

Iowa WIC Program - Verification of Certification (VOC)

Current Certification as of

Participant Name:

Person ID#:

Category at Cert.:

Participant DOB:

Certification Dates:

Priority:

Income Determination Date:

Height (inches):

Measured:

Weight (lbs):

Measured:

Hemoglobin:

Measured:

Hematocrit:

Measured:

Recorded	USDA Code	Reason	Priority

Month Food Benefits Issued	First Date To Use	Last Date to Use

Future Certification

Participant Name:

Person ID#:

WIC Category:

Participant DOB:

Certification Dates:

Priority:

Income Determination Date:

Height (inches):

Measured:

Weight (lbs):

Measured:

Hemoglobin:

Measured:

Hematocrit:

Measured:

Recorded	USDA Code	Reason	Priority

Month Food Benefits Issued	First Date To Use	Last Date to Use

From Information
Clinic Address and Phone:

Signature & title of Local Agency Staff

Date