

Section 4

IDENTIFICATION

WIC Identification

Local agency clinics issue an Arizona WIC Program Identification (ID) Folder 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.

In addition to the ID Folder and Proxy Certification form, the participant/authorized representative will be allowed to use an Arizona state-issued Driver License/ID Card. The Arizona state-issued Driver License/ID Card **MUST** have a signature; if it does not, the participant authorized representative **MUST** use their WIC ID Folder.

The WIC participant/authorized representative or proxy will use the WIC ID Folder, Arizona state-issued Driver License/ID Card or Proxy Certification form to redeem Arizona WIC Program food instruments. The Vendor is to verify that the signature on the identification matches the signature that is obtained at the store in front of the cashier at the end of the transaction. The ID Folder may have one (1) or two (2) signatures in the signature boxes. The Arizona state-issued Driver License/ID Card and Proxy Certification form will only have one (1) signature. An example of the WIC ID Folder and Proxy Certification form are shown on the following two pages.

IMPORTANT REMINDER: The WIC ID Folder is sufficient documentation on its own, and Vendors cannot require participants/authorized representatives with a valid WIC ID Folder to produce any **ADDITIONAL** ID or other documentation.

Vendors should not accept Arizona WIC Program food instruments without seeing the WIC participant's/authorized representative's identification (WIC ID Folder, Arizona state-issued Driver License/ID Card or Proxy form). No other form of identification is necessary, including a passport, birth certificate, telephone and/or social security number.

- ➔ **NOTE:** A Proxy Certification form and an ID Folder or Arizona state-issued Driver License/ID Card may **not** be used as WIC identification at the same time.
- ➔ **SPECIAL NOTE:** Upon the implementation of WIC Electronic Benefits Transfer (eWIC), Arizona WIC Program participants/authorized representatives will use their Personal Identification Number to access their WIC food benefits and **DO NOT** need to produce any additional type of identification when redeeming their benefits.

WIC Identification Folder

How to Use WIC Checks

- Shop only at WIC-approved stores.
- Use food checks only from the "first date to use" through the "last date to use" shown on the food checks.
- Buy only the foods and amounts on the food check.
- Show your WIC ID Card and the food check to the cashier before your items are turg up.
- Remember to sign in the White area of the check at the store.
- Make sure the total dollar amount on the check matches the receipt.
- Be courteous to the cashier.

Como Usar los Cheques de WIC

- Compre sólo en las tiendas autorizadas por WIC.
- Use los cheques de alimentos sólo desde la "primera fecha para usar" hasta la "última fecha para usar" que aparecen en los cheques de alimentos.
- Compre sólo los alimentos y cantidades que indica el cheque de alimentos.
- Muestre su Tarjeta de Identificación y el cheque de alimentos de WIC al cajero, antes de que marque los artículos.
- Recuerde firmar en el área blanca del cheque en la tienda.
- Asegúrese que la cantidad total en dólares del cheque coincide con a del recibo.
- Sea cortés con el cajero.



Signature of Authorized Representative
Firma del Representante Autorizado

1. _____

2. _____

Signature of
Authorized
Representative →

If this ID Folder is found, return to the nearest WIC clinic or mail to the Arizona Department of Health Services; 150 North 18th Avenue, Suite 310, Phoenix, AZ 85007.

Si encuentra esta Carpeta de Identificación, por favor devuélvala a la clínica de WIC más cercana o envíela por correo a: Arizona Department of Health Services; 150 North 18th Avenue, Suite 310, Phoenix, AZ 85007.

WIC wants to hear from you! What should you report? If you witness or have knowledge of any of the following: poor customer service, criminal activity such as fraud, waste of funds, discrimination, employee misconduct, or conflict of interest. To report WIC Fraud and abuse call the Fraud Hotline at 866-229-6561 or visit www.azwic.org.

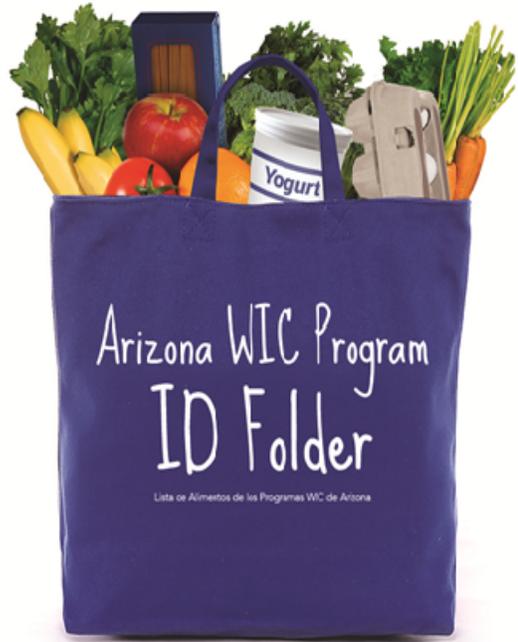
¿Comuníquese con WIC! ¿Qué debe reportar? Si es testigo o sabe de alguno de estos casos: mal servicio al cliente, actividades ilegales como fraude, mal uso de fondos, discriminación, mala conducta de un empleado o conflicto de intereses. Para reportar fraude y abuso en WIC, llame a la Línea Directa de Fraude al: 866-229-6561 o visite: www.azwic.org

1-800-2525-WIC

www.azwic.gov



Usted hace Mucho
Nosotros ayudamos un poco



Effective April 2015
En vigencia desde abril de 2015

Note: Also available in Spanish

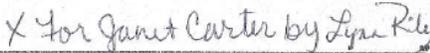
Proxy Certification Form

PROXY CERTIFICATION	CERTIFICADO DE AUTORIDAD												
ARIZONA WIC PROGRAM	PROGRAMA WIC DE ARIZONA												
<p>I, _____ understand that I will be allowed to accept WIC Food Benefits (checks) and buy WIC authorized foods for:</p>	<p>Yo, _____ entiendo que me sera permitir� 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 Benefits (check) • Give all foods bought to the participant • Save the receipts for the foods bought and give them to the participant • Use the Food Benefits only during the dates in which they are valid. 	<p>Adem�s 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 v�lidos 												
<p>Finally, I understand that misuse of Food Benefits (checks) is against the law and that offenders will be prosecuted.</p> <p>The undersigned person is authorized to accept and use WIC Food Benefits (checks)</p>	<p>Finalmente, comprendo que el mal uso de los cheques es contra la ley y los ofensores estar�n sujetos a un proceso judicial.</p> <p>La persona firmante est� 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> </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 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 1-800-2625-WIC			MISUSE OF DRAFTS SUBJECT TO STATE OR FEDERAL PROSECUTION. VOID IF ALTERED		DRAFT # 38869876	75-1248 919	PAYABLE THROUGH SOLUTRAII, Citicorp Alliance Bank, Phoenix Lake Branch Care City, PH 86222 ACCT# 802070
AGENCY	CLINIC	PARTICIPANT ID	PARTICIPANT NAME	DRAFT TYPE			
04	04	4041051228	WIC, CHILD	000311AA			
3 CONTAINER (12 OZ FROZEN) WIC APPROVED 100% JUICE OR 3 CONTAINER (46 OZ) WIC APPROVED 100% JUICE 2 GAL FAT FREE / SKIM / NONFAT OR LOWFAT (1%) MILK (GALLON CONTAINERS ONLY) 1 LB (16 OZ EACH) WIC APPROVED CHEESE 1 DOZ FRESH EGGS (12 PACK CARTONS ONLY)					VENDOR MUST DEPOSIT WITHIN 60 CALENDAR DAYS FROM FIRST DATE TO USE.		
					FIRST DATE TO USE	08/06/2013	
					DATE OF USE	8/20/2013	
					ACTUAL \$ AMOUNT		
					\$ CORRECTION ONLY	CASHIER INITIAL	
					LAST DATE TO USE	09/04/2013	
					PAY TO THE ORDER OF:		
					\$ 29.85		
					TAX EXEMPT SALE NOT TO EXCEED \$200.00		
					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.							

- ➔ **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 visually impaired, the “X” signature process will be used.