WIC Delayed Benefits Signature Authorization
WIC-318

Purpose: This form grants or refuses authorization to Virginia WIC Program staff to sign for the uploading or modifying of food benefits for a designated family.

Reference: FDS 04.2.1

Procedure: Complete the form as follows:

1. **Authorization for Signature-** The participant/parent/guardian/caretaker shall check whether or not they grant staff of the Virginia WIC Program permission to sign for benefits in designated situations

2. **Family ID Number-** Enter the family 10 number from Crossroads

3. **Participant/Parent/Guardian/Caretaker Name-** Enter the printed name of the person completing the form

4. **Participant/Parent/Guardian/Caretaker Signature** - Enter the signature of the person completing the form

5. **Date-** Enter the date that the form was completed and signed

Form shall be scanned into Crossroads and original provided to the participant/parent/guardian/caretaker. A Family Alert shall be entered in Crossroads that includes the dates the form is valid and whether or not permission was granted. Any old alerts shall be deactivated when a new one is entered.

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This form authorizes staff of the Virginia WIC Program to sign for uploading food benefits on behalf of the family identified below. This will only be used when necessary due to a computer system failure or other clinic situations that affect the issuing or modifying of benefits.

This form is valid for one (1) year from the date of signature.

☐   I do authorize the staff of the Virginia WIC Program to sign for my/my family's benefits in the above situations.

☐   I do NOT authorize the staff of the Virginia WIC Program to sign for my/my family's benefits in any situation.

_____
Family ID Number

_____
Participant/Parent/Guardian/Caretaker Name

_____
Participant/ Parent/Guardian/Caretaker Signature

_____
Date

The signed form is to be scanned into the Crossroads and the original copy given to the family designee.

This institution is an equal opportunity provider.