

**ITCA WIC Program  
Income Proof Pending**

**Caregiver** Mom Sample  
1000 W. Sample Street  
Phoenix, AZ 85000

**Clients** 11311308 Child Sample

**Income Eligibility Determination Date** March 23, 2015

**Number of Family Members** 3

**Income Source Description** Employment

**Income Amount** \$1,065.00

**Income Period** Every 2 Weeks

My signature indicates that the income information provided is accurate and true to the best of my knowledge. I understand that if I do not bring in proof of income, my temporary certification will end in 30 days and I will need to start the application process again.

Caregiver  
Signature: \_\_\_\_\_

**Clinic** Native Health WIC at 16th St.  
4212 N 16th Street  
Phoenix, AZ 85016