

# WIC Rights and Responsibilities

I understand that I have the following Rights and Responsibilities:

## Communication Assistance

- I understand that free communication assistance is available to me upon request.

## Eligibility

- I certify that the information I provide for my eligibility determination is correct, to the best of my knowledge.
- I understand that I may appeal any decision made regarding eligibility for the WIC program.
- I understand that I have the right to a fair hearing and this may be requested by contacting any local WIC agency or the State WIC agency in writing or by any clear expression by me or my representative within 60 days of the time I received notice of adverse action.

## WIC Benefits

- I understand that WIC supplemental foods are only for the person who qualifies today.
- I understand that I/my child may not receive WIC foods from more than one WIC program at a time.
- I understand that I/my child will be removed from the WIC Program if I fail to pick up my food benefits.
- I understand that the local agency will make health services, nutrition education, and breastfeeding support available to me/my child, and I am encouraged to participate in these services.
- I understand that I am responsible to keep my eWIC card secure and my PIN confidential.

## Program Abuse

- I understand that the following violations may result in disqualification from the program and repayment of food benefits issued to me and subject me to civil or criminal prosecution under state and federal law: 1) exchanging supplemental foods for cash, credit, or non-WIC food items; 2) purchasing non-WIC foods or unauthorized food items; 3) purchasing supplemental food items in excess of what was issued to me; and 4) selling or offering to sell my WIC foods or WIC benefits verbally, in print, or online or allowing someone else to do so.
- I understand that disruptive behavior, threatening to abuse, or physically abusing any staff and vendor and farmer's market personnel is a violation of WIC Program regulations and may result in disqualification from the program.

## Information Sharing

- I understand that WIC records may be transferred to other WIC agencies when I/my child transfer(s).
- I understand that my/my child's WIC data may be shared with other programs that serve persons eligible for WIC, such as other Alabama Department of Public programs like Immunizations, as well as designated public organizations and programs supporting these organizations to see if I qualify for services, to conduct outreach, to share needed health information with programs that I am already participating in, and to help assess the overall health of Alabama families.
- I understand that I may receive a Verification of Certification (VOC) letter to validate my/my child's current WIC eligibility if I move out of state.

## Proxies

- I understand that I may appoint up to two proxies to act on my behalf for WIC services.
- I understand that all proxies must abide by these Rights and Responsibilities.

## WIC Participant Authorization for Alternate Forms of Communication

- I understand that by sharing my phone number and/or email address I am giving authorization for the Alabama WIC Program to contact me by phone, text message and/or email for appointment information/reminders, WIC shopping lists, information sharing, etc.
- I understand these messages/emails could contain very limited to no personal health information (PHI) or personal identifying information (PII).
- I understand that the Alabama WIC Program **will not** send me encrypted emails and that by sharing my email **I am agreeing to receive unencrypted emails** from the Alabama Department of Public Health, WIC Program/local WIC office.
- I understand that text messaging and unencrypted emails are not secure methods of communication and if I no longer wish to receive phone and/or email notifications I must contact my local WIC office and provide this information.
- I understand that this authorization for alternate forms of communication will remain valid until I withdraw my consent to no longer receive communication by text message and/or email or until I and/or my child/children are no longer participants of the Alabama WIC Program.
- I understand if I choose to receive notifications via text message (SMS Messaging) that I am subject to all costs incurred based upon my cellular plan
- I understand that if my phone number and/or email address changes, it will be my responsibility to contact my local WIC office and provide the updated contact information.

## 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) <sup>1</sup>, 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/ad-3027.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](mailto:Program.Intake@usda.gov)

This institution is an equal opportunity provider.

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 is being submitted in connection with the receipt of Federal assistance. Program officials may verify information provided. 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.

My electronic signature indicates I understand my rights and responsibilities.

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<sup>1</sup> *"The Alabama Department of Public Health makes no concessions as to the scope of the terms "sex" or "discrimination" as they appear in Title IX of the Education Amendments of 1972 and the Food and Nutrition Act or implementing regulations."*