

If you would like to authorize another person to represent you at times when you are unable to attend WIC appointments or redeem food instruments, please check either Parent/Spouse/Partner, Representative or Proxy. You are allowed to have up to two persons to represent you but this is not required.

This form does not allow for the release of WIC records.

| | |
|----------------------------|-------|
| For Office Use Only | |
| Validation Date: | _____ |
| Void Date: | _____ |
| Participant's Initials: | _____ |

| Participant Name(s) | Individual WIC ID Numbers |
|---------------------|---------------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Parent/Spouse/Partner

- has the same rights under the WIC program as the enrolling parent/spouse/partner
- can authorize a Representative or Proxy
- can sign all required forms
- can represent you at your certification appointments
- can represent you at your children's certification appointments
- can represent you and/or your children at nutrition education appointments
- can pick up and redeem your food instruments

Representative

- must be someone responsible for the primary care of the participant and able to provide information on the eating habits and medical condition of the participant(s)
- can sign all required forms
- can represent you at your children's certification appointments
- can represent you and/or your children at nutrition education appointments
- can pick up and redeem your food instruments

Proxy

- can represent you and/or your children at nutrition education appointments
- can pick up and redeem your food instruments

| | | | | |
|---------------------------|--|--------------------|--|--------------------|
| | | | Verification of Correct Information | |
| Signature _____ | | Date _____ | | |
| Name (please print) _____ | | | | |
| Address _____ | | Apt. # _____ | Initial/Date _____ | |
| City _____ | | State _____ | Zip Code _____ | Initial/Date _____ |
| Phone # _____ | | Initial/Date _____ | | |

I have instructed the above authorized parent/spouse/partner, representative or proxy on the rules and regulations of the WIC program including proper use of food instruments at redemption locations. I understand that I am liable for improper or fraudulent use of the WIC program by said person.

Signature of Participant/Parent/Guardian (sign only after form is completed)

 Date