

Family ID# \_\_\_\_\_

Name \_\_\_\_\_ Name \_\_\_\_\_

Name \_\_\_\_\_ Name \_\_\_\_\_

## Connecticut WIC Program Participant Rights and Responsibilities

1. Information collected about you may be used for program evaluation or shared with other programs or organizations to coordinate health care services.
2. In order to provide you with certain referrals, we may need to share your name and or contact information with outside organizations. We will request your special permission when we need to share your name and contact information with anyone outside of the WIC Program.
3. *I understand and agree that any records, data, or other information about me or my child that this local WIC Program has obtained or will obtain from an Early Head Start/Head Start Grantee Agency will become a part of my child's WIC file and will be treated by the WIC Program in accordance with WIC's confidentiality and privacy policies. A copy of this form has been provided to me. Further, I understand and agree to allow the WIC Program to share records, data, or other information about me or my child for the purposes of determining Early Head Start/Head Start eligibility or program coordination. \_\_\_\_\_ Initials Decline*
4. The local agency will make health services and nutrition education available to you and you are encouraged to participate in these services.
5. Standards to participate in the WIC Program are the same for everyone. 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, religious creed, disability, age, political beliefs, 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](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 mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; by fax (202) 690-7442; or by email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.

6. You may appeal any decisions made by the local agency regarding your eligibility for the WIC Program.
7. **WIC participants who fail to pick up benefits for two (2) months in a row will be automatically removed from the Program. You may need to reapply (recertify) to restart or receive WIC benefits.**
8. **WIC participants who sell or exchange privately purchased (not bought with eWIC benefits) food or formula that is the same brand of food or formula issued to them by WIC must keep sales receipts for those items to prove, upon request of WIC Program representatives, that they are not selling or exchanging WIC food or formula.**

I have been advised of my rights and responsibilities under the WIC Program. I certify that the information I have provided for my eligibility is correct, to the best of my knowledge. This certification form is being submitted in connection with the receipt of Federal assistance. WIC Program officials may verify information on this form. I understand that misusing the Program or its benefits will result in suspension or disqualification. The State agency may require me to repay for the value of the food benefits improperly issued to me. Such actions may subject me to civil or criminal prosecution under State and Federal laws. Misuse includes, but is not limited to, knowingly making a false or misleading statement or intentionally misrepresenting, hiding, or withholding facts, **offering to sell, trade or donate or the actual sale, trade or donation of WIC supplemental foods.**

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Date

Signature of Participant or Parent or Guardian