

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.
- To 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.

For persons with disabilities this publication is available on request in other formats.

To submit a request, please call 1-800-841-1410 (TDD/TTY 1-800-833-6388).

Getting WIC doesn't affect your immigration status.

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Client name(s) - Last, First

Caregiver/Client name - 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 stolen or destroyed checks to WIC staff.
- 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.