

WV WIC Nutrition Program
Consent to Receive Services

We are committed to the privacy of your information.

Please read this form carefully.

Participant Name	Date of Birth
Children's Name	Date of Birth

I consent to receive services provided through the West Virginia WIC program. To receive these services, I consent and agree to the provision of my and/or my child's medical information, which may include protected health information, by my health care providers at _____ to the West Virginia WIC program.

I understand and agree that:

- This form gives WIC consent to obtain information needed to complete my WIC certification appointment and provide the participant(s) with benefits.
- My health information may be shared in written, spoken and/or electronic format with the participant's health care provider, another WIC Clinic, or health, education, and social service programs.
- To take back my permission, I will contact the WIC office where I receive services. I understand that WIC may have released information prior to this time with my permission.
- WIC offices will keep my information confidential as required by law. If I choose to share my information with others who are not required by law to keep it private, it may no longer be protected by federal confidentiality laws.

I am signing this form voluntarily. I have the right to a signed copy of this form if I request one.

Date: _____ Signature: _____
 WIC Participant

Date: _____ Signature: _____
 WIC Program Representative

USDA Nondiscrimination Statement

In accordance with federal civil rights law and USDA civil rights regulations and policies, the USDA, its agencies, offices, employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

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 state or local agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, [AD-3027](#), found online at [How to File a Program Discrimination Complaint](#) 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:

1. Mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Mail Stop 9410, Washington, D.C. 20250-9410;
2. Fax: (202) 690-7442; or
3. Email: program.intake@usda.gov.

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