
Purpose	Describe persons who may receive and use WIC checks.
Who May Receive Checks	<p>The following individuals are authorized to receive WIC checks.</p> <ol style="list-style-type: none">1. Responsible Party2. 2nd Responsible Party3. Alternate Shopper (Check Proxy)4. Enrollment Proxy (at certification visit only) <p>Refer to Volume I, Section B for more information about responsible party.</p>
Alternate Shopper (Check Proxy) Designation	<p>Each client or 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.</p> <p>The WIC client or responsible party may designate a responsible person as their alternate shopper(s)/proxies. The client or responsible party must be informed that <u>they</u> 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.</p> <p>WIC staff may never serve as alternate shoppers/proxies.</p> <p>For homeless clients living in a facility, facility staff is permitted to be alternate shoppers/proxies for those clients.</p>
Number of Alternate Shoppers/Check Proxies Allowed	No more than two shoppers/proxies are allowed for each family. The exception is families with pregnant, postpartum & breastfeeding women who also have children participating. These families may be allowed three alternate shoppers/proxies during the time the woman is participating in the program. The third alternate shopper/proxy must be the woman's spouse or significant other.
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 Consent form that states no designation is desired at this time.

Completing The Consent Form

Every client or responsible party must complete an Alternate Shopper/Proxy Consent Form. An example of the form may be found later in this procedure.

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 Consent Form on the appropriate lines.

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

Length of Time Authorization is Valid

The alternate shopper/proxy designation shall remain in effect until the client is terminated or until the client or responsible party wishes to void the authorization.

Voiding a Consent Form

Consent forms must be voided and new forms completed when:

- the client or responsible party wishes to change alternate shoppers/proxies
- the responsible party changes
- a client is RE-ENROLLED

The current form should be marked void. All voided forms should be dated and retained in the chart.

A new Consent Form must be completed with the new names or have the box checked declining an alternate/proxy. The new form must be placed in the chart.

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.

Alternate shoppers/proxies must follow the same rules as the client or responsible party.

**Alternate Shopper's/
Check Proxy's
Responsibilities
(cont.)**

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.

**Client/Responsible
Parties
Responsibilities**

The client or 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 FRADULENT 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 well informed of this responsibility.

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

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.

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

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

As an exception a client/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 Alternate Shopper/Proxy Authorization Form.

Exceptions must be kept to a minimum.

Sample Alternate Shopper/Check Proxy Form:

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."

1/05