

SECTION: Certification

SUBJECT: Participant Rights and Responsibilities

Federal Regulations: §246.7 (i) (10) and (j) (1-3)

POLICY

At a minimum, at each certification appointment an applicant or participant must read or have read to her the statements on the *WIC Participants Rights and Responsibilities Form*. It is expected that a WIC staff person will provide a summary of important points at the initial and all subsequent certifications, mid-certifications to ensure the applicant/participant is apprised of her/his rights and responsibilities under the Program. After reading the statements and/or an explanation from WIC staff the applicant/participant must sign and date the form. The signed original form must be placed in the participant's or family's file. A copy of the signed form must be provided to the applicant or participant.

In order to reduce the burden of paperwork for participants and local agency staff, in cases where multiple family members apply and/or are being recertified on the same day, one *WIC Rights and Responsibilities Form* can be completed. Each individual's name must be recorded on the form. The Family ID number must also be recorded on the form. If a member of an existing WIC family applies and/or is recertified on a subsequent visit, another WIC Rights and Responsibilities Form must be completed, reflecting the certification date of that individual.

Family ID# _____	
Name _____	Name _____
Name _____	Name _____
Name _____	Name _____
Connecticut WIC Program Participant Rights and Responsibilities	
<ol style="list-style-type: none"> 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. The local agency will make health services and nutrition education available to you and you are encouraged to participate in these services. 4. Standards to participate in the WIC Program are the same for everyone, regardless of race, color, gender, disability or national origin. If you feel that you have been discriminated against and wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form (PDF), found online http://www.ams.usda.gov/complaint_filing_usd.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, DC 20250-9410, by fax (202) 690-7442 or email at program.intake@aphis.usda.gov. Individuals who are deaf, hard of hearing or have speech disabilities and wish to file to the either an EEO or program complaint please contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (in Spanish). 5. You may appeal any decisions made by the local agency regarding your eligibility for the WIC Program. 6. 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. 7. WIC participants who sell or exchange privately purchased (not bought with a WIC check) 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. <p>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.</p>	
Date _____	Signature of Participant or Parent or Guardian _____
<p>Optional: Check box to let us know if it is OK for WIC to contact you by:</p> <p><input type="checkbox"/> Phone and <input type="checkbox"/> Leave message, OK <input type="checkbox"/> Text</p> <p><input type="checkbox"/> E-mail _____</p>	
<p>USDA is an equal opportunity provider and employer.</p>	

The WIC Rights and Responsibilities Form is available on NCR paper in English and Spanish. Other languages are available as needed electronically and can be printed. Local agency staff will need to make a photocopy of the signed form for the participant for languages other than English or Spanish.