

Revisions Rights & Obligations

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Bureau of Nutrition and Physical Activity

Leadership for a Healthy Arizona



R & O Revisions

- Participant Centered Services
- Tool to educate the authorized representative
- Consent and Release
- Content-combination of requests and requirements

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Participant Centered Services

- Streamlining the form for both the participant and staff
- Legal jargon removed
- Repetition is reduced-removed if the information is in AIM or ID folder
- Initials and signatures reduced

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My total household income is: _____

Type of documentation provided for... _____

Participant's total household income: _____

Participant's identification: _____

Participant's residence/address: _____

Yes	No	I give permission to clinic staff to physically touch me or my child to:
<input type="checkbox"/>	<input type="checkbox"/>	measure height and weight
<input type="checkbox"/>	<input type="checkbox"/>	perform a blood test and
<input type="checkbox"/>	<input type="checkbox"/>	offer breastfeeding instruction

WIC Program Rights and Obligations

- I have been given a copy of, and understand, my rights and obligations as a WIC participant.
- I understand I may request, in writing, that my child's or my WIC information be sent to other healthcare programs.
- I understand that a person cannot be in two WIC and/or Commodity Supplemental Food (CSF) Programs at the same time.
- The information I have given WIC is true to the best of my knowledge. I understand that WIC staff may check the information I am giving them. If I lie or hide information, I understand that I may be prosecuted under State and Federal law, and may have to repay the government.

NOTE: If you want to appeal any adverse action, you must request an informal settlement conference and/or a fair hearing. Local agency staff will assist you to file a request for an informal settlement conference or a fair hearing.

A request for an informal settlement conference must be post-marked, or hand-delivered to the Local Agency Director, within twenty (20) calendar days of the receipt of the adverse action to: **WIC Director, 150 N. 18th Ave., Suite 310, Phoenix, AZ 85007.**

A request for a fair hearing must be post-marked or hand-delivered within sixty (60) calendar days of the receipt of the adverse action to: **Clerk of the Department, Arizona Department of Health Services, 150 N. 18th Ave., Suite 500, Phoenix, AZ 85007.**

If you choose, a relative, friend, legal counselor or other spokesperson may represent you. Although you have the right to be represented by legal counsel, this must be at your own expense. An attorney will not be provided for you.

Educating

What our clients can expect from us:

Healthy Foods

- Checks to buy healthy foods

Health Information

- Helpful tips on nutrition and active living
- Support and help with breastfeeding
- Referrals to health services that may help your family

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Fair Treatment

- WIC rules are the same for everyone
- The right to appeal decisions made by WIC about your eligibility

Privacy

- All the information provided to WIC will be kept private.
- If you move to a different area, your WIC information may be shared with the new WIC clinic.
- You can request (verbally or in writing) that we contact your healthcare provider to discuss nutritional needs for you and/or your child.

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What WIC will expect from you:

- **Honesty**

- Do not sell or trade your WIC checks, food, formula or breast pump.
- You may not enroll at more than one WIC clinic and/or Commodity Supplemental Food (CSF) Program at the same time.
- Do not make changes to your checks or ID folder.

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Accurate Information

- The information you provide will be the most current and will be truthful.
- WIC staff may verify that your information is correct.

Using Checks Properly

- Be courteous and respectful towards WIC staff and store staff.
- Buy only WIC-approved foods.



Protect your benefits

- Keep your WIC folder safe; lost/stolen checks are not replaced.
- If you abuse the WIC program, you may be prosecuted, disqualified and/or asked to repay the program.

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Consent and Release

- Authorized representatives consent to height, weight and hemoglobin
- Permission for staff to discuss nutritional needs with the healthcare provider
- Provide a VOC
- Information Sharing Agreement

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Allow WIC staff to take height and weight for me and/or my child_____

Allow WIC staff to take a small amount of blood to check the iron level for me and/or my child_____

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What is required?

- Complete the form at certification (recert), transfer and new authorized representatives
- signatures-income verifier, certifier and authorized representative(s)
- Client names, date
- Allow the authorized representative time to review the R & O

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- Available in the preferred language (language line if needed)
- Provide a copy of the R & O if requested
- Retain the signed R & O in the clinic files
- Follow the retention schedule

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Next Steps

- Receive final approval
- Forms will be available in the warehouse
- English/Spanish

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