



Change of Authorized Representative

I, _____ have become the caretaker of _____,
Name of new authorized representative Client's Name

date of birth _____, because _____

The former Authorized Representative, _____ is no longer the
Former authorized representative

caretaker for this child. If this situation changes, I will immediately notify the WIC clinic.

Signature: _____ Date: _____

WIC Staff Member Signature: _____