

R- 08.24 WIC Paper Assessment Tool

Date: _____ Frontline Initials: _____

Income Paper Certification Form

Household Size: _____

Not Participating in Any Program: Medicaid, SNAP, TANF

Not Participating – By Program: Medicaid SNAP TANF

Include both WIC and non-WIC HH member in size.
 Foster child must always be a HH of 1.
 Increase HH size by number of fetuses.

Adjunct Eligibility – Record Adjunct Program participation for each participant (Yes, No). Document one verification method used to determine eligibility.

(Verification Method)

Include IN Verif.	Name	CAT	Adjunct Elig.	Medicaid		SNAP		TANF	
				*REP	*Type of Verification	*REP	*VER	*REP	*VER
<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Medicaid Eligibility Letter Medicaid On-line Verification Verified Date: Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> SNAP Eligibility Ltr <input type="checkbox"/> SNAP On-Line Ver	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> TANF Eligibility Ltr <input type="checkbox"/> TANF On-Line Ver
<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Medicaid Eligibility Letter Medicaid On-line Verification Verified Date: Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> SNAP Eligibility Ltr <input type="checkbox"/> SNAP On-Line Ver	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> TANF Eligibility Ltr <input type="checkbox"/> TANF On-Line Ver
<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Medicaid Eligibility Letter Medicaid On-line Verification Verified Date: Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> SNAP Eligibility Ltr <input type="checkbox"/> SNAP On-Line Ver	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> TANF Eligibility Ltr <input type="checkbox"/> TANF On-Line Ver
<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Medicaid Eligibility Letter Medicaid On-line Verification Verified Date: Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> SNAP Eligibility Ltr <input type="checkbox"/> SNAP On-Line Ver	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> TANF Eligibility Ltr <input type="checkbox"/> TANF On-Line Ver

Illinois State WIC Program

Category: Frontline

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Income (All household members (WIC and non-WIC) income sources must be verified and documented)

*Interval		Hrs/Wk	*Amount	Documentation (see table)	*Annual
<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Annual				
<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Annual				
<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Annual				
<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Annual				

Income Frequency	Annual Income Conversion Factor
Weekly	Multiply by 52
Bi-Weekly	Multiply by 26
Twice-Monthly	Multiply by 24
Monthly	Multiply by 12
Annual	Multiply by 1

Annual Income: -----

INCOME ELIGIBILITY:

- Verify (use chart) and document all income sources for all household member(s), both WIC and non-WIC.
- Proof of income must be current (past 28-31 days), prospective (future 30 days) for Unemployment or Disability, or current year income tax return for annual.
- Determine the frequency of each income source (weekly, bi-weekly, semi-monthly, monthly, annual).
- If an individual's paystubs have various total amounts, use an average of the totals.
- Convert the frequency of each income source in the household to an annual amount using the chart above, before adding them together.
- Compare the annual total of all income sources for the household to the Federal income guidelines for the household size.
- A printed copy of the current federal income guidelines should always be available.

*Income Documentation – Electronic or Paper (circle one)		
1040 Tax return	30 Day certification	Adjunctive Eligibility
Alimony payments	Child support payments	DCFS placement papers
Employment contract / letter	Military leave and earnings	No Proof
Pay Stub	Social Security benefits	State administered program
Tuition assistance benefits	Unemployment benefits	VOC
W2		