



Women, Infants and Children (WIC)
California Department of Public Health, WIC Division
3901 Lennane Drive
Sacramento, CA 95834
1-800-852-5770 • Email form to: WIC@CDPH.CA.GOV

Request for Verification of Participation in the California WIC Program

By submitting this form to the WIC Program, you are requesting verification of past or present participation in the California WIC Program for you and/or your child(ren). Please provide the following information:

1. I am a current or former WIC participant: Yes No

2. My relationship to the WIC participant(s) listed below is:
 Self Parent / Guardian Both

3. I am asking for verification of WIC participation for the following current or former WIC participant(s):
Name: _____ Date of Birth: _____
Name: _____ Date of Birth: _____
Name: _____ Date of Birth: _____
Name: _____ Date of Birth: _____

4. The address(es) for myself and/or my child(ren) while on the California WIC Program:

5. I would like to receive the verification of participation letter: By e-mail By mail

Name of Participant/Parent/Guardian (Printed)	Signature	Date
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Current **e-mail address** for Participant/Parent/Guardian

Current **phone number** for Participant/Parent/Guardian (**Optional**)

Current **mailing address** for Participant/Parent/Guardian

IDENTIFICATION REQUIRED: Page 2 of this form must be completed for processing.

This institution is an equal opportunity provider.

Identification is required to process your request for verification of participation.

- **Current or former WIC participant – verification for self and/or minor child(ren):** If you are a current or former WIC participant requesting verification of participation for yourself and/or your minor child(ren), you must submit a copy of identification for yourself as described below. The identification must include your full name.
- **Non-participant parent or guardian – verification for minor child(ren):** If you are the parent or guardian of a current or former WIC participant and have never participated in the California WIC Program, you must submit a copy of identification for both yourself and your minor child(ren) as described below. Both forms of identification must include full names.

INSERT I.D. HERE
OR ATTACH TO
THIS FORM

INSERT I.D. HERE
OR ATTACH TO
THIS FORM

Identification Options for Adult Participant or Parent/Guardian: Aid Verification Letter/Notice of Action • Birth Certificate • Car/Vehicle Registration • Court Order • Foster Child Placement Letter/Notice • Immigration or Naturalization Papers • Immunization Record • Medi-Cal, Health, HMO, or County Services Access Card • Medical Records/Hospital Discharge Forms • Medical Referral Form • Military ID • Official School Documents/Financial Aid Documents • Paystub/Checks with Pre-Printed Name/Bank Documents • Photo Identification (Driver's License/Passport) • Rent/Mortgage/Lease/Property Tax Statement • School ID Card • Social Security Card • Tribal ID Card • Unemployment Benefits Card/Letter • Voter Registration • Work ID Card

Identification Options for Infant/Child Participant: Adoption Papers • Aid Verification Letter/Notice of Action • Baptismal Certificate • Birth Certificate/Hospital Birth Verification/Crib Card • Court Order • Foster Child Placement Letter/Notice • Immigration or Naturalization Papers • Immunization Record • Medi-Cal, Health, HMO, or County Services Access Card • Medical Records/Hospital Discharge Forms • Medical Referral Form • Official School Documents • Photo Identification/Passport • Social Security Card • Tribal ID Card

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