

RIGHTS AND RESPONSIBILITIES

I have the right to:

- Receive benefits 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 about 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.
- 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, Supplemental Nutrition Assistance Program (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, stop or increase breastfeeding.
- My pregnancy status, such as giving birth or becoming pregnant.
- My address. I will report changes to my address or contact information. I can ask for a Verification of Certification (VOC) if I am moving out of state to make it easier to get on WIC in my new state.

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 for the family members they were issued for.
- Return extra foods I can't use to the clinic. I understand I am not required to purchase all the foods on my card if I don't need them.
- Never offer to sell, give away, or trade my WIC foods, infant formula or eWIC card. This includes posting them online, or returning them to the store. Any food or formula I offer to sell or give away that is the same as the WIC food or formula I received will be assumed to be WIC food. I will be asked to pay the program back for the food or formula.
- Receive benefits from only one WIC clinic at a time. I understand that dual participation is illegal.
- Keep my appointments or contact the clinic to reschedule. I understand I can be taken off the program if I do not pick up benefits for two months in a row.
- Bring my eWIC card with me when I go to the clinic so that my benefits can be loaded onto the card.
- Protect my eWIC card like a debit card, keeping it from being lost, stolen, damaged or destroyed.
- Promptly tell WIC staff if my eWIC card is lost or stolen. I understand there will be a two-day waiting period to replace my card. I will not try to use a card I reported lost.
- Not share my card or PIN number with anyone except for those that I authorize while in the clinic.
- Follow the rules and instructions in the Utah WIC Authorized Foods booklet or WIC Shopper App.

Agreement:

I have read or been advised of my rights and responsibilities. If I do not follow these rules, I understand I may be asked to repay WIC for any benefits my family received. I also understand I may lose future benefits and be taken off the WIC program.

This certification is being completed with the receipt of federal assistance. I certify that the information I have given is correct to the best of my knowledge. Program staff may verify all of the information I have given to the clinic. I know that any untrue information I have given to receive WIC food benefits, including but not limited to making a false or misleading statement or misrepresenting, concealing, or withholding facts may result in me having to pay back 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.

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 texts, tell clinic staff or, reply STOP. To opt out of automated voice reminders, use option 9.

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 and Human Services 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.

USDA Nondiscrimination Statement:

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 on the basis of 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 to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the 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 online 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 a 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; (2) fax: (833) 256-1665 or (202) 690-7442; or (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.