



Procedure: WIC Authorization Form

Functional Area: VIII Certification, Eligibility & Coordination of Services

Section: A 1a

Approval Date: 8/2013

Citation: 246.7(i); 246.12

Revised Date: **NEW 7/2013**

Purpose

To provide a means for documentation of persons authorized to enroll and recertify clients, and pick up and use WIC checks.

Authorization Form

The Authorization Form is used to document who is:

- The primary (1st) responsible party for the family.
- The secondary (2nd) responsible party for the family
- An authorized shopper(s)/check proxy(ies) for the family.

Completion of the Form

The WIC Authorization Form must be completed for each family enrolled in the WIC Program. A sample of a completed form follows:

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

Callout Boxes:

- Write the name of each WIC client in the family here. (points to Client Names)
- Fill in the name of the primary (1st) responsible party here. (points to Primary Responsible Party)
- Write in the name or names of each person chosen by the primary responsible party to pick up the family's checks and use them at the store (points to Alternate Shoppers/Check Proxies)
- Check when no alternate shopper is desired. (points to checkbox)
- Primary responsible party should sign and date here. (points to Signature)
- Fill in the name of the secondary (2nd) responsible party here. (points to Secondary Responsible Party)

**Length of Time
Authorization is Valid**

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

**Voiding an Authorization
Form**

Authorization 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 Authorization 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.

Retention of Form

The WIC Authorization Form must be placed in the front of the file.

WIC Authorization Form should be retained in the file for three years plus closeout according to the Record Retention procedure.
