# Registers for Manual Signatures

**WIC Staff:** Use this form when signatures cannot be captured in the information system or by an electronic means (REDCap or another eSignature platform like DocuSign). Depending on need, use one or both registers on this form.

## WIC Household Manual Certification Register

Use one register per household to obtain signature for Certification/Recertification. Assure participant has read and understands the Rights and Responsibilities.

|  |  |
| --- | --- |
| **State WIC ID** | **Reason for Manual Register** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

I have been told about my rights and responsibilities. To the best of my knowledge, the information I have given is true. WIC staff may check this information.

**Signature of Participant/Guardian: Date:**

**Signature of CPA making final Eligibility/Ineligibility Determination: Date:**

## WIC Card – Primary Cardholder Signature Register

Use one register per household to obtain signature from the Primary Cardholder

|  |  |  |  |
| --- | --- | --- | --- |
| **Household ID** | **Card #** | **Primary Card Holder** | **Issue Date** |
|  |  |  |  |

**Reason for Manual Register:**

**Primary Cardholder Signature:**

**Attention WIC Staff:** Scan this form into each applicable household member’s folder. If both registers are used, document both registers in the information system scan comments.

*Minnesota Department of Health - WIC Program, 625 Robert St N, PO BOX 64975, ST PAUL MN 55164-0975; 1-800-657-3942,* [*health.wic@state.mn.us*](mailto:health.wic@state.mn.us)*,* [*www.health.state.mn.us*](http://www.health.state.mn.us/)*; to obtain this information in a different format, call: 1-800-657-3942.*

*This institution is an equal opportunity provider.*