

WASHINGTON STATE WIC POLICY AND PROCEDURE MANUAL



VOLUME 1, CHAPTER 7

Rights and Responsibilities



For persons with disabilities, this document is available on request in other formats. To submit a request, please call 1-800-525-0127 (TDD/TTY 1-800-833-6388).

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POLICY: Informing Clients of their Rights and Responsibilities

Staff must inform clients and caregivers of their rights and responsibilities for the WIC Nutrition Program at the appointments listed below. Clients and caregivers must sign the Rights and Responsibilities form in ink.

1. New certification.
2. Presume eligible.
3. Enroll infant.
4. Recertification.
5. Transfer in from in-state and out-of-state.

Note: There may be other times when state or local WIC staff ask the client or caregiver to review the Rights and Responsibilities form.

Staff can use one Rights and Responsibilities form for household members certified or transferred-in on the same day. Household members certified on a different day must use another Rights and Responsibilities form. Staff must keep signed Rights and Responsibilities forms for four years, with a minimum of one year on-site. Signed paper copies and scanned electronic copies are allowed.

Staff must verbally review the “Agreement” section of the Rights and Responsibilities form with applicants, clients and caregivers at each appointment type listed above. The person must agree to this section of the Rights and Responsibilities and sign the form in order to participate in WIC.

Staff aren’t required to verbally review the “Permission” statement unless the applicant, client, or caregiver has questions. Agreement to the Permission statement isn’t required for WIC eligibility. The person can cross out the Permission statement, sign the form and participate in WIC.

Staff must give applicants, clients, and caregivers the opportunity to discuss any concerns or ask questions about the Rights and Responsibilities form before signing.

Staff must provide the Rights and Responsibilities form in the applicant’s, client’s, or caregiver’s primary language, if available. If no written translations are available in that language, clinic staff must provide the materials in English and have an interpreter or the Language Line provide the information to the person.

PROCEDURE:

A. Staff:

1. Ask the applicant, client, or caregiver to read both sides of the Rights and Responsibilities form.
 - a. Read the form to the person, if the person asks.
 - b. Use an interpreter or the Language Line as needed.
2. Verbally review the Agreement section of the Rights and Responsibilities form.
3. Give the person an opportunity to ask questions about the form before signing.
4. Write the names of all clients in the household on the form. Write the name of the caregiver if applicable.
 - a. Clients in a household certified or transferred-in on the same day can use one Rights and Responsibilities form.
 - b. Staff can use a separate form for each household member. For example staff may choose to do this for foster children.
5. Ask the person to sign and date the form in ink.
6. Initial each method listed at the bottom of the form used to provide information to the person when it applies.
 - a. Methods include: interpreter, written translation, read to client, and other.
 - b. Write how the information was provided when “other” is marked.
7. Give the person a Rights and Responsibilities form to keep.
 - a. A blank Rights and Responsibilities form can be given or a copy of the signed form.
 - b. Staff don't have to give an additional copy if the person has a current Rights and Responsibilities form from a previous appointment.
8. File the signed Rights and Responsibilities form.
 - a. Keep the signed copy on file for four years, and available on-site for at least one year.

b. Signed paper or scanned electronic copies are allowed.

B. When a person doesn't agree to the Permission statement:

1. Ask the person to draw a line through the Permission statement.
2. Ask the person to initial and date next to the crossed out statement.

Information:

Clinic staff aren't allowed to give information about WIC clients or their caregivers to other health services or social programs unless:

1. The local WIC clinic has a Memorandum of Understanding (MOU) with the organization.
2. The person is notified, or has signed a separate release of information form. See Volume 1, Chapter 25 Legal Considerations and Confidentiality for guidance about releasing client information.

A sample copy of the Rights and Responsibilities form is in the Appendix. The form is available from the Department of Printing in many languages.

Staff can use one form for household members certified or transferred-in on the same day. This helps clinic efficiency and uses resources wisely. However, staff can use one form per person. Some clinics may choose to do this for foster children or the clinic files Rights and Responsibilities alphabetically by client name.

A P P E N D I X

Rights and Responsibilities



My Rights

- **WIC foods:** If I qualify for WIC, I will get checks to buy healthy foods. WIC doesn't give all the food or formula needed in a month.
- **Nutrition information:** I will get information about healthy eating and active living.
- **Breastfeeding support:** WIC will help and support me with breastfeeding.
- **Health care information:** I will get information about immunizations, finding a doctor, and other services I might need.
- **Fair treatment:** The rules for getting on WIC are the same for everyone. I can ask for a Fair Hearing if someone tells me I can't be on WIC and I don't agree.
- **Common courtesy:** WIC and store staff will treat me with courtesy and respect. They won't swear, yell, harass, threaten, or physically harm me. I can tell WIC staff if I am not treated with respect.
- **Transfer information:** I can transfer my WIC to another clinic. I can ask for a transfer card.

Questions? Need more information?

Call the WIC Nutrition Program at **1-800-841-1410**

- If you have questions or need help.
- Report suspected WIC fraud.

Visit our website at www.doh.wa.gov/cfh/wic.



In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

Washington State WIC Nutrition Program does not discriminate.

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Getting WIC doesn't affect your immigration status.

Rights and Responsibilities



Client name(s) - Last, First

My Responsibilities

I agree to give true and complete information about:

- My identity, pregnancy status, and address.
- My household income.
- The number of people living in my household.
- Being on Medicaid, Basic Food, TANF (Temporary Assistance to Needy Families), FDPIR (Food Distribution Program on Indian Reservations), or CSFP (Commodity Supplemental Food Program).

I agree to follow the rules below. I will:

- Get checks from only one WIC clinic each month.
- Not make changes to my WIC checks.
- Report lost, stolen, or destroyed checks to WIC staff. If I find my checks after reporting them lost, I won't use them. I will return them to the clinic.
- Make sure any person I name to use my checks knows the WIC rules. I will teach him or her how to use my checks correctly.
- Keep my WIC appointments or call the clinic to reschedule.
- Use WIC foods and formula only for the person on WIC.
- Not sell or give away my WIC checks, foods, or formula. If I have WIC items I can't use, I will return them to the clinic.
- Not trade my WIC checks, foods, or formula for money, credit, rain checks or other items.
- Not post WIC items on the internet.
- Follow the rules in the WIC Shopping Guide.
- Sign my WIC check only after the store checker sees my ID and writes in the check amount.
- Not swear, yell, harass, threaten or physically harm WIC or store staff.

Agreement: I must agree to these items to be on WIC.

- All of the information I have given WIC is true. I will tell WIC staff right away if there are any changes.
- WIC can verify my household size and all sources of my household income.
- If I break WIC rules I, or my child, can be taken off WIC.
- 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 I may be subject to civil or criminal prosecution under state and federal law.
- WIC can share my information if I am being investigated for breaking WIC rules.

Permission: I don't have to agree to this permission to be on WIC.

If I am on a Department of Social and Health Services (DSHS) program, and I'm being investigated for breaking WIC program rules, WIC has my permission to talk with DSHS and get copies of my benefit forms.

I can cross out the statement above and initial if I don't agree. I can still be on WIC.

By signing this form, I have read, understand and agree to the above rules, agreement, and permission. I have received a copy of this form.

Client / Caregiver signature _____ Date _____

Clinic staff initial all that apply: _____ Interpreter _____ Written translation _____ Read to client _____ Other: _____

The Washington State Department of Health has access to my WIC records.

Caregiver / Client name - Last, First