



Arkansas Department of Health

Governor Sarah Huckabee Sanders
Renee Mallory RN, BSN, Secretary of Health
Jennifer Dillaha, MD, Director



Please bring the following items to your appointment on:

Remember if your child/infant has the certification appointment, they must come with you to this appointment.

1. Proof of income for every working person in the household for the past **30 days**.
Examples: current check stubs for the past 30 days, signed statement from employer indicating gross earnings for a specified pay period, W-2 forms or income tax return for the most recent calendar year, unemployment letter/notice, check/award letter from Social Security stating current amount of earnings, Recent Leave and Earnings Statement (LES) for military personnel, foster child placement letter/foster parent award letter, written statement from a third party for applicants reporting zero income or regular contributions from persons not living in household.
2. Proof of identity for each person applying for WIC
Examples: photo ID such as current driver's license, passport, active Medicaid card, Social Security card, baptismal record, birth certificate, current check stub, health insurance, insurance policy, medical records such as hospital records or immunization records, voter registration card, foster care document, staff recognition (only after initial certification).
3. Proof of residency
Examples: Current cable, telephone, or utility bill in the name of a household member; current mortgage, rent receipts or statement from landlord reflecting address; proof of current ARKids First, SNAP, Medicaid (Arkansas) or TEA (for anyone in the household).

In hardship circumstances, the designated person with the card and pin number may bring a note signed and dated by the authorized rep allowing them to bring in an infant or child for WIC certification. The note AND eWIC card must be presented with the other required documentation at the time of certification. A new note is required at each certification.

If you or your child has Medicaid or SNAP, please bring the card to your appointment.

We look forward to serving you soon!

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language) should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a Complainant should complete a Form AD-3021, USDA Program Discrimination Complaint Form, which can be obtained at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3021 form or letter must be submitted to USDA by:

- (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: (833) 256-1665 or (202) 690-7442; or
- (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.



Arkansas Ra eo an Ājmour

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Jouj im bōktok men kein ñan aboinmen eo am ilo:

Kememej, eļaññe ewor an ajri eo nejum aboinmen in kokaal WIC eo an , ej aikuj itok ippam tok.

1. Kein kaṃool kōn joñan oran jaan ej iwoj nan aolep ri-jerbal ro mweo ilo **raan ko 30** rej kab jemļok. Waan joñak ko: jaak stub ko ñan raan ko 30 rej kab jemļok, juon peba jān jikin jerbal eo emoj jain i im kwaļok jete kolla eo an ri-jerbal eo mokta jen aer bok eowoj (tax), W-2 ak inkam taak (income tax) ñan iio eo ļok, juon leta ej kwalok ke kwar jab jerbal, juon leta jān Social Security eo ej kwaļok joñan jān eo kwoj bōke, Peba eo ej kwalok jete onean ri tariņae eo/ro, leta eo ej kwalok ke komaron lale ajri eo/ro im ej karok jen kien eo, juon leta jān bar juon armej eo ej kwalok ke armej eo ej kajjeon kabok jiban ejeļok oņean, ak juon leta eo ej kwalok ke ewor juon armej eo ejjab jokwe mweo ak ej jilkintok jān jān iien ñan iien.
2. Kein kaṃool wōn armej ro me rej kajjeon bok jiban ñan WIC
Waan joñak ko: ID ko ewor pijaam ie, āinwōt laijen in kattor ko, kaat in takto ko im rej jerbal kiiō, kaat in Social Security ko, peba eo ej kwaļok ke kwar peptaij, peba in ļotak, jaak stub eo am ekaal tata, injuren in takto eo, ijuren eo am, peba in takto ko āinwōt peba in wā in bōbrae nañinmej, kaat in boot (vote) eo am, peba eo jen ijo ej bok eddoin ajri ilo kien (Foster Care), peba in nebar ko jen jikin jerbal im emoj aer jain i, kaat in eWIC eo am im ej kwaļok ke kwar pād ilo būrookraam eo ilo allōñ eo ļok.
3. Kein kaṃool kōn ia eo kwōj jokwe ie
Waan joñak ko: biil in Cable, talpoon, jarom, dreem, kiaaj ko im ebed etan armej ro rej jokwe mweo; peba eo ej kwalok jete woneen mweo imom im atreej eo am im ej iwoj jen oner (landlord) eo am; kein kaṃool ke ewor am ARKids First, SNAP, Medicaid (Arkansas) ak TEA (ñan jabdewōt armej ilo mweo)

Ñe ewor am utamwe im kwojjab maroñ itok, innem armej eo kwoj kelet bwe en etal nan kwe im ebed ibben kaat kab pin nōmba eo ibben e maroñ bōktok juon leta jen kwe eo im emoj am jain i im likit raan eo ie eo im ej kamālim an bōktok niñiñ ak ajri eo bwe en deļoñ ilo būrookraam eo an WIC. Ej aikuj letok leta eo im eWIC kaat eo ippān peba ko jet ilo iien in ej kokaal wic eo an. Kajjojo iien rej kokaal ej aikuj wor juon leta kāl.

Eļaññe ewor am ak an ajri eo nejum Medicaid ak SNAP, jouj im bōktok kaat eo ñan aboinmen eo.

Kemij reimanlok nan am jerbal ibbam!

Ekkar nan kakien ko kōn jimwe im maroñ ko an armej im ra eo an Agriculture (USDA) jimwe im maron im kakien ko, USDA eo, Doulul ko an, opij ko, im ri-jerbal ro, im ro rej bōk kuņaer im lorlorjake būrookraam ko an USDA emoj aer kamo aer kalijekļok ilo aer jiban ro jet bedbed ioon ia eo armej rej itok jān e, kolar in kil ko kilier, aelōñ ko aer, eļaññe er mōmāan ak kōrā, eļaññe ewor aer utamwe, kōn jete aer iio, ak eļaññe raar bōk kuņaer moktaļok ilo iien kwaļok kōn jimwe im maron ko an armej eļaññe raar pād ilo jabdewōt būrookraam ko USDA ej kōmmane ak kōļļā oņean. Ro ewor aer utamwe im rej aikuj bar jet wāween kōnono ak bōk meļeļe kōn būrookraam eo (āinwōt Braille, jeje ko reļap, kein roņjake, American Sign Language, im aerļok wōt) ren kōnono ippān doulul eo (State ak local) ijo raar apply ñan men in jipañ. Ro re jaroñroñ ak e pen aer roñlokjen ak e jab eņman aer kōnnaan ren kajjeon tōpar USDA eo ilo Federal Relay Service ilo (800) 877-8339. Barāinwōt, e maroñ wor meļeļe kōn būrookraam in ilo bar jet kajin ijellokin Kajin Pālle. Nan kommane juon am abñōñō kin jerbal in kalijekļok, komaron kanne [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) online ilo: http://www.ascr.usda.gov/complaint_filing_cust.html, ak opin ko kajjojo an USDA, ak kwō maroñ jejeļok ñan USDA im kwaļok ilo leta eo aolep meļeļe ko me pepa eo ej kajjitōk kaki. Bwe en wor am copy in abñōñō in am, kir lok (866) 632-9992.

Lelok pepa eo ededelok am kanne ñan USDA ilo wāween kein:

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Būrookraam in ej lelok jiban nan aolep.