



# RIGHTS AND RESPONSIBILITIES

**WIC STAFF:** Verbally review this page.

## MY RIGHTS

- **WIC Foods:** If I qualify for WIC, I'll get a WIC Card to buy healthy foods at the grocery store. I understand WIC doesn't give all the food or formula I need for the whole month.
- **Nutrition Information:** I will get information about nutrition topics that interest me.
- **Breastfeeding Support:** WIC will help and support me with breastfeeding.
- **Health Care Information and Referrals:** WIC will let me know about immunizations, finding a doctor, and other services I might need.
- **Common Courtesy:** WIC and store staff will treat me fairly and equally, with courtesy and respect.
- **Fair Treatment:** The rules are the same for everyone regardless of race, color, national origin, sex, disability, or age.
- **Fair Hearing:** I can ask for a Fair Hearing if I disagree with a decision about my WIC eligibility.
- **Transfer Information:** I can transfer to another WIC clinic. I can ask WIC staff to give me transfer information.
- **Privacy:** My information is private. WIC only uses my information for receiving WIC services, unless otherwise indicated in writing by the clinic.

## AGREEMENT

**I must agree to these items to be on WIC:**

- WIC staff informed me of my Rights and Responsibilities and WIC Program Rules.
- All of the information I give WIC is true. I will tell WIC staff right away if there are any changes.
- WIC staff can check my information including my household size and sources of household income.
- 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:
  - WIC staff can take my family off the WIC program.
  - I may be subject to civil or criminal prosecution under state and federal law.
- WIC can share my information if I am investigated for breaking WIC rules.

**By signing electronically, I agree:**

- I have read, understand, and agree to the rules and agreement on this form.
- I received a copy of this form.

Participant/Parent Guardian/Caretaker Signature

Date

Participant name(s): Last, First

**Clinic Staff:** Only have Participant/Parent Guardian/Caretaker sign the paper form when needed, for example due to computer issues or power outages.

**This institution is an equal opportunity provider.**  
Washington State WIC Nutrition Program doesn't discriminate.

## MY RESPONSIBILITIES

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- I will use my WIC Card correctly. I'll follow instructions for using the WIC Card at the store and choosing WIC-approved foods.
- I will use WIC foods and formula only for the person on WIC. I'll return the foods and formula I can't use to the WIC clinic.
- I will report lost, stolen, or damaged WIC Cards to WIC staff right away.
- I will keep my WIC Card and PIN safe. I'll make sure anyone I designate to use my card knows WIC rules.
- I will treat WIC and store staff with courtesy and respect.
- I will keep my appointments or call the WIC clinic if I can't make it. If I don't keep my appointments it could affect the amount of WIC food benefits I receive.

## WIC PROGRAM RULES

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**If I don't follow these rules, my family could be taken off WIC or have to repay the program for the WIC food benefits received.**

- Give true and complete information to WIC. This includes identity, pregnancy status, address, household size, household income and eligibility for Medicaid (ProviderOne), SNAP (Supplemental Nutrition Assistance Program), TANF (Temporary Assistance to Needy Families), or FDIPIR (Food Distribution Program on Indian Reservations).
- Never sell or try to sell, trade or give away a WIC Card, WIC foods or formula. This includes in person, in print, verbally, on-line or through other media.
- Only get the amount of WIC food benefits allowed each month, from one WIC clinic at a time.
- Don't buy, or try to buy, foods or formula with a WIC Card that aren't part of the WIC food benefits.
- Don't return, or try to return, foods purchased with a WIC Card to a store for money, credit, a non-WIC food or food in excess of the WIC food benefit amount.
- Don't threaten or harm clinic or store staff or destroy store or WIC property.

**For more information about WIC Participant Violations and Sanctions, see the Washington Administrative Code 246-790-530.**

<http://apps.leg.wa.gov/WAC/default.aspx?cite=246-790-530>

## WIC NUTRITION PROGRAM DOESN'T DISCRIMINATE.

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](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](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:

- Mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;
- Fax: (202) 690-7442; or
- Email: [program.intake@usda.gov](mailto:program.intake@usda.gov)



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For persons with disabilities, this document is available on request in other formats. To submit a request, please call 1-800-841-1410 (TDD/TTY 711).