

Illinois State WIC Program

Category: Frontline

**R- 08.24 WIC Paper Assessment Tool**

Date: \_\_\_\_\_ Frontline Initials: \_\_\_\_\_

**Participant Information**

Each participant will need this page filled out. If you need more than 1, print additional pages for each participant.

*Participant Name (Last, First, MI)	Second Parent (Last, First, MI)	Check if Second Parent Declined	*Birth Date	*Gender	Foster Care
		<input type="checkbox"/>		<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Yes <input type="checkbox"/> No

Mothers ID	*Is the Participant Hispanic or Latino/a?	*Race	*Special Needs
<p>-----</p> <input type="checkbox"/> Check if Mother is Not in Household	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White  <p style="text-align: center;"><b>If multiracial, check all that apply from the list above.</b></p>	<input type="checkbox"/> Impaired Sight <input type="checkbox"/> Impaired Hearing <input type="checkbox"/> Impaired Mobility <input type="checkbox"/> Other:

*Identity Documentation – Electronic or Paper (circle one)			
1040 Tax Return	30 day certification	Adjunctive eligibility	Birth certificate
DCFS placement papers	Employment contract / letter	Government Issued ID	Health plan card in applicants name
Hospital documentation	Immunization record	Matricula consular card	Military base orders
Military leave & earnings	No Proof	Office notices / bills	Pay stub
Photo ID	Rent or mortgage receipt	Social Security benefits	State administered program
Tuition assistance benefits	Voter registration card	W2 forms	WIC ID

*Voter Registration (circle one)	Physician Information
Voter application completed	Name:      Phone:
No, already registered at current address	
No, not interested	
No, age ineligible	
Provided URL	