

WEST VIRGINIA WIC PARTICIPANT AGREEMENT



WIC Participant Name _____

Family ID _____

1. WHAT DOES WIC EXPECT FROM ME?

BUY WIC APPROVED FOODS:

I will buy only the foods listed on my WIC shopping list with my eWIC card. I will use these foods only for the person on the program.

USE WIC BENEFITS CORRECTLY:

I will follow the WIC Program and shopping rules when using WIC benefits. I will not sell, trade, give away, or exchange WIC benefits, food or formula purchased with WIC benefits.

I will keep all sales receipts for food or formula identical to those issued by WIC that I privately purchase. These receipts will be documentation that I can provide to the WIC Program, if requested, to prove I am not selling, trading, giving away, or exchanging food or formula provided by the WIC Program.

I will not exchange formula at the store. I will return any unused formula or baby food to the WIC Clinic. I will handle my WIC benefits with care. If they are lost or stolen, I will notify my Local WIC Clinic immediately. I understand that I will not receive a replacement for the benefits if they are lost or stolen.

GO TO ONE WIC CLINIC AT A TIME:

I will get benefits from only one clinic at a time. If I move out of state, I can ask for a transfer.

KEEP WIC APPOINTMENTS:

I will come to my appointments or call ahead if I can't make my appointment.

COMMON COURTESY:

I will treat WIC and grocery store staff with courtesy and respect. I understand that if I, my caretaker or anyone purchasing benefits on my behalf verbally abuse, harass, threaten, or physically harm a WIC staff member or grocery store staff, my family may lose WIC benefits.

2. WHAT CAN I EXPECT FROM WIC?

WIC FOODS:

If I qualify for WIC, I will get WIC benefits to buy healthy foods at the grocery store. I understand that WIC is a supplemental program and does not give all the food or formula needed in a month.

NUTRITION AND BREASTFEEDING INFORMATION:

WIC will give me tips for healthy eating and active living. WIC will provide me with breastfeeding support.

HEALTH CARE INFORMATION:

WIC will help me find a doctor and refer me when necessary to other services.

FAIR TREATMENT:

WIC staff will treat me with courtesy and respect.

I have the right to ask for a fair hearing if I do not agree with a decision about my WIC eligibility. I understand that I must request a fair hearing by writing or calling my Local WIC Clinic or the State WIC Office within 60 days from the date I received a letter telling me about my WIC eligibility.

If I have any comments about my Local WIC Clinic, I can contact the State WIC Program. The address is 350 Capitol Street, Room 519, Charleston, WV 25301. The telephone number is (304) 558-0030.

3. BY SIGNING THIS FORM, I ALSO UNDERSTAND AND AGREE:

- All the information I give WIC is true. WIC staff may periodically check any of this information.
- If I break the rules or make false statements, intentionally misrepresent, conceal, or withhold facts about my eligibility for the WIC Program, I understand that:
 - I, or my child, can be taken off WIC; and I will have to pay money back to the WIC Program for foods, formula, or breastpumps I should not have received or that I sold or traded.
- I will immediately report any change in my address, phone number, income, family size, eligibility for Medicaid, or if I am no longer breastfeeding.
- I give permission for WIC staff to take my or my child's height and weight and a small amount of blood to check my or my child's iron level. I understand this information is needed to help determine WIC eligibility.
- The WV WIC Program voluntarily collects social security numbers for the purpose of identifying who you are. This is in accordance with the Tax Reform Act of 1976.
- WIC will keep information about me or my child(ren) confidential and share only information needed to determine eligibility and for referral to other services.
- WIC staff can share information with my health care provider, another WIC Clinic, or health, education, and social service programs.
- My information may also be used to conduct quality assurance assessments of the WIC Program.
- I have been advised and understand my rights and responsibilities.

Parent/Guardian Signature _____

Date _____

WIC Staff Signature _____

Date _____

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(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: (202) 690-7442; or

(3) email: program.intake@usda.gov.

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