

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 Alabama Department of Public Health programs, such as Immunization.
- 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.

Notifications

- I understand if I choose to receive appointment notifications via text message (SMS Messaging) that I am subject to all costs incurred based upon my cellular plan.

Nondiscrimination Statement

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, religious creed, disability, age, political beliefs, 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, audiotape, 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.

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.