



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
WIC AND NUTRITION SERVICES

**PROXY / ALTERNATIVE AUTHORIZED REPRESENTATIVE (Alt Rep)**

Name:	State WIC ID / Household ID:
-------	------------------------------

I, \_\_\_\_\_ as the (mother, father, legal guardian, custodian) assign proxy and/or Alternative Authorized Representative designation to the following person(s):

Name	Type (Check one)	Relationship
	<input type="checkbox"/> Proxy <input type="checkbox"/> Alt Rep <input type="checkbox"/> Both	
	<input type="checkbox"/> Proxy <input type="checkbox"/> Alt Rep <input type="checkbox"/> Both	
	<input type="checkbox"/> Proxy <input type="checkbox"/> Alt Rep <input type="checkbox"/> Both	
	<input type="checkbox"/> Proxy <input type="checkbox"/> Alt Rep <input type="checkbox"/> Both	

I agree that the above mentioned persons are eligible to be proxies.

I am aware that at age 16 a proxy is able to pick up checks at the agency and purchase food at the store and at age 18 this person is allowed to be an alternative representative and may re-enroll minor children in WIC.

I will inform the proxy / Authorized Representative that the agency will require a form of ID prior to issuing the WIC checks and of their responsibility for the security of the WIC checks for the members of this household or for only the persons listed below:

**Important:** Complete this section only if the proxies listed above are not designated for the entire household.

State WIC ID #	Name of Participant

I certify that the information I have provided is correct to the best of my knowledge. I understand that providing false information or participating in fraudulent activity with regard to WIC checks may result in paying the State Agency in cash the value of food benefits improperly issued.

Signature:	Date: (Month/Day/Year)
------------	------------------------