I. Forms

| Form # (If applicable) | Form Name | When to use | Signature Required | Required to be given |
|------------------------|---|---|-----------------------|----------------------------|
| CDPH 4130 | California WIC Program Self Declaration Statement | When an individual does not have proof of income, address, or identification at initial certification and recertification only. | Yes | Yes |
| CDPH 4146 | Consent to Release Personal Information | When an individual gives permission to personal information being released and/or when permission is given to WIC to contact health care providers. | Yes | Upon request |
| CDPH 4132 | Know Your Rights and Responsibilities | When eligibility is determined at initial certification and recertification. | Yes | Upon request |
| CDPH 4148 | Multi-User Breast Pump Loan Agreement | When issuing a breast pump (Coming Soon) | Yes | Yes |
| CDPH 4134 | Notice of Action At Initial Certification and Recertification | When an applicant is determined ineligible at initial certification or recertification or after 30/60 day short certification when the required income, residency, ID, proof of pregnancy or infant presence is not provided. | Yes | Yes |
| CDPH 4304 | Notice of Action During WIC Certification Period | When a participant no longer meets WIC Program requirements during a certification period. 15-day notice is required. <i>Not to be used at recertification.</i> | Yes | Yes |
| CDPH 4147 | Notice of WIC Certification Expiration | When the certification period of a participant will end based on their category. Provide the notification at the last WIC contact prior to the certification end date. | No | Yes |

| Form # (If applicable) | Form Name | When to use | Signature Required | Required to be given |
|------------------------|--|---|-----------------------|----------------------------|
| N/A | Initial Certification and Recertification Appointment Reminder | When scheduling an appointment for an initial certification or a recertification. | No | Upon request |
| N/A | Outbound Verification of Certification | When a participant is leaving California WIC and moving to another state. | No | Yes |
| N/A | WIC Food Balance | When a participant requests a list of their food benefits. | No | Upon request |
| N/A | WIC Health Assessment Data | When a participant requests their health data obtained by WIC. | No | Upon request |
| N/A | WIC Visit Verification | When a participant requests proof that they attended a WIC appointment. | No | Upon request |

II. Documents that must be scanned to WIC WISE

| Form Name | When is it required to scan | Required to be given |
|--|---|---------------------------------|
| Custody/Foster Placement Papers | When the custody of an infant or children is in question. | N/A |
| Downtime forms: Notices of Action (NOA)/Self Declaration Statement (SDS)/Rights & Responsibilities (R&R) | When WIC WISE experiences a power outage or no network connectivity. Once power or network connectivity is restored, forms must be scanned. | Yes |
| Notices of Action (NOA) Self Declaration Statement (SDS) Rights & Responsibilities (R&R) | When there is no functioning signature pad or mouse pen. Signed documents must be scanned. | Yes (R&R Upon Request) |
| Inbound VOC | When a participant provides a VOC when transferring into California. | N/A |
| LA Breast Pump Agreement | When staff issues a LA-developed Breast Pump Agreement. Coming soon. | Yes |
| LA Consent Forms | When a form created by the LA is used instead of the CDPH/WIC template. | Upon Request |
| Rx from Doctor/HCP | When a participant provides a Rx for modified diet. | N/A |
| Therapeutic Formula Documents When a participant provides the LA with documents retained their Rx for therapeutic formula and/or WIC-eligible nutritionals. | | N/A |
| WIC Medical Referral Form (Pediatric/PG/PP) | When a participant provides the LA with a form with information from the Health Care Provider other than anthropometric or bloodwork. | N/A |