

# Participant Rights and Responsibilities

## Rights

- I have the right to be treated with respect and will treat WIC and store staff with respect.
- I have the right to make a complaint if I feel I have been treated unfairly.
- I have the right to disagree with WIC staff regarding my eligibility by asking for a fair hearing.
- I have the right to submit a complaint regarding a store.

## Responsibilities

- I am responsible for using my WIC benefits correctly.
- I understand that failure to receive food benefits within ninety (90) days of the last date to spend on the most recently issued eWIC benefits will result in termination from the WIC Program.
- I am currently not receiving WIC benefits from another clinic, district or another state or under another name.
- I understand that I will have to reimburse the program for violations, fees and additional expenses, that I/my caretaker or proxy may have committed.
- I understand that I will inform WIC if my status changes, for example, if I have a miscarriage or a change in custody of child/infant.
- I have legal authorization to provide eligibility information and to consent to medical treatment for the child/infant listed.
- I understand that selling, trading or giving away any WIC benefit is a violation of Federal regulations and may result in disqualification from the WIC Program.
- I understand I cannot personally or financially benefit by trading, selling or giveaway WIC program food benefits.
- I understand I may be required to provide proof (i.e., receipt) to the WIC program that foods that I am selling, trading or giving away were not in fact purchased using WIC food benefits. (see WIC program Handbook for additional information).

## Consent

- I will allow height and weight measurements for myself and/or my child.
- I will allow a finger or toe/heel prick for a blood sample to check for iron for myself and/or my child.
- I understand that if any Virginia Department of Health employee is exposed to my blood or other bodily fluids, the Department has the right to test my blood for HIV or Hepatitis B or C exposure.

## Participant Handbook

- I have received my participant handbook and I understand that I am responsible for reading it.

**I have been advised of my rights and obligations under the Program. I certify that the information I have provided for my eligibility determination is correct, to the best of my knowledge. This certification form is being submitted in connection with the receipt of Federal assistance. Program officials may verify information on this form. I understand that intentionally making a false or misleading statement or intentionally misrepresenting, concealing, or withholding facts may result in paying the State agency, in cash, the value of the food benefits improperly issued to me and may subject me to civil or criminal prosecution under State and Federal law.**

Participant Signature: \_\_\_\_\_ Family Number: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature of Staff making Income Eligibility Determination: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name/ Title: \_\_\_\_\_

Signature of CPA making Nutritional Risk Determination: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name/Title: \_\_\_\_\_

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

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