

Department of Defense WIC Overseas Program VOC Card

Session Date: _____ Participant's Name: _____

Participant Profile Report/Verification of Certification Card (VOC)

Address 1:	Address 2:	Participant Type:
Gender: DOB:	Education:	Category:
Marital:	Unit Phone #:	Home Phone:
Participant ID:	Language:	Race/Ethnic:
Spouse/Parent Guardian Name:		Home Phone:
Address 1:	Address 2:	Unit Phone:
Annual Income:	Primary Source:	Econ. Unit:
Sponsor Name:		Home Phone #:
Sponsor Address 1:	Sponsor Address 2:	Unit Phone #:
Relationship:	UIC:	DEROS:
Authorized Proxy:		
Encounter Type:	WIC Site ID:	Begin Cert Date: End Cert Date:
Height: Weight: BMI:	Hematocrit:	Date of Measurement:
Nutrition Risks:	Priority:	EDD:
Nutrition Education:	Date Provided:	Health Care Source:
Food Prescription ID:		
FI One: xxxxxxxxxxxxxxxxxxxxxx xxxxxxxxxxxxxxxxxxxxxx xxxxxxxxxxxxxxxxxxxxxx	FI Two: xxxxxxxxxxxxxxxxxxxxxx xxxxxxxxxxxxxxxxxxxxxx xxxxxxxxxxxxxxxxxxxxxx	FI Three: xxxxxxxxxxxxxxxxxxxxxx xxxxxxxxxxxxxxxxxxxxxx xxxxxxxxxxxxxxxxxxxxxx
Food Instrument Issued for Dates:		

Participant Rights and Obligations:

I have been advised of my rights and obligations under the program. I certify that the information I have provided for my eligibility determination is correct, to the best of my knowledge. I understand I have a right to appeal any decision which I am aggrieved. This certification form is being submitted in connection with the receipt of Federal funds. Program officials may verify information on this form. 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 hereby certify that I am not currently enrolled in any other WIC or WIC Program. I understand that to do so would be deliberate misuse of program benefits and could result in the loss of these benefits.

Participant or Parent/Guardian Signature:	Date:	Competent Professional Authority:
Print Name:		