Maine CDC WIC Nutrition Program
Permission to Scan Identification

I, ____________________________, hereby grant consent and authorize WIC Program staff to scan a copy of my picture identification (ID) into the WIC record(s) for all of my family members who participate with the WIC Program and are listed below:

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<tr>
<th>State WIC ID</th>
<th>Participant Name</th>
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I understand the following:

• the purpose of having a scanned copy of my picture ID is only for use as positive identification at future WIC appointments
• my picture ID will not be accessible to anyone other than WIC Program staff
• I may request that my picture ID be removed from family member records at any time
• I am entitled to a copy of this signed permission form

Authorized Representative/Proxy Name

Authorized Representative/Proxy Signature ____________________________ Date __________

WIC Staff Member Signature ____________________________ Date __________

This institution is an equal opportunity provider.