

STATEMENT OF STATUS FOR PURPOSE OF ENROLLMENT  
DECLARACION DE ESTADO CON EL PROPOSITO DE INSCRIPCION



Participant's Name \_\_\_\_\_  
Nombre del participante

**Please check those items listed below which describe your situation:**  
**Por favor indiqué de las declaraciones que siguen, las cuales describen su situación:**

- I am currently residing in a foster home or other placement through Department of Health & Human Services. Foster Parent(s) Name: \_\_\_\_\_  
*Actualmente estoy viviendo en un hogar tutelar u otro alojamiento bajo el Departamento de Salud y Servicios Humanos de Nebraska.*
- I am no longer living with my parents or legal guardian, and I am no longer receiving any financial support from them for my living expenses. Parent/Guardian Name(s) \_\_\_\_\_  
*Yo, ya no vivo con mis padres o tutor legal y ya no estoy recibiendo ninguna ayuda financiera de ellos para mis gastos de manutención. Nombre(s) Padre/Tutor \_\_\_\_\_*
- I have no legal guardian. *No tengo tutor legal.*
- I am living with my parents or legal guardian and am receiving financial support from them for my living expenses. Parent/Guardian Name(s) \_\_\_\_\_  
*Estoy viviendo con mis padres o tutor legal y estoy recibiendo ayuda financiera de parte de ellos para gastos de manutención. Nombre(s) Padre/Tutor \_\_\_\_\_*
- I am living with parents or legal guardian, but I am not receiving any financial support from them for my living expenses. Parent/Guardian Name(s) \_\_\_\_\_  
*Estoy viviendo con mis padres o tutor legal, pero no estoy recibiendo ninguna ayuda financiera de parte de ellos para mis gastos de manutención. Nombre(s) Padre/Tutor \_\_\_\_\_*
- I am married. *Estoy casado(a)*

I certify that the information I have provided is correct to the best of my knowledge. Program officials may verify the information on this form. I understand that intentionally making a false or misleading statement or intentionally misrepresenting, concealing, or withholding facts may result in paying the State Agency in cash, the value of food benefits improperly issued to me and may subject me to civil or criminal prosecution under State and Federal law.

Yo certifico que la información que he provisto es correcta, según lo que yo se. Los oficiales del Programa pueden verificar la información en esta forma. Yo entiendo que el intencionalmente hacer falsas o engañosas declaraciones o el intencionalmente mal representar, esconder o retener hechos, puede resultar en que yo deba pagar a la Agencia del Estado, en efectivo, el valor monetario de los beneficios de alimentos impropriamente concedidos a mi y que se me podrá sujetar a prosecución civil o criminal bajo las Leyes Estatales o Federales.

Date: \_\_\_\_\_  
Fecha \_\_\_\_\_ Signature / Firma \_\_\_\_\_

Date: \_\_\_\_\_  
Fecha \_\_\_\_\_ Staff Signature / Firma del Personal \_\_\_\_\_

This institution is an equal opportunity provider.  
Esta institución garantiza igualdad de oportunidades.

 **WIC Staff - scan this document into Journey after form is completed**

Rev 3.21.2023  
English / Spanish

## Status Statements and When to Use For all Teens under age 19 who apply for WIC

*I am currently residing in a foster home or other placement through Department of Health & Human Services.*

- For any teen who is a ward of the state and has been placed in a foster home or other placement such as a group home by the court or Department of Health & Human Services.

*I am no longer living with my parents or legal guardian, and I am no longer receiving any financial support from them for my living expenses.*

- For any teen who is not living in the same household as their parent(s)/guardian **and** who is not receiving any financial support from their parent(s)/guardian. Financial support includes housing, money that pays for or supplements rent, utilities, or other living expenses on a routine basis. Occasional gifts of food and/or cash are not included as support.

Parent/Guardian Name(s)

*I have no legal guardian.*

- For any teen who has no legal guardian. This does not apply to teens who are simply not living at home or who are currently living in foster care.

*I am living with my parents or legal guardian and am receiving financial support from them for my living expenses.* Parent/Guardian Name(s)

- For any teen who is living in the same household as her parents/guardian and whose parents/guardian are providing all or part of the teen's financial support. This includes situations where the parents/guardian are allowing the teen to live at home rent free and the teen pays for all of her other expenses. This also includes any teens currently in foster care. Occasional gifts of food and/or cash are not included as support.

*I am living with my parents or legal guardian, but I am not receiving any financial support from them for my living expenses.*

- For any teen that is living in the same house as her parents/guardian or other parental authority and who is paying rent for that space. The teen must also be paying for all of her other living expenses, including food and clothing. Occasional gifts of food and/or cash are not included as support. This statement also applies to teens who are exchanging services for room and board.

Parent/Guardian Name(s)

*I am married.*

- For any teen who is legally married.