

Participant Release of Information Form

- I will allow WIC to share information about my child's health, my health, and/or my WIC participation with:
 1. Other programs including but not limited to Virginia Department of Medical Assistance Services, Virginia Department of Social Services, and Virginia Mental Health Services, to find out if I am eligible, and/or
 2. The Chief State Health Officer (or the governing authority, in the case of an Indian State Agency) for use about their participation in the WIC Program for non-WIC purposes
 3. Participant health care providers
- I will allow WIC to share information about my child's immunization/medical information and/or my WIC participation with:
 1. Other health agencies for immunization/medical referral purposes. I understand this is not a requirement to receive WIC and I can choose not to share this information with other agencies.
 2. WIC programs in other states to facilitate the transfer of WIC eligibility.
- I will **not** allow WIC to share information about my child's immunization/medical information and/or my WIC participation.

Participant Signature: _____ Family Number: _____

Print Name: _____

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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, 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
Washington, D.C. 20250-9410
- 2) fax: (202) 690-7442, or
- 3) email: program.intake@usda.gov

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