WIC Authorized Representative Letter

If you are not able to be present at the WIC eligibility appointment, you may have an authorized representative act on your behalf by completing the following letter.

_____
(Date)

Dear WIC Project Staff,

I give permission for _____ to bring my children to the WIC clinic.
(Name of Authorized Representative)

This permission is for: ___ Today's WIC appointment only, or
___ Any WIC appointments during the next twelve months.

My children's full names are: _____
_____

I understand that my children will have measurements such as height and weight taken and may have a finger stick to check blood iron level.

I have provided my authorized representative with the required forms, checked below, signed as needed, and told my representative what to expect at a WIC appointment. If you have any questions, please call me at this telephone number: _____.

Required Forms
____ one of the Ohio WIC Application forms (completed and signed)
____ Immunization records
____ Welcome to WIC Letter (signed)
____ Proof of:
____ Identity (some examples: driver's license, crib card, birth certificate, shot record Medicaid card, Ohio ID)
____ Residence (some examples: utility or other bill, WIC Appointment reminder, driver's license)
____ Income (some examples: three pay stubs; proof of receiving public assistance, such as Ohio Works First, Medicaid, or Food Stamps; retirement benefits; tax forms)
____ Voter Registration Form (signed)
____ WIC Nutrition Card/PIN number (the caregiver may elect not to share the PIN number)

Sincerely,

_____
Parent or Guardian Signature