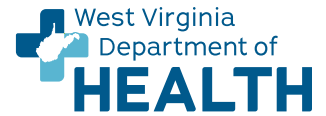


# WEST VIRGINIA WIC PARTICIPANT AGREEMENT



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 healthcare 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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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](mailto:program.intake@usda.gov).

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