

Date:
HH#:
<p>To be read and completed by the applicant or, for minor applicants, their parent/guardian/caretaker.</p> <p><b>Applicant rights</b></p> <ol style="list-style-type: none"> <li>1. The standards for eligibility and participation in the WIC Program are the same for everyone, regardless of race, color, national origin, age, handicap, or sex.</li> <li>2. You may appeal any decision made by the local agency regarding your eligibility for the Program.</li> <li>3. The local agency will make health services; nutrition education and breastfeeding support available to you, and you are encouraged to participate in these services.</li> </ol> <p><b>Client responsibilities</b></p> <ol style="list-style-type: none"> <li>1. Using WIC benefits correctly when purchasing WIC items at the store.</li> <li>2. Using WIC benefits like they are cash.</li> <li>3. Treating clinic and store employees in a respectful manner.</li> <li>4. Providing truthful information.</li> <li>5. Teaching your proxies their role in the WIC Program.</li> <li>6. Not being on WIC in more than one clinic at a time (in-state or out-of-state)</li> </ol>
<p><b>Your rights and obligations under the program</b></p> <p>I have been advised of my rights and obligations under the Program. I understand that a Verification of Certification must be provided to every WIC client in this household because a member of the family is a migrant farm worker, or because the WIC client in this household is likely to relocate during their certification period. I certify that the information I have provided for my eligibility determination is correct, to the best of my knowledge. This certification form is being submitted in connection with the receipt of Federal assistance. Program officials may verify information on this form. I understand the attached Participant Notice outlines the sharing of my personal information as described in the form. 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. Selling, attempting to sell or trading WIC foods, formula or benefits on social media sites may result in criminal prosecution and/or disqualification from receiving future WIC benefits. I understand that I may be terminated from WIC if I receive benefits from more than one WIC clinic at a time.</p>
<p>Signature of Pregnant, Breastfeeding or Postpartum Applicant or Person Present with Infant or Child Applicant</p> <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> <ol 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> </ol> <p>This institution is an equal opportunity provider.</p>