

**ITCA WIC Program
Income Proof Pending**

Caregiver First Name Last Name
 PO Box 1234
 Quartzsite, AZ 85340

Clients 10195721 First Name Last Name

Income Eligibility Determination Date June 9, 2017
Number of Family Members 4

Income Source Description Mom's income
Income Amount \$250.00
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 Parker Main WIC Clinic
 13350 1st Avenue
 Parker, AZ 85344-5344