

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 _____		Initial/Date _____	Initial/Date _____
Name (please print) _____				Initial/Date _____	Initial/Date _____
Address _____		Apt. # _____		Initial/Date _____	Initial/Date _____
City _____	State _____	Zip Code _____		Initial/Date _____	Initial/Date _____
Phone # _____				Initial/Date _____	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