



**Georgia Special Supplemental Nutrition Program  
for Women, Infants, and Children (WIC)**



**Verification of Certification (VOC)**

PRINTED NAME OF WIC OFFICIAL: \_\_\_\_\_

SIGNATURE OF WIC OFFICIAL: \_\_\_\_\_

CLINIC NAME: \_\_\_\_\_

CLINIC#

TELEPHONE#

CLINIC ADDRESS

**PARTICIPANT CERTIFICATION INFORMATION**

PARTICIPANT NAME: \_\_\_\_\_

WIC ID NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

CERTIFICATION DATE: \_\_\_\_\_ DATE CERTIFICATION EXPIRES: \_\_\_\_\_

LAST DATE VOUCHERS WERE ISSUED: \_\_\_\_\_

HEIGHT: \_\_\_\_\_ in and \_\_\_\_\_ 8ths WEIGHT: \_\_\_\_\_ lbs and \_\_\_\_\_ oz.

MEDICAL DATA DATE: \_\_\_\_\_ HGB: \_\_\_\_\_ HCT: \_\_\_\_\_

FOOD PACKAGE: \_\_\_\_\_ PRIORITY: \_\_\_\_\_ EDC DATE: \_\_\_\_\_

NUTRITIONAL RISK CODE: \_\_\_\_\_

DATE OF LATEST INCOME ELIGIBILITY DETERMINATION: \_\_\_\_\_

This institution is an equal opportunity provider.