipt
- homeless shelter letter
- If you are staying with someone else, bring a proof of address document with their name and street address AND a signed note stating you are living with them that includes their address, telephone number and signature.

## 5. Proof of Income\*

Read and complete the "WIC Income Questionnaire" form (WIC-35-3) before your WIC appointment so you will know what to bring for proof of income. Bring the completed WIC Income Questionnaire form and proof of income documents to your appointment. If you have any questions, call the WIC clinic to see what you need to do. If you do not have a form, it can be found at <http://www.dshs.state.tx.us/wichd/gi/eligible.shtm> under "Eligibility Forms" located at the bottom of the Web page or at your local WIC clinic.

## 6. Social Security Numbers

Bring social security numbers for everyone living with you, if available. Disclosure of your Social Security number and that of your dependents is voluntary and WIC services will not be denied if you fail to do so. Social Security numbers are collected in accordance with 42 U.S.C. 405(c)(2)(C)(i), 7CFR246.7(d)(2)(v) to verify information you have provided and as an identifier in our records.

\*If you do not have any of the items listed, contact the WIC office for help before your appointment. Other items and forms not listed on this sheet are also acceptable.

## Complete the reverse side of this form

For more information on WIC go to <http://www.dshs.state.tx.us/wichd/>

# Information for WIC

Your Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Complete for all persons living in your household (this is not necessary if you have proof of Medicaid, Food Stamps or TANF).

Name	Date of Birth	Social Security Number (if available)	Employer's name and address

Use an additional sheet, if necessary.

## 24-Hour Diet Recall

For each person applying for WIC, list everything they ate and drank during the 24 hours before their WIC appointment. If your child stays at a day-care center or at a sitter's, list everything they ate and drank during the last day (24 hours) they were in your care.

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

Foods and drinks	Amount	Foods and drinks	Amount

Use an additional sheet, if necessary.

