

## **Affidavit Form WIC-383**

**Purpose:** To provide WIC services for applicants / participants who are exempt from documentation requirements by federal regulations.

**Procedure:** Complete the form as follows:

**1. Proof of Identity:**

- a. Enter the applicant's / participant's name in the spaces provided for proof of identity
- b. Comments: Enter the reason why the applicant / participant is not required to provide proof of ID in the space provided (protected class: emancipated minor, homeless, migrant, WIC Transfer Card holder)

**2. Proof of Residency:**

- a. Enter the applicant's / participant's name in the spaces provided for proof of residency.
- b. Comments: Enter the reason why the applicant / participant is not required to provide proof of residency in the space provided.

**3. Proof of Income:**

- a. Enter the amount of the self-declared income in the space provided.
- b. Circle the appropriate time period for the income.
- c. Comments: Enter the reason why the applicant / participant is not required to provide proof of income in the space provided.

4. Applicant / participant shall sign and date the form.

5. Local agency personnel shall sign and date the form.

6. Local agency personnel shall scan the completed form into Crossroads and destroy the original.

**Affidavit Form  
WIC-383**

**Proof of Identification**

I swear that I am \_\_\_\_\_

I swear that this child is \_\_\_\_\_

Comments

**Proof of Residency**

I swear that I \_\_\_\_\_ live in Virginia.

I swear that this child \_\_\_\_\_ lives in Virginia.

Comments

**Proof of Income**

I swear that my income is \_\_\_\_\_ (weekly, monthly, annually)

Comments

\_\_\_\_\_  
Signature of applicant / participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of local agency personnel

\_\_\_\_\_  
Date

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Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the state or local agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, [AD-3027](#), found online at How to File a Program Discrimination Complaint 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:

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

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