



Georgia WIC Program Income Calculation Form

		WIC ID NUMBE	:R:		
NAME:					
First	Last	Middle Initia	al	Date of Birth	
ADDRESS:					
		City	State	Zip Code	!
Documentation of Income mu	ust be completed for	an applicant who does	not qualify for adju	unctive eligibility.	
	Use	This Section to Calcul	ate Income		
First Certification Date					
Relationship and Name	Income	Source Wha	at Is Each Family M \$	/lember's Income?	(Circle one)
				ly/Monthly/Yearly	
			\$ Weekly/Bi-weekl	y/Monthly/Yearly	
			\$ Weekly/Bi-weekl	y/Monthly/Yearly	
			\$ Weekly/Bi-weekl	y/Monthly/Yearly	
			\$ Weekly/Bi-week	ly/Monthly/Yearly	
Other Income – Is there othe	r regular income or c	ontributions received b		unemployment, chi	ld support)?
			Weekly/Bi-weekl		
			\$ Weekly/Bi-weekl	w/Monthly/Voorly	
\$Total A _l	oplicant's Income (W	eekly/Bi-Weekly/Montl		y/worthiny/Teany	
No. In Family					
IS THE CLIENT INCOME EL	IGIBLE? YES 🗆	NO □ (T	ransfer total to the	Certification Form)

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PARENT/GUARDIAN/CAREGIVER SIGNATURE	Date	SIGNATURE OF WIC OFFICIAL (Who assessed income)
		

Please place this form in the Client's Medical Record behind the Certification Form.

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To file a program complaint of discrimination, complete the <u>USDA Program Discrimination Complaint Form</u>, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- Mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410;
- (2) Fax: (202) 690-7442; or
- (3) Email: program.intake@usda.gov.

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