MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
WIC AND NUTRITION SERVICES

WIC PROOF OF ELIGIBILITY (MOWINS Back-up)

AGENCY NUMBER		DATE
HOUSEHOLD MAILING ADDRESS	CITY	MO ZIP CODE
RESIDENCE ADDRESS (IF DIFFERENT THAN MAILING ADDRESS)	CITY	MO ZIP CODE
HOME PHONE NUMBER	MESSAGE PHONE NUMBER	

COMPLETE THE INFORMATION BELOW FOR CERTIFICATION/RECERTIFICATION (LIST ALL PEOPLE IN THE HOUSEHOLD)

PARTICIPANT LEGAL NAME	PRESENT	ID PROOF		ADJ PROOF
LAST FIRST	☐ Yes ☐ No	☐ Immunization Record ☐ Birth Certificate ☐ Hospital Record	☐ Drivers License ☐ Social Service Letter ☐ Official ID with Photo	☐ MO Healthnet (Medicaid) ☐ SNAP (Food Stamps) ☐ TANF ☐ Temporary Medicaid
LAST FIRST	☐ Yes ☐ No	☐ Immunization Record ☐ Birth Certificate ☐ Hospital Record	☐ Drivers License ☐ Social Service Letter ☐ Official ID with Photo	☐ MO Healthnet (Medicaid) ☐ SNAP (Food Stamps) ☐ TANF ☐ Temporary Medicaid
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SPECIFY REASONS FOR NOT PHYSICALLY PRESENT

☐ Participant disability ☐ Parent/caretaker disability ☐ Non-transportable medical equipment ☐ Confined to home
☐ Serious Illness ☐ Infant <8 weeks with referral data

IS ANYONE IN YOUR HOUSEHOLD A MIGRANT FARM WORKER?	IS ANYONE ELSE IN THE HOUSEHOLD WORKING?
☐ Yes ☐ No	☐ Yes ☐ No

PROOF OF INCOME	INCOME AMOUNT

TOTAL INCOME	FAMILY ECONOMIC SIZE	INCOME ELIGIBLE?
		☐ Yes ☐ No

RESIDENCY ELIGIBILITY

☐ Rental/Mortgage document ☐ Victim of a disaster, migrant or homeless
☐ Utility/Personal Bill ☐ 3rd Party verifier

COMMENTS

THIS INSTITUTION IS AN EQUAL OPPORTUNITY PROVIDER.