



**Participant's Rights and Responsibilities**

**Effective October 2023**

**I understand I have the right to:**

- ✓ Participate in nutrition education, health and breastfeeding services.
- ✓ Equal WIC program eligibility and participation standards, regardless of race, color, national origin, sex (including gender identity and sexual orientation), age, disability and reprisal or retaliation for prior civil rights activity.
- ✓ Appeal any decision made by the WIC agency regarding program eligibility or WIC benefits. I can request a fair hearing within 60 calendar days by contacting my WIC local agency or the Missouri WIC program at P.O. Box 570, Jefferson City, MO 65102 or calling 800-392-8209.



**I understand it is my responsibility to:**

- ✓ Ensure my alternative representatives, proxies and I correctly use my WIC benefits to buy WIC approved food at an authorized Missouri WIC retailer as explained to me during my certification.
- ✓ Let my WIC local agency know if I am planning to move to another state so a verification of certification (VOC) may be provided to take to the new state to ensure continued participation in WIC.
- ✓ Receive WIC benefits from only one WIC agency at a time, as dual participation is illegal.
- ✓ Pick up WIC benefits when benefits are available.
- ✓ Treat WIC and retailer staff with respect and courtesy.

**By providing my signature, I confirm the following:**

- ✓ I have been advised of my rights and obligations under the WIC program. I certify the information and documentation I provided for my household is correct.
- ✓ I understand the WIC local agency may verify the information and documentation 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.
- ✓ I understand the Missouri chief state health officer may enter into a written agreement to authorize the sharing of my participation, including my date of birth, phone number and address, in the WIC program for non-WIC purposes. This will only be used by WIC and other organizations in the administration of those programs that serve persons eligible for WIC. This information can be used to:
  - Determine my eligibility for programs that the organization administers.
  - Conduct outreach.
  - Provide me with information about other DHSS programs, making the application process easier.
  - Improve my health, education or well-being if I am already enrolled in their programs.
  - Measure responsiveness to health care needs and outcomes.
- ✓ I understand that selling, trading or giving away my WIC benefits, including the eWIC card, food, breast pump or formula, is a participant violation and could result in collections and repayment of a claim or disqualification from the WIC program.
- ✓ If all documentation is not available at certification, I agree to furnish it within 30 days to remain enrolled and receive WIC benefits because this certification information is required to receive federal assistance.

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/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.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](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.

**Participant/Authorized or Alternative Representative Signature\***

**Date**

\*This form does not need to be signed when the signature is captured electronically in MOWINS.