

Know Your Rights and Responsibilities

Your Rights

Fair Treatment

- Standards for eligibility and participation in the WIC program are the same for everyone, regardless of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.
- If you are found ineligible for WIC, you will be given the reasons in writing, and you will be advised of your rights to a fair hearing.

Privacy

- WIC staff will keep your information private. Your written approval is needed before WIC shares your family's information with anyone outside of the WIC program, except as permitted by law.
- You may receive reminder text messages, phone calls, letters, postcards, or emails. You may request not to receive these reminders.

You Will Receive

- WIC benefits, which you can use to supplement your monthly food budget with healthy foods.
- Helpful tips for a nutritious diet and breastfeeding.
- Information about other health services available (like health care and immunizations), including the locations for these services.
- Encouragement to use these tips and other services.

Your Responsibilities

Buy WIC-Authorized Foods

- It is important to use your WIC benefits every month.
- Use your WIC benefits at WIC-authorized grocery stores.
- Bring your WIC Card to the grocery store every time you shop for WIC foods.
- Buy only WIC-authorized foods with your WIC benefits.
- Use the foods only for the person on the program.

Be Honest

- Provide current and truthful eligibility information to WIC staff at all times.
- Promptly report any changes in your income, family size, address, and/or phone number.
- Report any changes in your eligibility for Medi-Cal, CalWORKS (TANF), or CalFresh.
- Do not sell, trade, or attempt to sell or trade your WIC benefits, food, or infant formula, in person, in print, or online. You may be disqualified for this type of violation.

Be Courteous

- Keep your WIC appointments or call ahead when you need to reschedule.
- Bring all requested documents to all WIC appointments.
- Treat WIC staff and grocery store staff with courtesy and respect.
- Do not threaten or physically harm anybody in the WIC office or the grocery store.

I Understand...

- This certification form is being submitted in connection with the receipt of Federal assistance. Program officials may verify information provided. 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.
- Information about my participation in WIC may be shared with other government programs. These programs can only use my confidential information:
 - For outreach or to see if I qualify for their services.
 - To improve the health, education, or well-being of WIC applicants and participants in other programs.
 - To streamline program procedures.
 - To determine how California's health system responds to participants' needs.

- A list of the programs that the State Health Officer has approved to receive my family's confidential WIC information is included in my application materials. The list is also available on <https://myfamily.wic.ca.gov/Home/DataSharing>.
- Dual participation (receiving benefits from more than one WIC office at a time) is illegal and can result in disqualification from WIC.
- If I am told that I am not eligible for WIC, I will be given the reasons in writing.
- I may appeal any decision made by the WIC office regarding my eligibility.
- I will receive 15 days' notice if my certification is about to expire, or if I am about to be terminated from the program.
- If I ask somebody else to substitute for me in a WIC-related activity, I will explain these rights and responsibilities to them.
- If I plan to move, I can transfer my WIC benefits, and my WIC office can help me with the paperwork.

The WIC program Does Not Discriminate

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, audiotope, 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 online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, 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:

Program.Intake@usda.gov

This institution is an equal opportunity provider.

I have read this entire document. I have been advised of my rights and responsibilities while on the program. All questions I had (if any) have been answered to my satisfaction. I certify that the information I have provided is true and correct, to the best of my knowledge.

Signature of family representative/caretaker

Date

[Family ID]

Staff Use Only:

Local agency staff has reviewed the *Know Your Rights and Responsibilities* form with the family representative/caretaker, and any and all questions have been answered to their satisfaction.