

NH DHHS
Self Declaration of Income

Client 101220291 Lissa Jesmer

Caregiver Lissa Jesmer

, 00000

Eligibility Determination Date December 15, 2010

Number of Family Members 3

Income Source Description TANF

Income Amount \$500

Income Period Monthly

My reason for "No Proof" is: _____

My signature indicates that the above information is true. I understand that if I give false information, I may have to reimburse the WIC Program for the value of the WIC foods I have received.

Applicant Signature _____ **Date** _____

WIC Staff Signature _____ **Date** _____

Clinic Concord WIC Clinic
2 Industrial Park Drive
CONCORD, NH 03302