

## **Section 4**

# **IDENTIFICATION**

## WIC Identification

Local agency clinics issue an Arizona WIC Program Identification (ID) Folder/Transfer Card to all participants. This folder is used for identification during clinic visits, for the redemption of WIC food instruments and to assist the participant in transferring their WIC services to another area.

In special circumstances, participants or their authorized representatives may designate a proxy to pick up and redeem their WIC food instruments. The proxy brings a signed note from the participant or participant's authorized representative to the clinic. The clinic provides the designated proxy with a Proxy Certification form, which must be signed. The designated proxy uses the Proxy Certification form as the WIC ID when redeeming food instruments at an authorized Vendor's location.

The WIC participant/authorized representative or proxy will use either the WIC ID Folder/Transfer Card or the Proxy Certification form (never both), as Arizona WIC Program identification. The Vendor is to verify that the signature on the ID Folder/Transfer Card or Proxy Certification form matches the signature that is obtained at the store in front of the cashier at the end of the transaction. The ID Folder/Transfer Card may have one (1) or two (2) signatures in the signature boxes. The Proxy Certification form will only have one (1) signature. An example of the WIC ID Folder/Transfer Card and Proxy Certification form are shown on the following two pages.

Vendors should not accept Arizona WIC Program food instruments without seeing either the ID Folder/Transfer Card or the Proxy Certification form. No other form of identification is necessary, including a driver's license, telephone and/or social security number. Vendors should not request additional identification.

- ➔ **NOTE:** A Proxy Certification form and an ID Folder/Transfer Card may **not** be used as WIC identification at the same time.

# WIC Identification Folder/Transfer Card

**New Food Package information inside. Effective October 1, 2009.**  
**Información de los nuevos alimentos adentro. Disponibles 1 octubre, 2009.**

Give your child the gift of good health.  
Déle a su hijo el regalo de la buena salud.

Arizona WIC Program  
*ID Folder/Transfer Card*

Programa WIC de Arizona  
*Carpeta de Identificación/Tarjeta de Transferencia*

**wic**  
Women, Infants & Children

Not valid without the Local Agency WIC office address stamp:

Signature of Authorized Representative

1. \_\_\_\_\_  
2. \_\_\_\_\_

Signature of Authorized Representative

If this ID Folder/Transfer Card is found, please return to address above.  
To report WIC fraud or abuse, call our Complaint Hotline toll-free at 1-866-229-6561.

Si encuentra esta Carpeta/Tarjeta de Transferencia, por favor devuélvala al domicilio de arriba.  
Para reportar cualquier fraude o abuso en WIC, llame a nuestra Línea Especial para Quejas gratuita: 1-866-229-6561.

1-800-2525-WIC / [www.azwic.gov](http://www.azwic.gov)

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability.  
To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W. Washington, D.C. 20250-9410 or call (800)795-3272 or (202)720-6382 (TTY). USDA is an equal opportunity provider and employer.  
De acuerdo con la ley Federal y la política del Departamento Federal de Agricultura, esta institución tiene prohibido tomar decisiones con base en la raza, color, origen nacional, sexo, edad o discapacidad.  
Para presentar una queja de discriminación, escriba a USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W. Washington, D.C. 20250-9410 o llame al (800)795-3272 o (202)720-6382 (TTY). USDA es un empleador que ofrece igualdad de oportunidades.

**Note: Available in Spanish**

## Proxy Certification Form

<b>PROXY CERTIFICATION</b>  <b>ARIZONA WIC PROGRAM</b>	<b>CERTIFICADO DE AUTORIDAD</b>  <b>PROGRAMA WIC DE ARIZONA</b>												
<p><b>I, _____</b>  <b>understand that I will be allowed to accept WIC Food Instruments (checks) and buy WIC authorized foods for:</b></p>	<p><b>Yo, _____</b>  <b>entiendo que me sera permitirá aceptar los cheques de WIC y comprar los alimentos autorizados por WIC para:</b></p>												
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border-bottom: 1px solid black; padding-bottom: 5px;">Participant's Name</td> <td style="width: 50%; border-bottom: 1px solid black; padding-bottom: 5px;">Participant's Name</td> </tr> <tr> <td style="border-bottom: 1px solid black; padding-bottom: 5px;">Participant's Name</td> <td style="border-bottom: 1px solid black; padding-bottom: 5px;">Participant's Name</td> </tr> <tr> <td style="border-bottom: 1px solid black; padding-bottom: 5px;">Participant's Name</td> <td style="border-bottom: 1px solid black; padding-bottom: 5px;">Participant's Name</td> </tr> </table>	Participant's Name	Participant's Name	Participant's Name	Participant's Name	Participant's Name	Participant's Name	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border-bottom: 1px solid black; padding-bottom: 5px;">Nombre de participante</td> <td style="width: 50%; border-bottom: 1px solid black; padding-bottom: 5px;">Nombre de participante</td> </tr> <tr> <td style="border-bottom: 1px solid black; padding-bottom: 5px;">Nombre de participante</td> <td style="border-bottom: 1px solid black; padding-bottom: 5px;">Nombre de participante</td> </tr> <tr> <td style="border-bottom: 1px solid black; padding-bottom: 5px;">Nombre de participante</td> <td style="border-bottom: 1px solid black; padding-bottom: 5px;">Nombre de participante</td> </tr> </table>	Nombre de participante	Nombre de participante	Nombre de participante	Nombre de participante	Nombre de participante	Nombre de participante
Participant's Name	Participant's Name												
Participant's Name	Participant's Name												
Participant's Name	Participant's Name												
Nombre de participante	Nombre de participante												
Nombre de participante	Nombre de participante												
Nombre de participante	Nombre de participante												
<p><b>I also understand that I must follow all WIC rules including:</b></p> <ul style="list-style-type: none"> <li>● Shop only at WIC authorized stores</li> <li>● Buy only the foods listed on the Food Instrument (check)</li> <li>● Give all foods bought to the participant</li> <li>● Save the receipts for the foods bought and give them to the participant</li> <li>● Use the Food Instruments only during the dates in which they are valid.</li> </ul>	<p><b>Además entiendo que debo seguir las reglas de WIC incluyendo:</b></p> <ul style="list-style-type: none"> <li>● Comprar solo en las tiendas autorizadas por WIC</li> <li>● Comprar solo los alimentos de la lista en el cheque</li> <li>● Dar todos los alimentos al participante</li> <li>● Obtener los recibos de la tienda de los alimentos comprados y entregalos al participante</li> <li>● Usar los cheques solamente durante el tiempo en que son válidos</li> </ul>												
<p><b>Finally, I understand that misuse of Food Instruments (checks) is against the law and that offenders will be prosecuted.</b></p> <p><b>The undersigned person is authorized to accept and use WIC Food Instruments (checks)</b></p>	<p><b>Finalmente, comprendo que el mal uso de los cheques es contra la ley y los ofensores estarán sujetos a un proceso judicial.</b></p> <p><b>La persona firmante está autorizada para aceptar y usar los cheques de WIC.</b></p>												
<p><b>FROM _____ TO _____</b></p>	<p><b>DESDE _____ HASTA _____</b></p>												
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border-bottom: 1px solid black; padding-bottom: 5px;">Proxy signature</td> <td style="width: 50%; border-bottom: 1px solid black; padding-bottom: 5px;">Date</td> </tr> <tr> <td style="border-bottom: 1px solid black; padding-bottom: 5px;">Signature of clinic staff</td> <td style="border-bottom: 1px solid black; padding-bottom: 5px;">Date</td> </tr> </table>	Proxy signature	Date	Signature of clinic staff	Date	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border-bottom: 1px solid black; padding-bottom: 5px;">Firma de autorizado(a)</td> <td style="width: 50%; border-bottom: 1px solid black; padding-bottom: 5px;">Fecha</td> </tr> <tr> <td style="border-bottom: 1px solid black; padding-bottom: 5px;">Firma de personal de la clinica</td> <td style="border-bottom: 1px solid black; padding-bottom: 5px;">Fecha</td> </tr> </table>	Firma de autorizado(a)	Fecha	Firma de personal de la clinica	Fecha				
Proxy signature	Date												
Signature of clinic staff	Date												
Firma de autorizado(a)	Fecha												
Firma de personal de la clinica	Fecha												
<p>_____          Printed name and title of clinic staff</p>	<p>_____          Escriba con letra impresa el titulo del personal de la clinica</p>												

## “X” Signature

From time to time there are WIC participants, authorized representatives or proxies who are unable to sign their name. At the local agency clinic, the participant, authorized representative or proxy will place an “X” on the ID Folder/Transfer Card or the Proxy Certification form. The local agency employee will verify the individual’s mark by writing “for signer’s name (participant’s, authorized representative’s or proxy’s name) by and signing their own name (local agency staff’s name).” The local agency employee will instruct the individual to repeat the above procedure at the store.

At the store, the participant, authorized representative or proxy will place an “X” in the “SIGNATURE AT STORE” box on the food instrument after the amount of purchase has been entered. Store personnel (cashiers) are requested to witness the signature by using the same procedure as the clinic. The cashier will verify the individual’s mark by writing, “for signer’s name (participant’s, authorized representative’s or proxy’s name) by and signing their own name (cashier’s name)”. In these situations, the Vendor should not be concerned with the handwriting matching. Only the procedure must match. Follow the example shown below.

<b>ARIZONA DEPARTMENT OF HEALTH SERVICES WIC PROGRAM</b> 1740 WEST ADAMS, PHOENIX, ARIZONA 85007 NEED HELP? Mon. - Fri. 8 AM - 5 PM, Call 1-800-2322-WIC			<b>MISUSE OF DRAFTS SUBJECT TO STATE OR FEDERAL PROSECUTION. VOID IF ALTERED</b>		DRAFT # <b>31634099</b>	75-1248 Payable Through FSMC, AN AFFILIATE OF SECURITY STATE BANK HOWARD LAKE, MN 55349 ACCT# 802028	
AGENCY	CLINIC	PARTICIPANT ID	PARTICIPANT NAME		DRAFT TYPE	FIRST DATE TO USE	
10	12	12100144788	QUINCY, PATRICIA		001692AA	03/23/2009	
36 OZ (UP TO 36 OZ) WIC APPROVED CEREAL (NOT INFANT) 2 CONTAINER (12 OZ FROZEN) WIC APPROVED 100% JUICE OR 2 CONTAINER (46 OZ ) WIC APPROVED 100% JUICE 1 GAL SKIM/NONFAT OR LOWFAT (1%) MILK (GALLON CONTAINERS ONLY) 1 HALF GAL SKIM/NONFAT OR LOWFAT (1%) MILK (HALF GALLON CONTAINERS ONLY)						VENDOR MUST DEPOSIT WITHIN 60 CALENDAR DAYS FROM FIRST DATE TO USE. DATE OF USE	LAST DATE TO USE <b>04/21/2009</b>
ACTUAL \$ AMOUNT \$ CORRECTION ONLY CASHIER INITIAL						PAY TO THE ORDER OF:	
\$ TAX EXEMPT SALE NOT TO EXCEED \$300.00 NOT PAYABLE WITHOUT VENDOR ID STAMP						<b>PARTICIPANT: DO NOT SIGN UNTIL TIME OF PURCHASE</b>	
SIGNATURE AT STORE: <i>X for Rose Quincy by Lisa Jones</i>						CASHIER: DO NOT ACCEPT IF ALREADY SIGNED. MUST MATCH SIGNATURE ON ID FOLDER.	

⑈0031634099⑈ ⑈091912482⑈ 802070⑈

- ⇒ **NOTE:** If these instructions are **not** followed exactly as described and pictured above, the food instrument will be rejected for payment and the Vendor will not be reimbursed.
- ⇒ **SPECIAL NOTE:** If a WIC participant/authorized representative or proxy is blind, the “X” signature process will be used.