

Caretaker Designation Form WIC-311

Purpose: To allow a designated alternate to certify the child / infant, to receive and share nutrition education, to receive the food benefits issuance for a parent or legal guardian. Signed by parent or legal guardian and the designated caretaker.

Reference: PRR 02.1

Procedure: Complete the form.

1. **Parent / Legal Guardian Name:** Print name of the parent or legal guardian.
2. **Print Caretaker Name:** Print name of caretaker.
3. **Family Number:** Fill in the Family ID Number that the caretaker is assigned to for the infant / child.
4. **Reason why the parent / legal guardian cannot visit the local agency:** The local agency personnel shall state the difficulty the parent or legal guardian has in visiting the local agency and the need for a caretaker.
5. **Boxes:** Have parent or legal guardian read and check each box.
6. **Signature of Parent / Legal Guardian, Caretaker and Date:** The parent or legal guardian and caretaker shall sign and date the form.
7. **Local Agency Signature and Date:** The local agency personnel shall sign and date the form to verify the caretaker is acceptable.
8. **Termination:** The parent or legal guardian shall only sign to terminate a caretaker.

Issuance: When parent or legal guardian requests a caretaker or caretaker change.

Disposition: Scan in participant's record. Provide copy to caretaker if requested. If requested, provide a copy for the parent or legal guardian.

Caretaker Designation Form

WIC-311

Parent / Legal Guardian Name _____

Caretaker Name _____

Family Number _____

Local agency personnel shall state the difficulty of obtaining WIC food benefits and need for a Caretaker

Have Parent / Legal Guardian and Caretaker read and check each box that applies:

- a. I, the parent / legal guardian of the infants / children in the family number listed above, give permission for the person listed above to be my caretaker in order to certify the infant / child, receive nutrition education, food benefits issuance, and eWIC card for food redemption.
- b. I assure that the caretaker has detailed knowledge of the nutritional needs and eating habits of the infant / child.
- c. I give permission to the caretaker to consent, on my behalf, to WIC taking height, weight, and blood measurements from my infant / child.
- d. I give permission to the caretaker to sign, on my behalf, the WIC-310C, Rights and Responsibilities Form.
- e. I understand that I am responsible for all actions of the caretaker acting on my behalf.
- f. I am responsible for assuring that s/he will follow all program rules.

Your caretaker must bring this form, your eWIC card, and proof of his / her identification to the WIC Clinic. If you would like to change your caretaker, you and your new caretaker must complete a new form and receive a new eWIC card

Signature of Parent / Legal Guardian

Date

Local Agency Signature

Date

- I understand that I will have to repay the program all losses incurred as a caretaker breaking program rules and / or laws.**

Caretaker Signature

Date

I hereby terminate my caretaker listed above. _____
Signature

Date

This institution is an equal opportunity provider.