DEPARTMENT OF HEALTH AND SENIOR SERVICES
WIC AND NUTRITION SERVICES

WIC SIGNATURE PAD BACKUP FORM

HOUSEHOLD ID NUMBER

REASON FOR REGISTER

☐ eWIC Card Receipt

☐ Participants's Rights and Responsibilities

CARD NUMBER	NAME OF CARD HOLDER	DATE CARD ISSUED

CONFIRMATION AND SIGNATURE

☐ I have received the eWIC card(s) indicated above.

☐ I have read and understand my rights and responsibilities under the WIC program. I certify the information and documentation I provided for my household is correct.

SIGNATURE OF AUTHORIZED REPRESENTATIVE, ALTERNATE REPRESENTATIVE, OR PROXY	DATE	STAFF INITIALS

This institution is an equal opportunity provider.

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