



Women, Infants and Children Program  
**REQUEST FOR PROXY FORM**

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Local WIC Office Address                      Local Agency #                      Name of Original Payee

Whenever it is necessary during my WIC eligibility period, I give permission for \_\_\_\_\_ and/or \_\_\_\_\_

to pick-up and/or spend my WIC drafts. I also give permission for the above person(s) to bring my child to WIC for certification appointments. I understand that the certification appointments include evaluating my child's height, weight, blood work and nutritional status. My proxy will provide the required income and residency information, as well as my child's medical history.

_____ Signature of Payee	_____ Date
_____ Signature of Proxy #1	_____ Date
_____ Signature of Proxy #2	_____ Date
_____ Approved by WIC Staff Member	_____ Date

**Any inappropriate actions taken or abuses committed by a proxy can result in the termination of benefits and/or civil or criminal prosecution.**

**The proxy name(s) will not be added to the computer or identification folder until the completed form is returned to the WIC office.**