Proxy Signature Form
WIC-314B

Purpose: To allow a designated alternate to receive nutrition education, food benefit issuance, and *I* or redeem WlC food benefits for a participant, parent or legal guardian. Signed by the proxy.

Reference: PRR 02.0:

Procedure: Complete the form.

1. **Print Name:** Enter name of the participant, parent or legal guardian.
2. **Relationship to Participant:** Enter relationship to participant.
3. **Print Proxy Name:** Enter name of proxy.
4. **State how proxy will share nutrition education and health care referrals:** 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. **Name of Participant *I* Child *I* Infant:** Enter name of participant *I* child *I* infant.
6. **Client ID Number:** Enter participant's *I* child's *I* or infant's Client ID number.
7. **Check Boxes:** The proxy shall read and check each box.
8. **Signature of Proxy and Date:** Enter signature of proxy and date.
9. **Local Agency Signature and Date:** 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. [f 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 proxy of the participant or infants / children (participants) listed below, have been given permission from the participant, parent or legal guardian to be his / her proxy in order to receive and to share nutrition education, to receive and / or redeem the WIC food benefits. I have been given permission to consent, on behalf of the parent or legal guardian, to allow WIC to take height, weight, and blood measurements of the infants / children.

Print Participant's, Parent or Legal Guardian's Name _____ Relationship to Participant _____

Print Proxy Name _____

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

☐ Verbally share the information ☐ Take and share written materials ☐ Other _____

You, the proxy must bring this form, the eWIC card, and proof of identification to the WIC Clinic.

Name of Participants	Client ID Number

Have Proxy read the following and sign:

a. ☐ I, the proxy, understand that I am responsible for following all Program rules.

b. ☐ I, the proxy, understand that I must attend all nutrition education sessions before I receive food benefits.

c. ☐ I, the proxy, understand that I am responsible for sharing all received nutrition education, and / or other health related and public assistance program information received from WIC with the participant.

d. ☐ I, the proxy, understand I am responsible for following proper food benefit usage procedures and failure to do so will be considered Program abuse.

e. ☐ I, the proxy, understand that I may be a proxy for a maximum of (3) three families.

f. ☐ I, the proxy, understand that I have the right to complain about improper vendor and agency practices.

g. ☐ I, the proxy, understand that Tam required to pick up food benefits in person when scheduled for nutrition education, unless the alternative issuance system is appropriate.

h. ☐ I, the proxy, understand that my identification will be checked prior to any services being provided.

Signature of Proxy _____ Date _____

Local Agency Signature _____ Date _____

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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.

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