

Date:
HH#:
To be read and completed by the pregnant, breastfeeding or postpartum applicant or person present with infant or child applicant.
<b><u>Consent for Services</u></b> I give my <b>consent</b> to WIC eligibility screenings (i.e. identification, residency, income, height, weight, hemoglobin, health and nutrition risk) for me and/or my infant/child and/or the infant/child in my care. For WIC purposes only, I also consent (based on referral during the appointment) to the release of name, date of birth, address, phone number and WIC category to Healthy Families, Nutrition Education Program (NEP), Indiana Tobacco Quitline, and the Indiana Office of Technology; this WIC program may release the same information to additional agencies referenced on attachment A. Such information will be used by State and local WIC agencies and public organizations only in the administration of their programs that serve persons eligible for the WIC program.
Signature of Pregnant, Breastfeeding or Postpartum Applicant or Person Present with Infant or Child Applicant
<p>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, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.</p> <p>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.</p> <p>To file a program complaint of discrimination, complete the <a href="#">USDA Program Discrimination Complaint Form</a>, (AD-3027) found online at: <a href="http://www.ascr.usda.gov/complaint_filing_cust.html">http://www.ascr.usda.gov/complaint_filing_cust.html</a>, 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:</p> <ul style="list-style-type: none"><li>(1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410;</li><li>(2) fax: (202) 690-7442; or</li><li>(3) email: <a href="mailto:program.intake@usda.gov">program.intake@usda.gov</a>.</li></ul> <p>This institution is an equal opportunity provider.</p>