

**The Iowa Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)**

**Staff Conflict of Interest Form**

**As an employed or contracted WIC staff, I pledge to abide by the following responsibilities:**

1. Carry out the policies and objectives of the State of Iowa WIC Program.
2. Be honest and fair in performing public service.
3. Follow state and federal confidentiality regulations for all WIC clients and records.
4. Avoid conduct that comprises the integrity of the Iowa WIC Program or creates the appearance of impropriety.
5. Notify my supervisor if I become a WIC participant during my employment.

**As an employed or contracted WIC staff, I pledge to not engage in the following prohibited activities (these include any activity that constitutes a conflict of interest with her/his employment):**

1. Using WIC employment for personal gain.
2. Taking official action in a matter in which the employee has a close personal or financial relationship to a party.
3. Engaging in activities which conflict with the employee's official position of employment with the WIC Program.
4. Except as allowed by state or federal law, giving preferential treatment to any person.
5. Except when functioning as an advocate for a client or an agency, making decisions that are not independent and impartial.
6. Accepting any fee, compensation, gift, payment of expense or any other thing of monetary value in circumstances that create the appearance of a conflict of interest or impropriety, whether or not such conflict of interest or impropriety actually exists.
7. Certify or issue food instruments to themselves or members of their immediate family.
8. Attempt to circumvent the security software placed on computers/devices using the WIC MIS data system.

**I understand I may call the State WIC office (1-800-532-1579) at anytime to report suspected fraud and I may do so anonymously.**

**Check the following if they apply:**

- I, as an employed or contracted WIC staff, am currently a WIC participant.
- I as an employed or contracted WIC staff, am currently employed by an approved WIC vendor.
- Other (please describe): \_\_\_\_\_

**By signing this form, I acknowledge that I have read and understood the responsibilities and prohibited activities as outlined in the staff conflict of interest form and will abide by these policies during my employment at this agency.**

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Employee Name

Signature

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Date