



Participant Rights and Responsibilities

Name(s) of the WIC participant(s) certified today:

My Rights

- **WIC Foods:** I will be provided an explanation about the program and on how to use my WIC benefits at the store.
- **Services:** The local agency will make health services, nutrition education and breastfeeding support available to me, and I am encouraged to participate in these services.
- **Health care information:** I will get information about immunizations and other services I might need.
- **Fair Treatment:** Standards for eligibility and participation in the WIC Program are the same for everyone, regardless of race, color, national origin, age, handicap, or sex.
- **Appeals:** I shall be advised in writing when I am not eligible for WIC or if I am asked for repayment and I can ask for a fair hearing. I may appeal any decision made by the local agency regarding my eligibility for the Program. I have 90 days from the date I received notice that my application was denied, or my benefits were being terminated to request a fair hearing. If my benefits are terminated, I must request a fair hearing within 15 days of my notification of termination in order for my benefits to continue until the hearing examiner issues a decision or the certification period expires, whichever occurs first.
- **Certification Period:** I will be notified at least 15 days prior to the expiration of each certification period that my certification is about to expire.
- **Common Courtesy:** WIC and store staff will treat me with courtesy and respect. I can tell WIC staff that I would like to file a complaint if I am not treated with respect. I can also file a complaint with USDA at the address below.
- **Transfer Information:** If I am moving, I can transfer my WIC to another state. I can ask for transfer paperwork to take with me.

My Responsibilities

I understand that:

- WIC does not give all the food or formula needed for a month and that unused benefits do not carry over to the next month.
- If I lose my eWIC card it can be replaced. If my food benefits expire before I receive a new eWIC card, the benefits will not be replaced.
- Information that I provide to the WIC Program is being submitted in connection with the receipt of Federal assistance. Program officials may verify information provided to them.



- Information that identifies a WIC participant shall be released to those persons directly connected with the administration, enforcement, or audits of the Program.
- The Secretary of the Pennsylvania Department of Health may authorize the release of my WIC information to public organizations that serve persons who are eligible for the WIC Program, such as Medicaid, the Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance to Needy Families (TANF), the Maternal Mortality Review Committee (MMRC), Pennsylvania's Pregnancy Risk Assessment Monitoring System (PRAMS) and the Department's Division of Newborn Screening and Genetics (DNSG). Such public health organizations may only use my WIC information for the following:
 - To determine my eligibility for their programs and to streamline the application process
 - To conduct outreach for such programs
 - To enhance the health, education, or well-being of participants of their programs and of WIC
 - To assess and evaluate Pennsylvania's responsiveness to health care needs and outcomes

I agree to follow the rules below. I will:

- Always bring my proof of identification (ID) to every clinic visit.
- Provide all documents requested by the WIC Program in a timely manner.
- Use WIC foods and formula only for the person on WIC.
- Report lost, stolen, or damaged eWIC cards as instructed.
- Make sure any person I name to use my benefits knows the WIC Rights and Responsibilities.
- I will teach him or her how to use my benefits properly.
- Keep my WIC appointments or call the clinic to reschedule. If I fail to pick-up benefits three times in a row I may be removed from the Program.
- Not sell, give away or trade my, eWIC card, foods, or formula for money, credit, rain checks or other items. If I have WIC items I can't use, I will return them to the clinic.
- Not post WIC items for sale or trade on the internet.
- Not swear, yell, harass, threaten, or physically harm WIC or store staff, or damage WIC or store property.
- Not enroll a child who is not in my legal or designated care.
- Not enroll in WIC in more than one State or get benefits from more than one WIC clinic each month.

I agree to give true and complete information about:

- My identity, pregnancy status and address.
- The number of all people living in my household.
- The total income of all people living in my household.
- Being on Medicaid, the Pennsylvania Food Supplement Program (FSP), also referred to as Food Stamps or SNAP, or Temporary Cash Assistance (TCA).



- All changes in life circumstances (for example, I will notify WIC if I have changes in my income or family size or if I move).

My signature in the WIC system means that:

- 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.
- I have been, or will be, issued a food instrument (eWIC card) for my household.
- I have asked any questions I have about WIC, and they have been answered.
- I understand what my rights and responsibilities are.
- I understand that if I fail to comply with my responsibilities that I may be disqualified from the WIC Program.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and 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, audiotope, 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 <https://www.usda.gov/about-usda/general-information/staff-offices/office-assistant-secretary-civil-rights/how-file-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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