



WIC PARTICIPANT RIGHTS, RESPONSIBILITIES AND CONSENT

What does WIC expect from you?

You will buy only the foods listed on the current Idaho Authorized Food List from an Idaho authorized grocery store.

You will use the foods only for the person(s) on the program. If you share custody of your child(ren), you will make sure that the WIC food benefits are shared for your child(ren).

You can name another person to use WIC food benefits. You will make sure that person knows how to use WIC food benefits correctly.

You will get food benefits from only one clinic at a time. If you move, or expect to move in the near future, you will ask for a transfer paper.

You will come to your appointments or call ahead when you need to reschedule.

You will treat WIC and store staff with courtesy and respect.

What can you expect from WIC?

Standards for eligibility and participation in the WIC Program are the same for everyone, regardless of race, color, national origin, age, handicap, or sex.

You may appeal any decision made by the local agency regarding your eligibility for the Program.

The local agency will make health services, nutrition education and breastfeeding support available to you, and you are encouraged to participate in these services.

WIC staff will treat you with courtesy and respect.

If you qualify for WIC, you will get WIC food benefits to buy healthy foods. You understand that WIC does not give all the food or formula needed in a month.

I understand my rights and responsibilities:

- ◆ I will notify WIC of any changes to the information I have given.
- ◆ I will not return WIC foods to the grocery store for money, credit, or other items. I will not sell or attempt to sell, trade, or give away WIC food benefits or breast pumps paid for by WIC. If I do, I understand that I may be taken off WIC.
- ◆ If I break the rules, make false statements, or withhold facts about my eligibility for the WIC Program, I understand that I can be taken off WIC.
- ◆ If I fail to use WIC benefits for two consecutive appointments, I may be terminated from the program.
- ◆ If I move out of state I will turn in my transfer paper from my old WIC clinic to my new WIC clinic.
- ◆ I will be notified when and why my WIC program benefits will end.

(over)

Please read the statements below and sign to indicate you understand and agree to follow these conditions if you and your child(ren) are determined eligible to participate in the Idaho WIC Program.

- ◆ I consent to the taking of height and weight measurements and a finger stick blood test to check iron status for myself and/or my child(ren). These are used to establish nutritional need for the WIC Program.
- ◆ I authorize the WIC Program to share eligibility information (such as name, address, income level and birth date) for myself and my child(ren) with local, state, and federal WIC programs. This information may also be shared with the Idaho Department of Health and Welfare's Medicaid, SNAP and Title X Family Planning programs for the purpose of referral.
- ◆ I authorize the WIC Program to share immunization status with the Immunizations Program for referral purposes.
- ◆ I authorize the WIC Program to use health data and eligibility information for receiving WIC services and for evaluating the effectiveness of the program, monitoring, and auditing the program. I release these agencies from any and all responsibility and liability concerning the release of information I have consented to be released.
- ◆ I may review my record and I have the right to revoke this consent in writing at any time.
- ◆ Your rights and responsibilities are also written inside the Idaho WIC Authorized Food List.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

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