
Purpose To outline requirements for identification of applicants/guardians, including forms of acceptable identification.

Who Must Present Identification Any person who is applying for the WIC program for themselves, for a minor or as an enrollment proxy for another person must present some form of identification at the initial certification visit and each subsequent visit.

Adult Identification Acceptable identification for adult applicants, emancipated minors, teens enrolling themselves, enrollment proxies or responsible parties applying for a minor are outlined below.

Preferred identification is a picture ID. Examples of preferred forms of identification include:

- driver's license
- student ID
- military ID
- state identification card
- passport with picture
- work ID with picture
- I-94
- Social Security card
- Medicaid card

In the event that no ID from the preferred list above exists and the client is unable to obtain one, other means of ID may be used. These include:

- Marriage License
- Pay Stub (issued within last 30 days)
- Voter Registration Card
- Hospital Discharge papers (issued within last 30 days)

All identification shown must be current (not expired).

Infant Identification Acceptable proof of identification for infants is outlined below.

Preferred identification:

- Birth Certificate
- Social Security Card
- Signed Infant Card
- Souvenir Birth Certificate (signed & dated by hosp. staff)

**Infant
Identification (cont.)**

- Custody Papers
- Paternity Papers
- Passport with picture
- Foster Care Papers
- I-94
- Medicaid card

In the event that no preferred ID exists and the client is unable to obtain one, other means of ID may be used. These include:

- Baptismal Certificate
- Hospital Discharge papers (within last 30 days, signed & dated by hosp. staff)
- Crib Card signed by hosp. staff
- Hospital Wrist Band from birth (for infants less than 1 year of age)
- Worksheet for Birth Certificate (signed & dated by hosp. staff)

**Child Identification
(1 - 5 years of age)**

Acceptable proof of identification for children is outlined below.

Preferred identification:

- Birth Certificate
- Social Security Card
- I-94
- Military ID
- Souvenir Birth Certificate (signed & dated by hosp. staff)
- Custody Papers
- Paternity Papers
- Passport with picture
- Foster Care Papers
- Medicaid card

In the event that no preferred ID exists and the client is unable to obtain one, other means of ID may be used. These include:

- WIC Card signed by health provider (MD, RN, LPN, PA)
- Baptismal Certificate
- Hospital Discharge papers (within last 30 days, signed & dated by hosp. staff)
- Wrist Band from hospital (for admission within last 30 days)

**When No Proof
Of Identity is
Available**

If identification is not available at the time of application, determine why the applicant is unable to show identification.

- If the situation is one in which the applicant simply forgot or is waiting to obtain identification continue with the certification process, if eligible issue one month of checks and ask them to bring in the identification to the next appointment in one month.
- If the situation is one in which the applicant is unable to provide identification (i.e. homeless, recent fire or other disaster, family is in crisis) within 30 days have the applicant complete a No Proof Form and continue with the certification.

**No Proof After
30 Days**

If the applicant **forgets** to bring in identification after the 30 day extension, benefits are to be discontinued until which time the applicant presents appropriate identification to clinic staff.

**Proof of
Identity at
Subsequent
Visits**

For check pick up and subsequent certification visits, the WIC Identification Folder with the responsible party's name will serve as proof of identity. The WIC Identification Folder will serve as ID for alternate shoppers who come to clinic to pick up checks.

In instances when the folder has been forgotten the following may be used as a means of identification:

- Staff recognition (must know person's name)
- Driver's license
- State identification card or
- Other identification listed above

**Documentation
Of Identification
Seen**

The type of identification shown to clinic staff is to be written in the certification box of the Signature Form. For more details refer to Section B, Page 2.

Purpose

Specify who may be designated as a responsible party and the documentation required.

**WIC Program
Definition of Minors**

A minor is defined as follows:

- ◆ Infants (birth up to one year of age)
- ◆ Children (up to five years of age)

Categorically eligible youth who are not emancipated and are under the age of 19.

**Definition of
Responsible Party
For WIC Enrollment**

A responsible party is the individual who may apply for program benefits for themselves or on behalf of a minor. A responsible party must meet one of the following requirements.

- ◆ must be
 1. a parent who has custody of their children
 2. or a step-parent who is married to the custodial parent
 3. or other adult who has primary responsibility for the care of the child. Examples: foster parents, relative or other adult child has been placed with for care.
- ◆ a pregnant, postpartum or breastfeeding teenager if enrolling themselves.
- ◆ An adult (19 years of age or older), who has been designated as an Enrollment Proxy by the minor's parent or caretaker.
- ◆ Foster parents of children placed in their care by the state.

Friends, including boyfriends or relatives who have suddenly been left with minors in their care and have no legal guardianship would need to fill out the No Proof Form. Staff should document the situation on the form.

**Who Cannot Enroll
Minors**

The following people cannot enroll a minor in the WIC program:

- ◆ A minor cannot enroll another minor, with the exception of

teenagers under the age of 19 who have a child of their own. They may enroll their child.

- ◆ Babysitters, boyfriends relatives, non-custodial parents without a valid Enrollment Proxy Card in the participant's file.

Responsible Party Documentation

Each responsible party signs the signature form at the time of application for the program. At this time they also indicate their relationship to the person being enrolled. See the sample below.

SIGNATURE	RELATIONSHIP TO APPLICANT (Check One)				Date
	Self	Guardian/ Custodial Parent	Foster Parent	Enrollment Proxy	
Amanda Johnson	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3/20/09
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Designation of a Second Responsible Party

The parent enrolling a minor may, if they choose list the minor's other parent or guardian as a Second Responsible Party. Persons designated as second responsible parties must meet the requirements for a responsible party listed earlier in this procedure.

Second Responsible Parties have the same rights and responsibilities as the primary responsible party who initially enrolls the minor.

A second Responsible Party is designated on the WIC Signature Form as shown below.

SECOND RESPONSIBLE PARTY – For Infants & Children	
William Brady	is also the parent and/or guardian of Billie Brady and has the same responsibilities as myself at the WIC clinic and store.
<input type="checkbox"/> Declined	

Parents Wish To Designate Another Person to Bring in Minor

When a minor is residing with their custodial parent or caretaker and they wish to have someone else bring the minor to WIC clinic for certification they must fill out an Enrollment Proxy card before the visit. The guardian may give it to staff before the visit or send it with the designated person at the time of the visit. For more information on Designating Enrollment

Proxies see the procedure in this section of the Procedure Manual.

Responsibilities Of A Person Designated as a Responsible Party

Any person who signs the Certification Signature Form is the person who assumes responsibility to meet program obligations, as stated in the Participant Agreement.

That person is to be listed as the responsible party in the designated space on the computer screen.

Responsibilities of Enrollment Proxies

Enrollment proxies who are enrolling a minor on behalf of the parent or guardian are not to be listed as a responsible party. The Responsible Party who signed the Enrollment Proxy Form shall be recorded as the responsible party in the computer system.

The enrollment proxy who is enrolling the minor on behalf of the parent or legal guardian is responsible for informing the parent or legal guardian of his/her Program rights and responsibilities.

Purpose To describe the policy for designation of a proxy for the purpose of enrollment of a minor.

Overview The Nebraska WIC Program recognizes the need to allow clients who are unable to enroll themselves or bring their children to a WIC clinic for enrollment because of special circumstances to designate another adult to do this for them. Examples of some special circumstances are:

- school attendance,
- clients who work and the clinic does not have evening hours,
- illness of guardian, applicant or other member of the family that keeps the applicant or responsible party from clinic,
- woman placed on bedrest,.

For infants and children: guardians/authorized representatives may designate another person, (19 years of age or older), to bring their child to WIC clinic for enrollment.

For women: they may designate another person, (19 years of age or older), to complete the WIC enrollment process on their behalf.

Designation of Enrollment Proxy The Nebraska WIC Enrollment Proxy Authorization Card should be completed by the applicant/guardian/authorized representative. They should designate one person, over 19 years old, as their enrollment proxy and sign and date the card. The completed card should be placed on the inside cover of the file under the Alternate Shopper Consent Card.

Length of Time Proxy is Valid This proxy is valid for all members in the family. The enrollment proxy designation is valid until the applicant/guardian/responsible party requests that it is no longer valid.

Completion of Certification by Enrollment Proxy It is the responsibility of the applicant/authorized representative to provide the enrollment proxy with all of the necessary information needed for enrollment. This information includes:

For all participants: Proof of residency and income for the applicant.

Women & Children: health history information, birth certificate or other ID if applicant is being seen for the first time.

Infants: Birth weight, and birth length signed by a hospital CPA, and type

of infant feeding.

The enrollment proxy must show ID according to procedures. Responsible parties may be encouraged to also bring or send in immunization records.

**Provision
of Education**

It is the guardian/authorized representative's responsibility to obtain any education information received by the enrollment proxy.

The guardian/authorized representative must attend at least one education visit during a certification period.

Exceptions to this rule would be medical conditions which prevent the responsible party from coming to clinic (bed rest), working parent or students. The reason for this exception should be documented in the participant's file.

**Check Pickup
by Enrollment
Proxy**

The enrollment proxy is only allowed to pick up checks at the time of enrollment. To designate a proxy for check pickup at other times use the WIC Check Card Proxy Card. See Volume III, Section D, for more information.

**Enrollment Proxy
Card**

NEBRASKA WIC ENROLLMENT PROXY AUTHORIZATION

In the event I am unable to come to clinic I authorize:
_____ to
enroll my child(ren) and/or myself in WIC and pick up WIC checks
at that visit for me. I understand that I take full responsibility for
the actions of my proxy. I will send my WIC I.D. folder and all
necessary information and documentation with my proxy when I
allow him/her to enroll myself or my child(ren) in WIC.

Signature of Applicant/Responsible Party

Date

**THIS AUTHORIZATION IS VALID UNTIL THE RESPONSIBLE
PARTY REQUESTS THAT IT BE MADE INVALID.**

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**Spanish Enrollment
Proxy Card**

The Spanish translation is found on the back of the Enrollment Proxy Card.

Purpose	To describe situations in which it is necessary to reissue WIC checks.
When Replacement Checks May Be Used	A replacement check issued in special circumstances when the original check needs to be voided.
When Checks May Be Replaced	<p>Checks may be replaced when:</p> <ul style="list-style-type: none">• There is a significant change in the food prescription prior to the client's use of the checks at the store. An example would be a change in the type of formula for an infant. For formula replacement see the Formula Replacement procedure in this Volume.• A check is damaged or defaced beyond use while in the client's possession. For checks destroyed in a disaster see the Lost or Stolen Check procedure in this Volume.• There is a change in the responsible party of a minor. An example would be a foster parent who is granted custody of a minor. See the Additional Benefits procedure in this Volume.• For checks that have been lost or stolen, see the Lost or Stolen Checks procedure in this Volume.• For any other situation that may arise please contact the State WIC Food Operations Coordinator to discuss.
Issuing Replacement Checks	<p>The use of client replacement checks and the reason for their use must be documented in the client's chart.</p> <p>To print replacement checks select the "whole package no" function. The date of the check should be the date of reissuance. Prorated food packages should be used for the replacement of checks that have been reported as lost or stolen, and a request for change of formula. For further guidance on partial food packages see Prescribing and Issuing Prorated Food Packages in this Volume.</p>
Return of Original Checks	<p>In most circumstances, the original check(s) must be received before a replacement check can be issued.</p> <p>Note: <u>Exceptions</u> include those situations in which the original check has already been used by the client such as in the following: formula returns due to a food prescription change.</p>

**Return of Original
Checks (cont.)**

For checks that have been lost or stolen see the Lost or Stolen Check procedure in Section F of this Volume.

If a client returns the original checks void them in the WIC computer system. Write “VOID” on the checks and file them in descending numerical order with the agency’s other voided checks.

Purpose To specify when WIC checks are replaced and to provide guidance on the replacement of lost or stolen checks.

WIC CPA May Authorize Replacement Checks The WIC Competent Professional Authority (CPA) may authorize replacement checks for:

- Checks lost in a catastrophe (e.g., fire, tornado or flood)
- Checks for formula for infants and or special needs clients

Call State WIC Staff For Any Other Situations The WIC CPA will call the State WIC Food Operations Coordinator for possible replacement of checks for other situations including but not limited to: Lost mailed checks
 Issues involving changes in foster care
 Other possible situations that may warrant replacement.

Recording The Loss Or Theft When a client reports the loss or theft of WIC checks, follow these steps to record the loss or theft:

Step	Action
1	Look up the status of the check in the WIC computer system to determine if it has been redeemed. If staff is using a laptop call the State WIC Food Operations Coordinator. If the check has not been redeemed proceed with the following steps. If the check has been redeemed contact the State WIC Food Operations Coordinator.
2	Complete a Lost or Stolen Check Report. An example is found at the end of this procedure. Place a copy in the client's chart.
3	When replacing checks instruct the client to return any checks to the clinic if found.
4	Void the checks in the WIC computer system using the void code of "L" for lost or "S" for stolen. Individually void each check prior to issuing replacements.

If Checks Are Found Later **Physically mark void on checks that have been reported as lost or stolen** and are later returned to the clinic. The checks should be filed numerically with the agency's other voided checks.

If checks that have been reported as lost or stolen are later found and used by the client, contact the State WIC Food Operations Coordinator.

**Replacement
Package**

When replacement checks are warranted, the appropriate package must be determined. Issue the appropriate amount of formula which will cover the amount of time from check replacement until the next WIC appointment. If there is not a food package that provides the exact amount of formula, choose the amount of formula that comes the closest. You may need to use “Whole Package - No” and issue the appropriate number of checks. For help in these situations contact the State WIC Food Operations Coordinator.

**Situations Where
Lost Or Stolen
Checks Are Not
Replaced**

Do not replace lost or stolen checks if

- The client reports lost or stolen checks more than once in 6 months.
 - There is reasonable suspicion that the client is attempting to defraud the program
-

Sample Lost and Stolen Check Report-

Nebraska WIC Program
Lost or Stolen Check Report

Client ID Number: _____ Family ID Number: _____

Client last name: _____ Client first name, Middle Initial: _____

I certify that the following checks were: Lost Stolen

Check Numbers (List Individually)	
Original Checks	Replacement Checks
Date of Issue: _____ (MM/YY)	Date of Issue: _____ (MM/YY)

If I receive replacement checks and the lost/stolen checks are found, I will not use the previously lost/stolen checks at the store and will return them to the clinic to be voided.

Responsible Party Signature/Date

Authorized WIC Staff Signature

Check One: Benefits until next appointment have been replaced.
 Benefits have not been replaced.