

Iowa WIC Program Participant Rights and Responsibilities

My Rights as a WIC Participant:

- The rules for getting on WIC are the same for everyone regardless of race, color, national origin, age, handicap or sex.
- The purpose of WIC is to provide information about nutrition, breastfeeding and healthy foods and to put me in touch with any other health or community services I may need. I am encouraged to participate in these services.
- WIC health professionals will partner with me to develop nutrition goals to support a healthy lifestyle.
- If I am going to move to another state, I will tell WIC and they will give me transfer papers to take with me so that my WIC services can continue there.
- I can ask for a Fair Hearing if WIC staff tell me I can't be on WIC and I don't agree. I have 60 days from receiving the letter about my eligibility to write or call my local WIC office and request one.

My Responsibilities as a WIC Participant:

- Participating in more than one WIC Program (in state or out of state) is illegal and will result in my termination from the program.
- I will allow a WIC health screening for all WIC applicants in my family. WIC health screening includes answering health and diet questions, measuring height, weight and screening blood for anemia. This helps WIC provide benefits that are responsive to my family's needs.
- I will come to my appointments or call ahead if I can't make my appointment.
- I will notify WIC of any significant changes that may occur such as my contact information, name changes and custody changes for children under my care who are receiving WIC services.
- I will treat WIC staff members, grocery store staff, and property with courtesy and respect. I understand that I, or any of my proxies, can lose my WIC food benefits by verbally abusing, harassing, threatening or physically harming a WIC staff member, another WIC client or grocery store staff.
- I will buy only the approved foods listed on my WIC food benefit list with the eWIC card given to me.
- I will use WIC foods only for the person(s) on the program. I understand that these WIC foods are provided to promote and support the nutritional well-being of that person and to help meet the recommended intake of important nutrients or foods.
- I will not trade, sell, transfer or exchange, or attempt to trade, sell, transfer or exchange, any food/formula or benefits issued to me. I will not allow any other person to trade, sell, transfer or exchange, or offer to trade, sell, transfer, or exchange, any food/formula or benefits issued to me.

- I will keep all store receipts for three months for food or formula that I purchase with non-WIC funds that are identical to those issued by WIC if I intend to sell, trade or give away these items. This is so I can prove they weren't purchased with my WIC funds.

As a WIC Participant I understand:

- I must reapply at the end of the certification period and be reassessed for program eligibility.
- WIC does not provide all the food or formula needed in a month because WIC is a supplemental program.
- If I don't have food benefits issued for four consecutive months, I will be terminated from the program.
- The Department of Health and Human Services (HHS) may authorize the sharing of my WIC information with specific health and education programs. These programs may use this information to determine my eligibility for their programs; provide me with information about those programs and to make the application process easier; to improve my health, education or well-being if I am already enrolled in their programs; and to make sure my health care needs have been met. This information will be used by WIC agencies and public organizations in the administration of their programs that serve persons eligible for the WIC Program. I understand HHS may also authorize the sharing of my WIC information as required or authorized by federal or state law. I can request a list of HHS programs that my WIC information may be shared with as found in the WIC Policy "Confidentiality of Participant Information".

I have been advised of my rights and obligations under the Program. I certify that the information I have provided for my eligibility determination is correct, to the best of my knowledge. This certification form is being submitted in connection with the receipt of Federal assistance. Program officials may verify information on this form. I understand that intentionally making a false or misleading statement or intentionally misrepresenting, concealing, or withholding facts may result in paying the State agency, in cash, the value of the food benefits improperly issued to me and may subject me to civil or criminal prosecution under State and Federal law.

Name of the WIC Participant(s) certified today: _____

Signature of participant/parent/guardian _____ Date: _____

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating based on race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language), should contact responsible state or local agency that administers the program or USDA's TARGET Center at (202)720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800)877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866)632-9992 or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or
- (2) Fax: (833)256-1665 or (202)690-7442; or
- (3) Email: program.intake@usda.gov

This institution is an equal opportunity provider.