

## WIC Proxy Designation Form

I, \_\_\_\_\_, hereby authorize the following individual(s) to be a proxy on my behalf for **all WIC services** that I can not attend personally. I understand that as an Authorized Representative for a WIC participant(s), it is my responsibility to attend all eligibility screenings, nutrition counseling sessions, nutrition classes, and pick up & redeem WIC checks. If I can not attend to any of the WIC functions, I will request that my proxy represent me. It is also my responsibility to report to the Guam WIC Program and/or the police if any abuse of WIC services or violations of the WIC regulations are performed by the proxy. I understand that in choosing the proxy(s) there are requirements that the proxy must meet:

- A. The proxy must be 18 years or older.
- B. The proxy must accept the training on WIC program requirements regarding use of WIC food instruments and the purchase of WIC authorized foods.
- C. The proxy must receive education for participant(s) and ensure that the education benefits the participant directly.
- D. The proxy must ensure that the food instruments are used for the intended benefit of the WIC participant. The proxy may do the shopping for approved WIC foods or deliver the food instruments to the authorized representative to use.
- E. The proxy must be able to provide a picture ID for verification of the Proxy ID signature during WIC transactions.

Signature of Authorized Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Authorized Proxy:  Date:	WIC staff initial/date  Proxy ID control #
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