

WIC Participant Rights and Responsibilities

I have received information on my rights and responsibilities as a WIC participant. I understand that I have the right to:

- *Receive fair and respectful treatment from WIC staff and grocery store employees.*
- *Have the information I have provided to WIC staff remain confidential. It will not be released to anyone outside the WIC Program without my permission.*
- *Receive nutrition education and information about health care and other helpful services.*
- *Use any grocery store or pharmacy in New York State (NYS) that is authorized to accept WIC.*
- *Receive a food package that meets my nutritional needs, or those of my child.*
- *Request a transfer to another WIC local agency.*
- *Be told when and why my WIC Program benefits will end.*
- *Ask for a fair hearing if I disagree with decisions regarding my eligibility.*

The information I have given to see if I am eligible for the WIC Program is correct, to the best of my knowledge. I understand that:

- *WIC Program staff may check the information that I have given to them to confirm that it is correct by contacting employers or other sources for my income, and/or by obtaining my tax records from the NYS Department of Taxation and Finance.*
- *I must notify my local WIC office if I plan to move, my phone number changes, the income changes for anyone in my household, or if I want to change to another WIC office.*
- *If I make false or misleading statements or withhold information on purpose to get WIC benefits, I may have to pay the State back for the benefits I received improperly. I may be legally prosecuted by New York State or federal officials.*
- *I may participate in only one WIC Program. I certify that I am not currently enrolled in any other WIC Program.*
- *WIC foods are only for the participating family member. I cannot sell or give away WIC foods and WIC checks.*
- *If my food package needs to be changed or stopped for a short time, I will call my local WIC office.*

I am aware that the local agency will make health services and nutrition education available to me, and I am encouraged to participate in these services.

I may appeal any decision made by the local agency regarding my eligibility for the WIC Program.

I am aware that standards for eligibility and participation in the WIC Program are the same for everyone, regardless of race, color, national origin, age, handicap, or sex.

Requesting a Fair Hearing

If you are denied participation or disqualified from the WIC Program, you have the right to ask for a Fair Hearing if you disagree with the decision. You must be given written notification of your right to a Fair Hearing. You may ask for a conference with the local agency within seven days to discuss your concerns before you ask for a Fair Hearing. You must contact the local agency and ask for a Fair Hearing within 60 days of the denial or disqualification. Local agency staff are available to help you fill out a complaint form.

This is the attestation statement that I signed in the computer system before I received my WIC checks:

I have been advised of my rights and obligations under the WIC Program. I certify that the information I have provided for my eligibility determination is complete and accurate to the best of my knowledge. This information is being provided in order to receive WIC benefits and I understand that State or local WIC agency officials may verify this information if the need arises by contacting employers or other sources for my income, and/or by obtaining my tax records from the NYS Department of Taxation and Finance, and I specifically authorize the release of my tax records from the NYS Department of Taxation and Finance for this purpose, which may include certain employment information provided to the New York State Department of Taxation and Finance by employers with respect to New Hire and Wage Reporting information. I also understand that deliberate misrepresentation may subject me to civil or criminal prosecution under state and/or federal law. Deliberate misrepresentation includes, but is not limited to, intentionally falsifying, concealing or omitting family income, family size, medical data, Medicaid status and place of residence. I further understand that making a false or misleading statement or misrepresenting, concealing or omitting facts may result in my being disqualified and being required to repay the dollar value of the food benefits that I improperly obtained irrespective of whether or not I intended to improperly obtain benefits. Finally, I understand that I may participate in only one WIC Program. I hereby certify that I am not currently enrolled in any other WIC Program. I request that checks be produced and issued to me today.

Signature

Date

USDA Nondiscrimination Statement

The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at: http://www.ascr.usda.gov/complaint_filing_cust.html or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

USDA is an equal opportunity provider and employer.

New York State Nondiscrimination Statement

New York State prohibits discrimination based on creed, marital status and sexual orientation.

Persons who believe they have been discriminated against based on the New York State Human Rights Law should call the Growing Up Healthy Hotline at 1-800-522-5006, or write to the WIC Program Director, NYSDOH, Riverview Center, 6th Floor West, Room 650, 150 Broadway, Albany NY 12204.

