UTAH | WOMEN, INFANTS & CHILDREN

UTAH DEPARTMENT OF HEALTH

RIGHTS AND RESPONSIBILITIES

We're excited to see you at WIC today and are happy to help you!

I have the right to:

- Get checks to buy healthy foods. I know WIC does not provide all the food I need.
- Get information about healthy eating and active living.
- Receive help and support with breastfeeding.
- Receive information on immunizations and other health services that may help me.
- Fair and respectful treatment from WIC staff and store employees. If I have not been treated fairly, I can talk to a WIC supervisor. I can ask the WIC director or the State WIC Office for a conference or a hearing if I disagree with decisions regarding my eligibility.
- Civil rights protection. WIC Program eligibility standards are the same for everyone regardless of race, color, national origin, sex, age or disability. WIC does not affect my immigration status.
- Privacy. WIC's privacy policy is found on the back of this form.

My responsibilities:

I agree to give true and complete information about:

- My income. I will tell staff about all income sources in my household. I will report any changes.
- My participation in Medicaid, Food Stamps (SNAP), or the Family Employment Program (TANF). I will let WIC know if I stop participating in a program that made me eligible for WIC.
- My breastfeeding status. I will notify WIC if I reduce or stop breastfeeding.
- My pregnancy status.
- My address. I will report changes to my address or contact information.

I agree to follow the rules. I will:

- Treat clinic staff and store employees with respect. I won't swear, yell, threaten or harm anyone.
- Use my WIC foods only for the person whose name is on the checks.
- Return extra foods I can't use to the clinic.
- Never offer to sell, give away, or trade my WIC foods or checks. This includes posting them online, or returning them to the store. Any food I offer to sell or give away that is the same as the WIC food I received will be assumed to be WIC food. I will be asked to pay the program back for the food.
- Use my checks in the correct month printed on the check.
- Get checks from only one WIC clinic each month. I understand that dual participation is illegal.
- Keep my appointments or call the clinic to reschedule. I understand I can be taken off the program if I do not pick up my checks for two months in a row.
- Bring my WIC ID packet with me when I go to the clinic or spend WIC checks at the store.
- Protect my WIC checks like cash, keeping them from being lost, stolen or destroyed.
- Tell WIC staff if my checks are lost or stolen. I won't use checks I reported as lost.
- Buy only the foods listed on my check and in the Utah WIC Authorized Foods booklet.
- Not make any changes to my checks.
- Sign my checks after the correct purchase price has been filled in by the cashier.
- Follow the rules and instructions in the Utah WIC Authorized Foods booklet.

Agreement:

I have read or been told of my rights and responsibilities (printed on the front). I know that if I do not follow these responsibilities, I may be asked to repay for benefits or I or my children may be taken off the WIC program.

This certification is being made with the use of federal funds. I certify that the information I have given is correct to the best of my knowledge. Program staff may check all information I have given to the clinic. I know that any untrue claim that is said or done intentionally to receive food benefits (for instance: making a false or misleading statement or misrepresenting, concealing, or withholding facts) may result in me having to pay the state agency for the value of food improperly given to me, and may subject me to civil or criminal prosecution under State and Federal law.

If I have chosen to designate a proxy, he/she can pick up and redeem my WIC checks for me. My proxy may also bring my child/children to the clinic if follow up visits are needed to have their height and weight checked, and/or blood screened for low iron. I understand that I am responsible for the actions of my proxy. I must ask my proxy for any information or notifications given to them. I understand that I, the endorser, or an additional endorser that I have designated, must be present at certification appointments.

~ PLEASE SIGN THE ELECTRONIC SIGNATURE PAD ~

WIC Privacy Policy:

WIC respects your right to privacy. As a WIC participant, you may receive reminder text messages, phone calls, letters, postcards, or emails. You may request not to receive these reminders. To opt out of texting, text STOP to 22300.

Information about your participation in the WIC program may be shared for non-WIC purposes with other health and nutrition programs that serve persons eligible for the WIC program. The executive director of the Utah Department of Health has authorized the disclosure and use of confidential WIC information to certain programs to see if you qualify for their services; to conduct outreach; to share needed health information with programs you are already participating in; to streamline administrative procedures between programs; and to help assess the overall health of Utah families through reports and studies. You may ask WIC staff for more information about these programs.

I understand that my participation in the secure, web-based Utah WIC online peer counseling service is optional and involves confidential contacts with Peer Counselors who provide breastfeeding support.

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.

This institution is an equal opportunity provider.