

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 without penalty or disqualification.
 2. WIC programs in other states to facilitate the transfer of WIC eligibility (Verification of Transfer ~VOC).
- I will **not** allow WIC to share information about my child's immunization/medical information and/or my WIC participation.

Participant Signature : ----- Family ID Number: -----

Print Name: -----

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or **USDA's TARGET Center** at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

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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; or
2. **fax:**
(833) 256-1665 or (202) 690-7442; or
3. **email:**
Program.Intake@usda.gov

This institution is an equal opportunity provider.