

**WOMEN, INFANTS, AND CHILDREN (WIC) NUTRITION PROGRAM
EMPLOYER STATEMENT**

Employee

Completion of this form is voluntary. It will only be used by the WIC Program for proof of income for employees who do not receive a paycheck stub. Proof of income is needed for enrollment in the WIC Program

Employer (Please complete the information below, sign and return the original to the employee)

Employee Name		Gross Income (the most current income)	
Date income information provided	Hourly wage	Hours per week	Weekly income
Business Name of Employer		Telephone Number (include area code)	
Address			

By signing below, I acknowledge that the information given above is correct, to the best of my knowledge.

Employer Printed Name

SIGNATURE – Employer	Date Signed
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- (1) 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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