

**ITCA WIC Program**  
**Self-Declaration of Identity**

**Client**            10195721            First Name Last Name

**Caregiver**        First Name Last Name  
                         1234 Main st  
                         Parker, AZ 85344

**Date Proof Provided**        06/09/2017

My reason for "No Proof" of Identity is:

- I am homeless or migrant.
- My only proof of Identity was recently lost or stolen.
- I have been a victim of a disaster such as: fire, flood, etc.
- Other:

\_\_\_\_\_

\_\_\_\_\_

My signature indicates that the above information is true. I understand that if I give false information, I may have to pay the WIC Program, in cash, for the WIC food I get.

**Applicant Signature**        \_\_\_\_\_            Date        \_\_\_\_\_

**WIC Staff Signature**        \_\_\_\_\_            Date        \_\_\_\_\_

**Clinic**    Parker Main WIC Clinic  
                 13350 1st Avenue  
                 Parker, AZ 85344-5344  
                 (928) 669-5588