

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 six 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)
- Health History form (completed)
- 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

This institution is an equal opportunity provider and employer.