



RIGHTS AND RESPONSIBILITIES

WIC STAFF: Verbally review this page.

MY RIGHTS

- **WIC Foods:** If I qualify for WIC, I'll get a WIC Card to buy healthy foods at the grocery store. I understand WIC doesn't give all the food or formula I need for the whole month.
- **Nutrition Information:** I will get information about nutrition topics that interest me.
- **Breastfeeding Support:** WIC will help and support me with breastfeeding.
- **Health Care Information and Referrals:** WIC will let me know about immunizations, finding a doctor, and other services I might need.
- **Common Courtesy:** WIC and store staff will treat me fairly and equally, with courtesy and respect.
- **Fair Treatment:** The rules are the same for everyone regardless of race, color, national origin, sex, disability, or age.
- **Fair Hearing:** I can ask for a Fair Hearing if I disagree with a decision about my WIC eligibility.
- **Transfer Information:** I can transfer to another WIC clinic. I can ask WIC staff to give me transfer information.
- **Privacy:** My information is private. WIC only uses my information for receiving WIC services, unless otherwise indicated in writing by the clinic.

AGREEMENT

I must agree to these items to be on WIC:

- WIC staff informed me of my Rights and Responsibilities and WIC Program Rules.
- All of the information I give WIC is true. I will tell WIC staff right away if there are any changes.
- WIC staff can check my information including my household size and sources of household income.
- If I lie or hide facts to get WIC foods I may have to repay WIC the cash value of those foods.
- WIC is a federal assistance program. If I break WIC rules:
 - WIC staff can take my family off the WIC program.
 - I may be subject to civil or criminal prosecution under state and federal law.
- WIC can share my information if I am investigated for breaking WIC rules.

By signing electronically, I agree:

- I have read, understand, and agree to the rules and agreement on this form.
- I received a copy of this form.

Participant/Parent Guardian/Caretaker Signature

Date

Participant name(s): Last, First

Clinic Staff: Only have Participant/Parent Guardian/Caretaker sign the paper form when needed, for example due to computer issues or power outages.

This institution is an equal opportunity provider.
Washington WIC doesn't discriminate. Getting WIC doesn't affect immigration status.

MY RESPONSIBILITIES

- I will use my WIC Card correctly. I'll follow instructions for using the WIC Card at the store and choosing WIC-approved foods.
- I will use WIC foods and formula only for the person on WIC. I'll return the foods and formula I can't use to the WIC clinic.
- I will report lost, stolen, or damaged WIC Cards to WIC staff right away.
- I will keep my WIC Card and PIN safe. I'll make sure anyone I designate to use my card knows WIC rules.
- I will treat WIC and store staff with courtesy and respect.
- I will keep my appointments or call the WIC clinic if I can't make it. If I don't keep my appointments it could affect the amount of WIC food benefits I receive.

WIC PROGRAM RULES

If I don't follow these rules, my family could be taken off WIC or have to repay the program for the WIC food benefits received.

- Give true and complete information to WIC. This includes identity, pregnancy status, address, household size, household income and eligibility for Medicaid (ProviderOne), SNAP (Supplemental Nutrition Assistance Program), TANF (Temporary Assistance to Needy Families), or FDIPIR (Food Distribution Program on Indian Reservations).
- Never sell or try to sell, trade or give away a WIC Card, WIC foods or formula. This includes in person, in print, verbally, on-line or through other media.
- Only get the amount of WIC food benefits allowed each month, from one WIC clinic at a time.
- Don't buy, or try to buy, foods or formula with a WIC Card that aren't part of the WIC food benefits.
- Don't return, or try to return, foods purchased with a WIC Card to a store for money, credit, a non-WIC food or food in excess of the WIC food benefit amount.
- Don't threaten or harm clinic or store staff or destroy store or WIC property.

For more information about WIC Participant Violations and Sanctions, see the Washington Administrative Code 246-790-530.

<http://apps.leg.wa.gov/WAC/default.aspx?cite=246-790-530>

WASHINGTON WIC DOESN'T DISCRIMINATE.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

- Mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or
- Fax: (833) 256-1665 or (202) 690-7442; or
- Email: program.intake@usda.gov



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To request this document in another format, call 1-800-841-1410. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email WIC@doh.wa.gov.