

Iowa WIC Program – Client Agreement Participant Rights and Responsibilities

I understand that:

- I will receive WIC benefits to buy healthy foods. I understand that WIC benefits do not provide all the food or formula needed in a month as it is a supplemental program.
- WIC will give me tips about how to feed my family in a healthy way.
- WIC will help me find a doctor and refer me for things like shots for my children. WIC can give me information about health or community services I need.
- I have the right to ask for a fair hearing if I do not agree with a decision about my WIC eligibility. I understand that I must ask for a fair hearing by writing or calling my WIC office within 60 days from the date I receive a letter telling me about my WIC eligibility.
- WIC staff will treat me with courtesy and respect. The standards for eligibility and participation in the WIC Program are the same for everyone. If I feel I have been discriminated against on the basis of race, color, national origin, sex, age or disability, I can file a complaint at the address listed in the box below.
- The local agency will make health services, nutrition education and breastfeeding support available to me, and I am encouraged to participate in these services.

As a WIC participant:

- I will buy only the authorized foods listed on my WIC benefits. I will use WIC foods only for the person(s) on the program. If I share custody of my child or children, I will make sure that the WIC food is shared for my children.
- I will only use WIC benefits and/or eWIC card authorized to me. I will not trade, sell, transfer or exchange, or attempt to trade, sell, transfer or exchange, any food/formula or benefits issued to me. I will not allow any other person to trade, sell transfer or exchange, or offer to trade, sell, transfer, or exchange, any food/formula or benefits issued to me.
- I will keep all sales receipts for 3 months for WIC approved food/formula that was not bought using my eWIC card. The receipts will be documentation that I must provide to the WIC Program, if requested, to prove/clarify I am not directly or indirectly involved with the following:
 - Trading, selling, or transferring or exchanging any food(s) or formula provided by the WIC Program for cash, credit, non-food item(s), or unauthorized food(s) including food(s) in excess of that authorized and/or
 - Attempting to trade, sell, or transfer or exchange any food(s) or formula provided by the WIC Program for cash, credit, non-food item(s), or unauthorized food(s) including food(s) in excess of that authorized. An attempt includes any direct or indirect offer that is made verbally, in print, or online through a website such as Craigslist, Facebook, eBay, or other websites.
- I understand that I will not receive a replacement for benefits if they are lost or stolen.
- I understand that any and all WIC equipment that is rented or loaned to me will only be used for its intended purpose. I also understand that if the equipment is lost, damaged, stolen or not returned when due back to the local agency, I will be held responsible for its replacement cost.
- Common Courtesy: I will treat WIC staff members, client or grocery store staff, and property with courtesy and respect. I understand that I, or one of my proxies, can lose my WIC food benefits by verbally abusing, harassing, threatening or physically harming a WIC staff member, client or grocery store staff.
- I will come to my appointments or call ahead if I can't make my appointment. If I don't have food benefits issued for **four** consecutive months, I will be terminated from the program.
- I will get WIC food benefits from only one clinic at a time. Dual participation is illegal.
- I understand that if I move to a new WIC service area, I am eligible to ask for and receive a Verification of Certification form that allows me to transfer my WIC to my new location for the remainder of my certification period. I understand I must give any unused food instruments or card from the state I left to my new WIC office before they can issue me benefits in their state.
- I will notify my local WIC agency of any significant changes that may occur such as my contact information, name changes, and custody changes for children under my care who are receiving WIC services.
- I will allow a WIC health screening for all WIC applicants in my family. WIC health screening includes answering health and diet questions, measuring height, weight, and testing blood for iron level.

- I understand that the Director of the Iowa Department of Public Health may authorize the sharing of my WIC information with specific health and education programs. These programs may use this information to determine my eligibility for their programs; to provide me with information about those programs and to make the application process easier; to improve my health, education or well-being if I am already enrolled in their programs; and to make sure my health care needs have been met. This information will be used by WIC agencies and public organizations in the administration of their programs that serve persons eligible for the WIC Program. I understand IDPH may also authorize the sharing of my WIC information as required or authorized by federal or state law. I can request a list of IDPH programs that my WIC information may be shared with as found in WIC Policy 245.05.
- 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 understand that violating Federal law, state law, or this document could mean my termination of the WIC Program.

Name of WIC participant certified today: _____

Signature of participant/parent/guardian

Date

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, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

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 Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: <https://www.usda.gov/oascr/how-to-file-a-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
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

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