

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 (signed)

___ Health History form

___ Immunization records

___ Welcome to WIC Letter (signed)

___ Proof of:

___ Identity (some examples: driver's license, WIC ID card, 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, retirement benefits, tax forms)

___ Voter Registration Form (signed)

Sincerely,

Parent or Guardian Signature

This institution is an equal opportunity provider