

# Authorization Form

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

Signature _____ Date _____			<b>Verification of Correct Information</b> <table border="1"> <tr> <td>Initial/Date _____</td> <td>Initial/Date _____</td> </tr> <tr> <td>Initial/Date _____</td> <td>Initial/Date _____</td> </tr> <tr> <td>Initial/Date _____</td> <td>Initial/Date _____</td> </tr> <tr> <td>Initial/Date _____</td> <td>Initial/Date _____</td> </tr> </table>		Initial/Date _____	Initial/Date _____	Initial/Date _____	Initial/Date _____	Initial/Date _____	Initial/Date _____	Initial/Date _____	Initial/Date _____
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Initial/Date _____	Initial/Date _____											
Initial/Date _____	Initial/Date _____											
Initial/Date _____	Initial/Date _____											
Name (please print) _____												
Address _____		Apt. # _____										
City _____	State _____	Zip Code _____										
Phone # _____												

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