**VIRGIN ISLANDS DEPARTMENT OF HEALTH**  
**WIC PROGRAM**  
**ELIGIBILITY CHECKLIST**

<table>
<thead>
<tr>
<th>Appointment Date: ________________________</th>
<th>Appointment Time: ________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location: ______________________________</td>
<td>Telephone: _____________________________</td>
</tr>
</tbody>
</table>

To receive or continue to receive WIC benefits, you will need to bring in the items checked below:

**PROOF OF ALL APPLICANTS’ IDENTITY:**
- WIC Appointment Card (valid)
- Birth Certificate (not a copy)
- Baptismal Record (not a copy)
- Driver’s License
- Voter’s Registration Card

**PROOF THAT YOU LIVE IN THE VIRGIN ISLANDS:**
- VI WIC Appointment Card (valid)
- VI Driver’s License (valid)
- VI Voter’s Registration Card (valid)
- Rent Receipt/Lease Contract (current)

**PROOF OF HOUSEHOLD’S CURRENT INCOME:**
- SNAP (Food Stamps) Action Statement (with cert period)
- MAP (Medical Assistance) CARD
- TANF (Welfare) Statement
- VOC (Valid WIC Verification of Certification)
- Verification of Support
- Check Stub/Statement (most recent)
- Verification of Employment Letter

**MEDICAL INFORMATION:**
- Bring ________________________________ for Weight & Height
- WIC Referral
- Hematology Results for ________________________________

**OTHER:**
- Notarized Guardianship Letter
- Immunization Record
- Other ________________________________

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

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 Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: [http://www.ascr.usda.gov/complaint_filing_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), 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  
   Washington, DC. 20250-9410.

2. fax: (202) 690-7442  
   OR

3. email: program.intake@usda.gov

This institution is an equal opportunity provider

Rev: 05/2020