

**State of Illinois WIC Program
30-day Certification Self Declaration Form**

The Illinois WIC Program requires each applicant to show proof of identity, residency (address) and household income. A 30-day Certification is allowed until required documentation can be provided.

Completion of this form is for: **Identity** **Residency** **Income**

Please complete the applicable information below for the missing documentation.

My name is: _____

My address is: _____

My income is: _____

I understand that by completing this form I am certifying that the information provided is correct. I understand intentional misrepresentation may result in paying the state agency the value of the food benefits improperly received.

By signing this document, I am eligible to receive 30 days of WIC benefits. To continue to receive benefits I must provide the required documentation, or I will be terminated from the program and will need to complete a new application.

Applicant/participant/caretaker

Date

This institution is an equal opportunity provider.