



## **Procedure: Persons Authorized to Receive WIC Checks**

Functional Area: IX Food Delivery

Section: B6

Citation: 246.12

Approval Date: 2/2010

Revised Date: 7/2013

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### **Purpose**

Describe persons who may receive and use WIC checks.

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### **Who May Receive Checks**

The following individuals are authorized to receive WIC checks.

1. Primary Responsible Party
2. Secondary (2<sup>nd</sup>) Responsible Party
3. Alternate Shopper (Check Proxy)

Refer to Responsible Party procedure for more detail.

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### **Alternate Shopper (Check Proxy) Designation**

Each client or primary responsible party must be asked if they want to designate an alternate shopper/proxy. Explain that an alternate shopper/proxy must be designated before that person may pick up checks at the clinic or use them at the store.

The WIC client or primary responsible party may designate a responsible person as their alternate shopper(s)/proxies. The client or responsible party must be informed that they are responsible for the actions of their proxies. The client or responsible party should select someone who they can trust. This person(s) need to be able to come to the WIC clinic, attend classes or do the WIC shopping when needed.

WIC staff may never serve as alternate shoppers/proxies.

For homeless clients living in a facility, facility staff is permitted to be alternate shoppers/proxies for those clients.

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### **Number of Alternate Shoppers/Check Proxies Allowed**

No more than two shoppers/proxies are allowed for each family.

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### **Clients Who Do Not Wish to Designate a Alternate Shopper/Proxy**

If no alternate shopper/proxy is desired this must be designated by checking the box on the WIC Authorization Form that states no designation is desired at this time.

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## Completing The Consent Form

Every client or primary responsible party must complete a WIC Authorization Form designating alternate shoppers/proxies.

Clients should indicate the name(s) of alternate shoppers/proxies if desired or check the box indicating the fact that they did not wish an alternate.

They should sign and date the Form on the appropriate line.

**NEBRASKA WIC AUTHORIZATION FORM**

*Client Names:*  
Cindy Lou \_\_\_\_\_ Salli Sue \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

*Primary Responsible Party:* \_\_\_\_\_ *Secondary Responsible Party:* \_\_\_\_\_  
Mama Whoa \_\_\_\_\_ Papa Whoa \_\_\_\_\_  
(Enroll & Checks) (Enroll & Checks)

*Alternate Shoppers/Check Proxies: (2/family)*  
Grandma Whoa Too \_\_\_\_\_ Grandpa Whoa Too \_\_\_\_\_  
(checks) (checks)

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

I understand that I take full responsibility for the actions of my secondary responsible party/alternate shopper/proxy. I will inform them of the proper procedures.

**DATE:** 8/15/13 **SIGNATURE:** Mama Whoa

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

"WIC is an equal opportunity program." 7/13

Box to decline alternate shopper/proxy

All Authorization Forms must be placed inside the front of the client file.

For more information regarding use, completion and retention of the form refer to the WIC Authorization Form procedure.

## Completing the ID Folder

The name of the alternate shopper/proxy must be on the WIC I.D. folder on the appropriate line. If no alternate shopper/proxy is desired, the WIC staff will place an X in the space for alternate shopper/proxy signature.

## Alternate Shopper's/ Check Proxy's Responsibilities

To receive or redeem checks, the alternate shopper/proxy must have the client's WIC I.D. folder in the clinic.

WIC staff may ask to see additional identification if deemed appropriate.

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Alternate shoppers/proxies must follow the same rules for picking up and using checks as the responsible party.

Alternate shoppers/proxies may be given information at the WIC clinic, such as program changes, nutrition education and/or health referral information. Staff should stress to the proxy the importance of giving this information to the client and/or responsible party.

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**Client/Responsible Parties Responsibilities**

The client or primary responsible party is responsible for informing their alternate shopper/proxy(s) about the rules and procedures of the Program. They are also responsible for any actions at the clinic or store by the alternate shopper/proxy.

ANY ALLEGED FRAUDULENT ACT COMMITTED BY OR WITH THE KNOWLEDGE OF THE WIC CLIENT, RESPONSIBLE PARTY OR THEIR AUTHORIZED ALTERNATE SHOPPER/PROXY, INVOLVING THE WIC PROGRAM WILL BE INVESTIGATED IN DEPTH. SANCTIONS MAY BE IMPOSED. SANCTIONS CAN INCLUDE SUSPENSION OF THE CLIENT FROM THE WIC PROGRAM

Clients should be informed of this responsibility.

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**Number of Times Alternate Shoppers/Check Proxies May Pick Up Checks**

Bi-Monthly Check Issuance:

For those clients who are issued bimonthly checks their alternate/proxy will only be allowed to pick up one set of bi-monthly checks during a six month certification period.

Monthly Check Issuance:

An alternate shopper/proxy may pick up monthly checks for the client a maximum of 2 times during a six month certification period.

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**Exception For Issuing Checks to Alternate Shopper/Check Proxy**

As an exception a client/primary responsible party may send a person not listed on the authorization form to the clinic to receive his/her checks with a signed and dated note from the client along with his/her WIC I.D. folder. The original note should be retained in the file.

WIC staff should complete a new check folder with this person's name listed as alternate shopper/proxy.

Check with the client/responsible party at the next visit to determine if there are any changes to be made to the WIC Authorization Form.

Exceptions must be kept to a minimum.

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