

Notification of Your Rights and Responsibilities as a WIC Participant

1. Standards for eligibility and participation are the same for everyone regardless of race, color, national origin, age, sex or disability.
2. I may appeal any decision made by WIC regarding my child's or my eligibility.
3. I will receive nutrition information and referrals to health services. I am encouraged to participate in these services.
4. I will receive instructions on how to use WIC checks.
5. I will keep my WIC appointments. If I fail to pick up my WIC checks for three (3) months in a row, I may be terminated from the Program.
6. I will only participate in one WIC clinic at a time. I understand that it is illegal to be enrolled in more than one clinic at the same time, either in Pennsylvania or in another state. Receiving WIC checks from two WIC clinics or two states during the same month will result in my disqualification from the Program.
7. WIC participants who sell or exchange privately purchased (not purchased with a WIC check) food or formula identical to the food or formula prescribed to them by the WIC Program must retain sales receipts for those items to document upon request of the WIC Program that they are not selling or exchanging food or formula provided by the WIC Program.
8. You have the right to file a complaint against a retail store by contacting the Local Agency Retail Store Coordinator. You may choose to remain anonymous.
9. All applicants/endorsers and potentially eligible persons are protected under the ADA or Section 504. If you feel these rights have been violated you have the right to file a complaint. If you have any questions regarding these protections or how to file a complaint, contact the coordinator at the State Agency at (717)783-1289.

I have read my rights and responsibilities. I swear that the information I have given to WIC is correct to the best of my knowledge. This form is being submitted in connection with the receipt of Federal assistance. WIC may verify any information on this form. I understand that giving false or misleading information may result in paying back to WIC, *in cash*, the value of the food benefits improperly issued to me. Also, I may be subjected to civil or criminal prosecution under State and Federal law. I understand that the Secretary of Health may allow release of information that I have given to WIC to other programs such as CHIP, Medical Assistance, SNAP, School Breakfast and School Lunch. The information will only be used to determine my eligibility for these programs and for outreach. I understand that my file or my child's file may be reviewed by a third party (non-WIC) auditor as part of the WIC annual audit. All information is confidential.

I verify that I have received, read and agree to follow the WIC Program Rules.