NEBRASKA WIC ALTERNATE SHOPPER/CHECK PROXY CONSENT FORM

In the event I am unable to pick-up my WIC checks at the clinic or do my own WIC shopping I authorize the following person(s) to complete these actions for me.

1)_____ 2)_____

3)_____ (allowed for WIC pregnant, postpartum & breastfeeding women only)

I understand that I take full responsibility for the actions of my alternate shopper/proxy. I will inform him or her of the proper procedures. I will send my ID folder or card with my alternate shopper/proxy when they are acting for me.

☐ I do not wish to designate an alternate shopper/proxy at this time.

DATE: _____ **SIGNATURE:**_____

This consent is valid until a request for a change is made by the client or responsible party.

REMINDER: You may not participate in both WIC and CSFP at the same time.

"WIC is an equal opportunity program." 7/06

CONSENTIMIENTO PARA COBRAR CHEQUES DE PROGRAMA WIC o de ALIMENTOS

Clientes WIC: En caso de que yo no pueda recoger mi cheque WIC o comprar los alimentos, autorizo a la siguiente persona (s) a que lo haga (n) por mi.

1)_____ 2)_____

3)_____ (solamente para mujeres WIC embarazadas, puérperas o amamantando)

Entiendo que asumo toda responsabilidad por esta autorización. Informaré al autorizado (a) sobre el procedimiento apropiado. Enviaré mi tarjeta de identificación junto con la autorización cuando actúen por mi.

❒ No deseo autorizar por el momento.

FECHA: _____ **FIRMA:** _____