

**Maryland WIC Program**  
**Participant Release of Information**

Report Date: 3/1/2023

Participant ID: [REDACTED]	Participant Name: [REDACTED]	Clinic ID: [REDACTED]
Family ID: [REDACTED]	Head of Household: [REDACTED]	Phone #: [REDACTED]
Proxy #1:	Family Size: [REDACTED]	
Proxy #2:	Income Eligible: Yes	Adjunct Eligible: Yes
Street Address: [REDACTED]	Mailing Address: [REDACTED]	
Birth Date: [REDACTED]	Hispanic: [REDACTED]	Disability: [REDACTED]
Gender: [REDACTED]	Ethnic Group: [REDACTED]	Military: [REDACTED]
Category: [REDACTED]	Language: Spanish	Homeless: [REDACTED]
Priority: 3	Breastfeeding Now: Yes	
Application Date: 2/21/2023	Pickup Interval:	
Schedule Day: 10th	Next Benefit Date: 5/10/2023	

Income Date	Annual Income	Income Interval	Income Amount	Income Verification
2/21/2023	\$10,400.00	Weekly	\$200.00	No Proof

Cert Start Date: 2/21/2023	Cert End Date: 2/29/2024	Termination Date:
Anthro Date: 2/21/2023	Bloodwork Date: 2/21/2023	Reason:
Date of Last Immunization:		
Vaccine Given: #		

[REDACTED SIGNATURE]

Local Agency official's signature

Date: 3/1/2023