

Proxy Designation Form
WIC – 314A

Purpose: To allow a designated alternate to receive nutrition education, food instrument issuance, and / or redeem WIC food instruments for a participant, parent or legal guardian. Signed by the parent or legal guardian.

Reference: PRR 02.0

Procedure: Complete the form.

1. **Name:** Enter name of participant, parent or legal guardian.
2. **Print Proxy Name:** Enter name of proxy.
3. **Relationship to Participant:** Enter relationship to participant.
4. **State how proxy will share nutrition education and health care referrals:** The participant, parent or legal guardian shall state on the form what assurances will be given by the proxy to share the nutrition education information, referrals and all other pertinent information with the participant.
5. **Signature of Participant:** Signature of participant, parent or legal guardian.
6. **Family Number:** Enter participant's, parent's or legal guardian's Family ID number(s).
7. **Date:** Date of signature.
8. **Name of Participant / Child / Infant:** Enter name of participant / child / infant.
9. **Client ID Number:** Enter participant's / child's / or infant's Client ID number(s).
10. **Local agency signature:** The local agency personnel shall sign and date the form to verify the proxy is acceptable.

Issuance: When participant, parent or legal guardian requests a proxy or proxy change.

Disposition: File original in participant's record. Provide copy to proxy. If requested, provide a photocopy for the participant / parent or legal guardian.

Retention: Three (3) years. Longer if necessary for audit or litigation resolution.

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I, _____, the participant, or parent / legal guardian of the infants / children listed below, give permission for the following person to be my proxy in order to receive and to share nutrition education and to receive and to redeem my WIC food instruments. I give permission to the proxy to consent, on my behalf, to WIC taking height, weight, and blood measurements from my infants / children.

I understand that my proxy must attend all nutrition education sessions in order to receive food instruments. I understand that **I am responsible for all actions of the proxy on my behalf. I am responsible for assuring that s/he will follow all program rules. I understand that I will have to repay the program for all losses incurred by my proxy breaking program rules and / or laws.**

Print Proxy Name

Relationship to Participant

Local agency personnel shall state the difficulty of obtaining WIC benefits and the need for a Proxy:

State how proxy will share nutrition education and health care referrals:

Your proxy must bring this form, your WIC ID Folder, and proof of his/her identification to the WIC clinic. If you would like to change your proxy, you and your new proxy must return to complete another form and WIC ID Folder.

Signature of Participant

Family Number

Date

Name of Participants

Client WIC Number

Local Agency Signature

Date

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