

WIC RIGHTS AND RESPONSIBILITIES

We want to make sure that you understand the rights and responsibilities of a WIC participant. These apply to both the WIC Program and the Farmers' Market Nutrition Program (FMNP). The FMNP is offered by WIC during the summer.

- Information about you and the WIC services provided may be given to others who help administer the WIC Program, other WIC Programs if you transfer, and others as required by law.
- Information may also be shared with other public organizations/programs to see if you qualify for those services, to offer you information about those services, to streamline administrative procedures, and to help the State improve health services. You may ask for the list of these organizations/programs.

Your Rights as a WIC Participant are:

- To be treated fairly and with respect.
- To appeal any decision made by WIC regarding your child's or your eligibility. Ask for a hearing within 60 days.
- To be treated the same regardless of your race, color, national origin, sex, age, or disability.
- To be told why you or a child qualifies for the WIC Program.
- To receive nutrition information and you are expected to keep these appointments.
- To be told where to get other health services you might need, such as immunizations and lead screening. You are encouraged to get these services.
- To receive WIC foods, which are some of the foods needed each day to be healthy. The foods are only for the WIC participant and should go with the participant in cases of joint custody, foster care, etc.

Your Responsibilities as a WIC Participant are to:

- Follow the information on how to use the WIC checks properly.
- Teach your proxies how to pick up and how to shop with the WIC checks. Make sure your proxies promptly sign the WIC ID (Identification). Proxies may not use the checks at the store until they sign the WIC ID. If your proxies do not use the checks properly, you are responsible.
- Tell WIC staff if your checks or a rental breast pump are lost or stolen.
- Tell WIC staff if you or a child are getting too much food or formula.
- Return unused checks to the WIC office.
- Let WIC staff know:
 - ▶ If the family's income changes, including Medicaid or BadgerCare Plus eligibility.
 - ▶ If the number of people living in your house changes.
 - ▶ If a child goes into foster care.
 - ▶ When you have the baby or when your pregnancy ends.
 - ▶ When you stop breastfeeding.
 - ▶ If you move or your telephone number changes.

- To be honest and not abuse the WIC Program. If you do not use the WIC checks properly, you may be taken off the WIC Program, have to pay money back to WIC, or have charges filed against you under State and Federal law. Some ways of not being honest or abusing the WIC Program are:
 - ▶ Participating or trying to participate in more than one WIC office at the same time.
 - ▶ Participating or trying to participate in the WIC Program and Commodity Supplemental Food Program (CSFP) at the same time.
 - ▶ Giving the WIC Program false information.
 - ▶ Selling or trying to sell the WIC checks or a rental breast pump.
 - ▶ Trying to or actually returning or exchanging WIC foods or infant formula bought with WIC checks.
 - ▶ Trying to or actually buying foods or other items that are not allowed.
 - ▶ Buying more than you are allowed on the WIC check.
 - ▶ Using the WIC checks before or after the dates on the check.
 - ▶ Changing any of the information on the WIC check or WIC ID.
 - ▶ Signing the WIC check before the store writes in the dollar amount on the check. This does not apply to FMNP checks.
 - ▶ Having a person who is not a proxy on your WIC ID, pick up or spend your checks.
 - ▶ Accepting rain checks, credit or cash for WIC foods.
 - ▶ Spending WIC checks at places not allowed by WIC.
 - ▶ Giving or selling WIC foods or a rental breast pump to someone else.
 - ▶ Stealing WIC checks from the WIC office or a participant.
 - ▶ Lying that WIC checks or a rental breast pump were lost or stolen.
 - ▶ Hitting, cursing or yelling at people at the WIC office or while shopping for WIC foods.

To the best of my knowledge, the information I have given to qualify for the WIC Program is correct. I understand that intentionally giving false or misleading information or intentionally not giving information asked of me, may result in:

- Removal from the WIC Program.
- Having to pay money back to the WIC Program for food I should not have received or not returning a rental breast pump.
- Charges filed against me under State and Federal law.

By signing my name, I acknowledge that I have read or a WIC staff has read to me the WIC Rights and Responsibilities of a WIC participant, and that the information I have given is correct, to the best of my knowledge. WIC staff may check the information. I know that I have a copy of the WIC Rights and Responsibilities in the WIC Folder. If I refuse to sign this form, I understand that I will not receive benefits.

Participant Name(s) Family ID No.

SIGNATURE - WIC Participant, Parent, Guardian, Foster Parent or Caregiver Date Signed

SIGNATURE AND TITLE OF PERSON DETERMINING INCOME ELIGIBILITY Date Signed

SIGNATURE AND TITLE OF PERSON DETERMINING FINAL ELIGIBILITY – Date Signed
WIC CPA

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