



Participant's Rights and Responsibilities - English

Date ID Folder Given:	Date Food List Given:
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I received the WIC Participant Identification Folder and the WIC Approved Food Lists on the dates listed above. I was advised on the specific requirements listed in both items.

I understand that dual participation is illegal and I can only receive WIC benefits from one local agency at a time. It is important that I pick up WIC checks when they are available. Failure to pick up checks within 60 days after the date they are available will cause me to be disqualified from the program.

I may appeal any decision made by the local agency regarding my eligibility for the Program. The local agency will make health services and nutrition education available to me and I am encouraged to participate in these services.

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, audiotape, 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.

The chief state health officer may authorize the use and disclosure of information about my participation in the WIC program for non-WIC purposes. This information will be used by the Department of Health and Senior Services (DHSS) only in the administration of programs that serve persons eligible for the WIC program.

This information can only be used by DHSS to determine eligibility of WIC applicants and participants for programs administered by DHSS; to conduct outreach for such programs; to enhance the health, education, or well-being of WIC applicants and participants currently enrolled in those programs; to streamline administrative procedures in order to minimize burdens on participants and staff; and to assess and evaluate the State's health system in terms of responsiveness to participants' health needs and health care outcomes.

My signature below indicates that I have been advised of my rights and responsibilities under the WIC program. I certify the information and documentation I provided for my household is correct, to the best of my knowledge.

If all documentation is not available at certification, I self-declare that the missing income, identity or residency meets eligibility requirements. I agree to furnish it within 30 days to remain on the program and receive benefits. This certification information is being made in connection with the receipt of Federal assistance. Program officials may verify this information.

I understand that intentionally making a false or misleading statement or intentionally misrepresenting, concealing or withholding facts may result in paying the state agency, in cash, the value of the food benefits improperly issued to me and may subject me to civil or criminal prosecution under State and Federal law.

Participant/Caregiver Signature: (Signature is not required when participant uses capture signature pad to signature in MOWINS)	Date:
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