

**STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH  
WIC PROGRAM**

**CARETAKER REQUEST and AUTHORIZATION FORM**

Family ID # \_\_\_\_\_

Authorized Person \_\_\_\_\_

Valid dates of form:

From \_\_\_\_\_ to \_\_\_\_\_

Date voided:
Participant's Initials
WIC Staff's Initials

There may be times when you are unable to attend a WIC appointment or shop for WIC foods. You may choose a caretaker to represent you at these times. Please read the responsibilities of a Caretaker below. **You are not required to have a caretaker.**

- Caretaker (can be a parent or guardian):**
- must be able to provide information on the eating habits and medical conditions of your child or you.
  - can represent you at recertification, mid-certification and at nutrition education sessions.
  - can shop for you.

**Please complete the following information for the Caretaker below:**

Signature	Date
Name (please print)	
Address	Apt #
City _____ CT,	Zip Code
Telephone #	

*It is your responsibility to instruct your caretaker in the proper use of the WIC Program. You must notify the WIC Program of any changes.*

\_\_\_\_\_  
Signature of Authorized Person/Participant/Parent/Guardian Date

\_\_\_\_\_  
Signature Local WIC Staff Date

Office Use: