

Women, Infant, and Children (WIC) Services ONLY
REGISTRATION, CONSENT AND WIC CERTIFICATION

REGISTRATION
LABEL 1

REGISTRATION
LABEL 3

REGISTRATION
LABEL 2

REGISTRATION
LABEL 4

Is it OK for us to use an automated telephone message or text message to remind you of your appointments? Yes No

Financial Certification for WIC Services:

I certify that my answers are correct and complete to the best of my knowledge and I have reported all my household income, KTAP, Medicaid, and Food Stamp benefits to determine program eligibility. I understand that I may be asked to provide proof of household income, KTAP, Medicaid, and Food Stamp benefits.

Check One: Woman Participant Parent Other Person Caring for Individual _____
Relationship

Signature of Woman Participant, Parent, or Other Person Caring for Individual

Date

Consent for WIC Services (Unless Valid General Consent on File): _____

(Consent is REQUIRED at WIC Certification/Recertification)

(Enter date of valid CH-5 on file)

I am the woman participant, parent, or person caring for the individual receiving WIC Program Services. I consent to these services which includes a health screening, non-invasive hemoglobin test (if required), height and weight for WIC. ***I understand that I am not allowed to consent to any invasive procedure services as defined by 201 KAR 20:235, Section 1(6) for the above named individual. If the non-invasive hemoglobin cannot be obtained, I understand that additional requirements must be met.*** I understand that no guarantees are being made as to the effect of any exam on the person for whom I am consenting.

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Date

WIC RIGHTS AND RESPONSIBILITIES (MUST be signed at every WIC certification and recertification.)

I have been advised of my rights and obligations under the WIC program. This includes the rights and responsibilities for the eWIC card and any household benefits issued to the cardholder account. I understand that I am also responsible for ensuring the security of the eWIC benefits card and the PIN. I certify that the information I have provided for my eligibility determination is correct, to the best of my knowledge. This certification form is being submitted in connection with the receipt of Federal Assistance. Program officials may verify information on the certification forms. I understand that intentionally making a false or misleading statement or intentionally misrepresenting, concealing, or withholding facts may result in paying the state agency, in cash, the value of the food benefits improperly issued to me and may subject me to civil or criminal prosecution under State and Federal law. I also understand that my name may be given to other health and welfare programs for eligibility purposes for that program.

Signature of Woman Participant, Parent, or Other Person Caring for Individual

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