

Inter Tribal Council of Arizona WIC Program
Proxy Authorization Form

_____ has been authorized to pick up and redeem
(Printed Name of Proxy)

WIC checks for the following clients:

I certify that I am acting as a substitute for _____
(Name of Caregiver)

and understand that I am required to follow the correct procedures for redeeming checks and fruit & vegetable checks.

I will give the checks and/or fruit & vegetable checks to the caregiver above to use in the store or redeem the checks and give the foods purchased to the caregiver.

I understand the following:

- I must shop only at WIC authorized stores.
- I must buy only the foods listed on the WIC checks and allowed foods on the Arizona WIC Programs Food List.
- I must obtain receipts for the foods purchased and provide them to the caregiver.
- I will not obtain a rain check for the foods.
- I cannot use the checks or fruit & vegetable checks until the first date of use or after the last date of use.
- I must not return WIC foods to the store for credit or exchange them for unauthorized foods or sell or trade the foods or checks.

I understand that misuse of WIC checks/fruit & vegetable check is against the law and that I may be prosecuted if I misuse checks/fruit & vegetable checks and/or be required to pay back the cost of the foods received.

The undersigned is authorized to use WIC checks/fruit & vegetable checks from _____ to

_____.

_____ (Proxy Signature)

_____ (Date)

_____ (Staff Signature)

_____ (Date)

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