

# **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-310, 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 the current eWIC card would need to be shared with the updated caretaker.

\_\_\_\_\_  
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

## **Caretaker Designation Form WIC-311**

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To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, [AD-3027](#), found online at How to File a Program Discrimination Complaint and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

1. **Mail:** U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Mail Stop 9410, Washington, D.C. 20250-9410;
2. **Fax:** (202) 690-7442; or
3. **Email:** [program.intake@usda.gov](mailto:program.intake@usda.gov).

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