



WIC PARTICIPANT RIGHTS, RESPONSIBILITIES AND CONSENT

What does WIC expect from me?

I will buy only the foods listed on my WIC checks and on the current Idaho Authorized Food List from an Idaho authorized grocery store.

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

I will follow the WIC check/CVV rules listed on the Idaho WIC Identification Folder.

I can name another person to use WIC checks/CVVs. I will make sure that person knows how to use WIC checks/CVVs correctly.

I will get checks from only one clinic at a time. If I move, I will ask for a transfer card.

I will come to my appointments or call ahead when I need to reschedule.

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

What can I expect from WIC?

If I qualify for WIC, I will get WIC checks/CVVs to buy healthy foods. I understand that WIC does not give all the food or formula needed in a month.

WIC will give me helpful information for healthy eating and active living.

WIC will provide support and help with breastfeeding.

WIC will give me information about finding a doctor and getting immunizations for my child. WIC will refer me to other services I need.

WIC staff will treat me with courtesy and respect.

The rules for getting on WIC are the same for everyone.

I have the right to appeal eligibility decisions by requesting a fair hearing with 60 days.

I understand my rights and responsibilities:

- ◆ All information I give WIC is true and accurate. WIC staff can check this information. I will notify WIC with any changes to the information I have given.
- ◆ I will bring my WIC Identification Folder to every WIC appointment and when I use WIC checks/CVVs at a WIC-authorized grocery store.
- ◆ I will not return WIC foods to the grocery store for money, credit, or other items. I will not sell, trade, or give away WIC checks/CVVs or WIC foods.
- ◆ I will not alter my WIC checks/CVVs. I can be charged with fraud.
- ◆ WIC is a federal program. If I break the rules, make false statements, intentionally misrepresent, conceal, or withhold facts about my eligibility for the WIC Program, I understand that:
 - ◆ I or my child(ren) can be taken off WIC.
 - ◆ I will have to pay money back to WIC for foods or formula I should not have received.
 - ◆ I can face civil or criminal prosecution under state and federal law.
- ◆ I will report lost or stolen WIC checks/CVVs to WIC staff even though they cannot be replaced. If I find the WIC checks/CVVs later, I will not use them and will call the WIC office to find out what to do with them.
- ◆ If I fail to pick up WIC checks/CVVs for two consecutive appointments, I may be terminated from the program.

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- ◆ I will not get food from a Commodity Supplemental Food Program and WIC at the same time.
- ◆ I will be notified when and why my WIC program benefits will end.

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 Identification Folder.

◆ Please check the appropriate box below regarding how the WIC program will contact you:

- ◆ I do do not authorize the WIC program to contact me, for example leave a voicemail message or text message, at the phone number I provide to WIC. I understand messages may contain information including but not limited to the WIC program name, applicant, participant and/or family name(s) and information related to appointments.
- ◆ I have the right to change my selection at any time by notifying the clinic.

By signing this form, you agree with the following:

- ◆ Your rights and responsibilities for participating in WIC have been explained to you.
- ◆ You understand your rights and responsibilities.
- ◆ You agree to follow them.

X _____
Signature of Responsible Adult **Date**

FID#: _____
(For WIC Staff use only)

X _____
Signature of Authorized Signer **Date**

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