

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

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

Clients 10195721 First Name Last Name

Income Eligibility Determination Date June 9, 2017

Number of Family Members 2

Income Source Description Mom's job

Income Amount \$250.00

Income Period Every 2 Weeks

Reason for No Proof of Income Earn cash

Other Note

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.

Caregiver
Signature: _____

Clinic Parker Main WIC Clinic
13350 1st Avenue
Parker, AZ 85344-5344