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.
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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. ___________________________ ___________________________ Date ______________

Signature Date ______________

This institution is an equal opportunity provider.