



Participant’s Rights and Responsibilities

Effective February 1, 2019

I understand I have the right to:

- ✓ Receive support and encouragement to participate in nutrition education, health, and breastfeeding services.
- ✓ Equal WIC program eligibility and participation standards, regardless of race, color, national origin, age, handicap, or sex.
- ✓ Appeal any decision made by the WIC agency regarding program eligibility or WIC benefits. Request a Fair Hearing within 60 days by contacting my WIC local agency or the Missouri WIC program, P.O. Box 570, Jefferson City, MO 65102, (800) 392-8209.

I understand it is my responsibility to:

- ✓ Ensure my proxies and I correctly use my WIC benefits to buy WIC approved food at an authorized WIC retailer as explained to me during my certification.
- ✓ Let my WIC agency know if I am planning to move so a Verification of Certification (VOC) may be provided to take to the new location to ensure continued participation in WIC.
- ✓ Receive WIC benefits from only one (1) WIC agency at a time as dual participation is illegal.
- ✓ Pick up WIC benefits when benefits are available.
- ✓ Treat WIC and grocery store staff with respect and courtesy.

By providing my electronic signature in the MOWINS system, I confirm the following:

- ✓ 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.
- ✓ I understand the Missouri chief state health officer may enter into a written agreement to authorize the sharing of my participation in the WIC program for non-WIC purposes. This will only be used by WIC and other organizations in the administration of those programs that serve persons eligible for WIC. This information can be used to:
 - Determine my eligibility for programs that the organization administers;
 - Conduct outreach;
 - Provide me with information about DHSS programs and to make the application process easier;
 - Improve my health, education, or well-being if I am already enrolled in their programs; and
 - Measure responsiveness to health care needs and outcomes.
- ✓ I understand that selling, trading, or giving away my WIC benefits, food, breast pump, or formula is a participant violation and could result in collections and repayment of a claim or disqualification from the WIC program.
- ✓ 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 enrolled and receive WIC benefits. This certification information is required to receive federal assistance. Program officials may verify this information.
- ✓ I understand that intentionally making false or misleading statements or intentionally misrepresenting, concealing, or withholding facts may result in paying the WIC state agency the value of the food benefits improperly issued to me and may subject me to civil or criminal prosecution under state and federal law.
- ✓ In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices, 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;
3. Email: program.intake@usda.gov

Participant/Caregiver Signature* _____ **Date** _____

*This form does not need to be signed when the signature is captured electronically in MOWINS.