

# Welcome to Arizona WIC Participant Rights and Obligations

## Our pledge to you

### Health Information

- WIC provides helpful tips on nutrition and active living.
- WIC supports and helps with breastfeeding.
- WIC will contact your healthcare provider to discuss nutritional needs for you and/or your child upon your request.

### Healthy Foods

- WIC provides your family with benefits to buy healthy foods.

### Fair Treatment

- WIC Rules are the same for everyone.
- You have the right to appeal decisions made by WIC about your eligibility.
- If you do not understand your Rights and Obligations, you have the right, at any time, to ask a WIC staff member to explain them to you.

### Privacy

All the information provided to WIC will be kept private.

### Help Getting Enrolled in Services

- If you move to a different area, your WIC information will be shared with the new WIC clinic if you request.
- WIC provides referrals to health and social services that may help your family.
- If you have other questions, ask to speak with a WIC Clinic Supervisor.

## Your pledge to WIC

### Honesty

- Do not sell, trade, or give away eWIC cards, food, formula or breast pumps (the intention alone could be grounds for removal from the program).
- If WIC determines you have attempted to sell or had intention to sell any benefits (foods, eWIC cards, formula or breast pumps) verbally, in print or online through any type of social media, you will be subject to disqualification from the program.
- You can only enroll in one (1) WIC Program at any given time.
- eWIC cards are for you and your children and are not to be changed or altered in any manner

### Accurate Information

- Provide the most current and truthful information (WIC staff may verify that this information is correct).

### Good Use of the Program

- Be courteous and respectful towards all WIC clinic and store staff.
- Buy only WIC-approved foods.
- Shop only at WIC-approved stores.
- Following the rules of the WIC Program is important to avoid being prosecuted, disqualified, and/or asked to repay the program.
- Be on time for your WIC appointment. If you cannot keep an appointment, call your local WIC office before your scheduled appointment.
- I understand I am responsible for the actions of the other authorized representative and/or proxy named in my file.

### Protect your Benefits

- Keep your eWIC card safe, immediately report all lost and/or stolen eWIC cards to your WIC office.
- Allow only the approved authorized representative or proxy to use your eWIC card.

In accordance with 7 CFR 246.26, the Director of Arizona Department of Health Services (ADHS) has authorized the use and disclosure of WIC participant information to the following programs: Arizona Early Intervention Program, Car Seat Program, Children with Special Healthcare Needs, Head Start, Health Start, High Risk Prenatal Program/Newborn Intensive Care Program, Arizona Immunizations Program, Maternal and Child Healthcare Program and Tobacco Use Prevention, and other activities requested by the United States Department of Agriculture.

By signing this form, I agree to all the above:

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature & Title of Certifier

\_\_\_\_\_  
Signature of Income Verifier (if different)

\_\_\_\_\_  
Date

I agree to allow WIC staff to; (initials)

\_\_\_\_ take height and weight for me and/or my child

\_\_\_\_ take a small amount of blood to check the iron level for me and/or my child

\_\_\_\_ physically touch me or my child during breast feeding instruction

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, 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 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](#)

This institution is an equal opportunity provider.

Family ID #

Participant Name

Weight

Height

Hgb

Participant Name		Weight	Height	Hgb