Consent of Parent or Legal Guardian for Alternate Authorized Representative Form

Local agency _____ Site _____

I _____ am the (mother, father, legal guardian or temporary caretaker) of the child (children) listed below.

I grant permission to the named individual to facilitate subsequent assessment and enrollment of the named child (children) in the District of Columbia Special Supplemental Nutrition Program for Women, Infants and Children (WIC) as an active participant on my behalf. I certify that the individual is at least 18 years old.

Participant's Name (infant or child)	WIC I.D. Number	Alternate Authorized Representative's Name	Relationship to Participant	Proxy (Y/N)
		_____ Print Name _____ Signature		
		_____ Print Name _____ Signature		
		_____ Print Name _____ Signature		
		_____ Print Name _____ Signature		

I hereby affirm that I am completely informed of the services to be provided to the infant or child by the DC WIC Program, namely, the medical, which includes taking a blood sample from the finger to test for iron in the blood; nutrition assessment; nutrition education and/or counseling; and the provision of checks for food, and I fully consent to this.

I certify that the information I have provided is correct to the best of my knowledge. I understand that intentionally making a false or misleading statement, intentionally misrepresenting, concealing or withholding facts may result in paying the WIC State Agency in cash the value of food benefits improperly issued to me and subject me to criminal prosecution under State and Federal Law.

_____ _____
Signature of Parent or Legal Guardian Date (month, day and year)

_____ _____
Signature of Local Agency Staff (witness) Date (month, day and year)

This institution is an equal opportunity provider.