



Participant Rights and Responsibilities

As a Pennsylvania WIC Program participant, I understand the following:

1. Standards for eligibility and participation are the same for everyone regardless of race, color, national origin, age, sex, or disability. Race/ethnicity information is collected for statistical reporting only and does not affect my participation in the WIC Program.
2. I may appeal any decision made by WIC regarding my or my child's eligibility.
3. By providing consent during the nutrition assessment, WIC has permission to share my or my child's information with our designated health care provider.
4. I will receive nutrition information and referrals to health services. I am encouraged to participate in these services.
5. I will receive instructions on how to use WIC benefits.
6. I will keep my WIC appointments or contact the WIC clinic to reschedule. If I fail to pick up my WIC benefits for 3 months in a row, I will be terminated from the WIC Program.
7. I will only participate in one WIC clinic at a time. Receiving WIC benefits from two clinics or two states during the same month will result in my disqualification from the WIC Program.
8. WIC participants who sell or exchange privately purchased (not purchased with WIC benefits) 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 they are not selling or exchanging food or formula provided by the WIC Program.
9. I have the right to file a complaint against a retail store by contacting my Local Agency Retail Store Coordinator. I may choose to remain anonymous.
10. I am protected under the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act of 1973. If I feel these rights have been violated, I can file a complaint by contacting the State Agency at (717) 783-1289.
11. WIC may verify any information I have provided. If I provide false or misleading information, I may have to pay back to WIC, in cash, the value of the food benefits improperly issued to me. Also, I may be subject to civil or criminal prosecution under State and Federal law.
12. The Secretary of Health may allow release of information 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.
13. My 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.



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I agree to follow the rules below. I will:

1. Give correct and truthful information.
2. Redeem WIC benefits within the allowable dates.
3. Redeem WIC benefits for only WIC approved foods.
4. Keep my eWIC card in a safe place.
5. Report lost or stolen eWIC cards to the WIC clinic immediately.
6. Bring my eWIC card to every WIC appointment. If I forget my card, my family will not receive benefits at that appointment.
7. Bring my children and their shot records to every certification appointment.
8. Bring proof of identity, proof of address, and proof of household income to every certification appointment.
9. Notify WIC of any changes in my child's custody agreement or address immediately.
10. Choose a person (proxy) to pick up and redeem my WIC benefits if I am not able to get to the WIC clinic or grocery store. My proxy will have to be trained by WIC staff on how to use WIC benefits. If my proxy does anything wrong with my WIC benefits, I may be disqualified from participating in WIC.
11. Treat WIC and grocery store staff with courtesy.
12. Return an electric rental breast pump received from WIC by the established due date.
13. Not sell, lend, or exchange a breast pump received from WIC.
14. Not give away WIC benefits, food, or formula.
15. Not sell or exchange, including online, WIC benefits, food, or formula for cash, credit, or other items.
16. Not write my eWIC PIN on my card or keep it with the card.
17. Not share my eWIC PIN with anyone other than my WIC approved proxy.
18. Not throw away my eWIC card. Future benefits will be added to the card I set up at my first WIC appointment.
19. Not tamper with my eWIC card.
20. Not redeem WIC benefits for children no longer living with me.

By providing my electronic signature, I swear that:

I have read, understood, and acknowledged my rights and responsibilities.

The information I have given to WIC is correct to the best of my knowledge.

I have been offered a paper copy of the Participant Rights and Responsibilities.



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WIC Nondiscrimination Statement

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, audiotope, 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:

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.