

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

Effective October 2010
Ejemplares octubre de 2010



Arizona WIC Program
ID Folder/Transfer Card

Programa WIC de Arizona
Carpeta de Identificación/
Tarjeta de Transferencia

**I show my love
by teaching my kids
to be healthy.**
And WIC encourages me along the way.

Yo les demuestro el amor a mis hijos enseñándoles a estar sanos.
Y WIC siempre está allí para apoyarme.

Not valid without the Local Agency WIC office address stamp:
No es válido sin el sello de fecha de la Oficina Local de WIC.

Signature of Authorized Representative
Firma del Representante Autorizado

1. _____
2. _____


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 1-866-329-6561.

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: 1-866-329-6561.

1-800-2525-WIC / www.azwic.gov

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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.

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Para presentar una queja de discriminación, escriba a USDA, Director, Oficina de 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 proveedor que ofrece igualdad de oportunidades.



Signature of
Authorized
Representative

Note: Available in Spanish

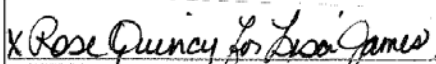
Proxy Certification Form

PROXY CERTIFICATION	CERTIFICADO DE AUTORIDAD												
ARIZONA WIC PROGRAM	PROGRAMA WIC DE ARIZONA												
<p>I, _____ understand that I will be allowed to accept WIC Food Instruments (checks) and buy WIC authorized foods for:</p>	<p>Yo, _____ entiendo que me sera permitirá aceptar los cheques de WIC y comprar los alimentos autorizados por WIC para:</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
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<p>I also understand that I must follow all WIC rules including:</p> <ul style="list-style-type: none"> ● Shop only at WIC authorized stores ● Buy only the foods listed on the Food Instrument (check) ● Give all foods bought to the participant ● Save the receipts for the foods bought and give them to the participant ● Use the Food Instruments only during the dates in which they are valid. 	<p>Además entiendo que debo seguir las reglas de WIC incluyendo:</p> <ul style="list-style-type: none"> ● Comprar solo en las tiendas autorizadas por WIC ● Comprar solo los alimentos de la lista en el cheque ● Dar todos los alimentos al participante ● Obtener los recibos de la tienda de los alimentos comprados y entregalos al participante ● Usar los cheques solamente durante el tiempo en que son válidos 												
<p>Finally, I understand that misuse of Food Instruments (checks) is against the law and that offenders will be prosecuted.</p> <p>The undersigned person is authorized to accept and use WIC Food Instruments (checks)</p>	<p>Finalmente, comprendo que el mal uso de los cheques es contra la ley y los ofensores estarán sujetos a un proceso judicial.</p> <p>La persona firmante está autorizada para aceptar y usar los cheques de WIC.</p>												
<p>FROM _____ TO _____</p>	<p>DESDE _____ HASTA _____</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> <tr> <td colspan="2" style="border-bottom: 1px solid black; padding-bottom: 5px;">Printed name and title of clinic staff</td> </tr> </table>	Proxy signature	Date	Signature of clinic staff	Date	Printed name and title of clinic staff		<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> <tr> <td colspan="2" style="border-bottom: 1px solid black; padding-bottom: 5px;">Escriba con letra impresa el titulo del personal de la clinica</td> </tr> </table>	Firma de autorizado(a)	Fecha	Firma de personal de la clinica	Fecha	Escriba con letra impresa el titulo del personal de la clinica	
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Firma de autorizado(a)	Fecha												
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Escriba con letra impresa el titulo del personal de la clinica													

“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.

ARIZONA DEPARTMENT OF HEALTH SERVICES WIC PROGRAM 1740 WEST ADAMS, PHOENIX, ARIZONA 85007 NEED HELP? Mon. - Fri. 8 AM - 5 PM, Call 1-800-2525-WIC			MISUSE OF DRAFTS SUBJECT TO STATE OR FEDERAL PROSECUTION. VOID IF ALTERED			DRAFT # 38856843		75-1248 Payable Through FRMC <small>AN AFFILIATE OF SECURITY STATE BANK</small> 919 HOWARD LAKE, MN 55349 <small>ACCT#_802070</small>		
AGENCY	CLINIC	PARTICIPANT ID	PARTICIPANT NAME	DRAFT TYPE	AZ WIC USE ONLY		FIRST DATE TO USE	10/15/2010		
05	01	1050172859	TESTING, FOODPKG	003250AZ			DATE OF USE			
1 LB DRIED BEANS/PEAS/LENTILS 2 GAL SKIM/NONFAT OR LOWFAT (1%) MILK (GALLON CONTAINERS ONLY) 1 DOZ FRESH EGGS (12 PACK CARTONS ONLY) 16 OUNCES (UP TO 16 OZ) WIC APPROVED BREAD, CORN TORTILLAS, OR BROWN RICE (SEE FOOD LIST)					ACTUAL \$ AMOUNT		LAST DATE TO USE	11/13/2010		
					\$ CORRECTION ONLY	CASHIER INITIAL	PAY TO THE ORDER OF:			
					TAX EXEMPT SALE NOT TO EXCEED \$600.00		NOT PAYABLE WITHOUT VENDOR ID STAMP			
PARTICIPANT: DO NOT SIGN UNTIL TIME OF PURCHASE										
SIGNATURE AT STORE:										
										
CASHIER: DO NOT ACCEPT IF ALREADY SIGNED. MUST MATCH SIGNATURE ON ID FOLDER.										

⑈0038856843⑈ ⑆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.