

Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

Residency Verification Form for Homeless Family

This form should be completed if the applicant or food-voucher recipient is unable to verify residency under any other method in the “Residency as a Certification Requirement” policy. (See the policy for definition of a homeless individual).

An applicant for or food-voucher recipient of WIC services may complete this form to document current homelessness.

I, _____ hereby affirm that the
(Name of applicant or parent/guardian)

applicant and the family members listed below are currently homeless and living _____

(Description of living arrangements)

	Name of Family Member	Date of Birth
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		

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

(Signature of applicant or parent/guardian)

(Date)

