As a participant in the Arkansas WIC Program, I understand my rights and responsibilities and will sign on the electronic signature pad only after reading the below statements:

My rights as a WIC Participant are to:

- Be treated fairly and with respect regardless of race, color, national origin, sex, age or disability by WIC staff and grocery store employees.
- Have the information provided to the WIC Program remain confidential unless permission is given to release it. Information provided may be shared with other programs such as other Arkansas Department of Health programs, Medicaid, TEA or SNAP to
  - Determine my eligibility for other services and to provide treatment for my child, data analysis and research. Conduct outreach for their programs.
  - Enhance the health, education or well-being of WIC applicants/participants enrolled in programs administered by the organization.
  - Streamline administrative procedures in order to minimize burdens on staff, applicants or participants.
  - Assess and evaluate the responsiveness of the state’s health system to participants’ health care needs and outcomes
- Be told why I or my child qualifies for the WIC Program and when benefits will end.
- Report requested racial and ethnic data. This information is used to monitor compliance with federal civil rights laws and has no effect on determining WIC Program eligibility or services provided.
- Receive nutrition and breastfeeding information as well as information for other needed health services. I am encouraged to keep all appointments and call the WIC office in advance if I need to reschedule.
- Request verification of certification (VOC) documentation so that I can continue participation in WIC if I move during my certification period.
- Request a fair hearing and appeal any decision made by the WIC Program regarding eligibility or disqualification within 60 days by calling 501-661-2508 or completing a Request for Hearing form available in my local WIC office.
- File a complaint by calling 501-661-2508 or completing a complaint form in my local WIC office or by contacting USDA (United States Department of Agriculture).

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. 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. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, 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: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.
**My responsibilities as a WIC Participant are to:**

- Provide honest and complete information about identity, residency, income, pregnancy status, address, number of people living in my household and eligibility for Medicaid, TEA or SNAP. The WIC Program may verify the information to confirm it is correct.
- Keep identification folder and WIC benefits in a safe place at all times because checks are not replaced.
- Notify WIC staff if I have changes in any of the following: income, the number of people in my household, my address, my phone number, or if my child goes into foster care or another household, when I have my baby or my pregnancy ends, if my breastfeeding amount changes, or if I need to transfer to another Arkansas WIC office or another state to receive WIC services.
- Tell WIC staff if WIC benefits have been lost, stolen or destroyed.
- Pick up WIC benefits on time. Benefits may be reduced for late pick up. I, or my child (ren) may be terminated from the Arkansas WIC Program without notice if benefits are not picked up for two or more months in a row.
- Select only WIC approved food items that I am eligible to receive at the grocery store. I may only purchase what is listed on my checks. I should let the WIC staff know if I need changes to or have questions about my food package.
- Provide instructions to my proxies about how to pick up benefits at the WIC office and how to cash them at the store. I am responsible for the actions of my proxies.
- Use WIC benefits only for the participant they were issued to. Benefits may not be donated, sold or “given away”.

I understand the WIC Program may take any of the following actions for abuse of the Program: disqualify a participant from the program, assess a monetary claim up to the amount of cashed WIC benefits and may prosecute under state and federal laws. Participant abuse includes, but is not limited to the following participant/authorized representative/proxy actions:

- Providing false information to obtain WIC benefits or not reporting changes that affect eligibility.
- Participating or trying to participate in more than one Arkansas WIC office or a different state at the same time; participating in the WIC Program and the Commodity Supplemental Nutrition Program at the same time; cashing more than one set of benefits in the same month.
- Physical abuse, threat of physical abuse, or verbal abuse to WIC or grocery store staff.
- Picking up and/or cashing WIC benefits for participants no longer in your household.
- Misusing WIC benefits in the following ways: theft of WIC benefits; cashing reported lost, stolen or destroyed WIC benefits that have been replaced; changing any information on WIC benefits; cashing benefits at a time other than the dates printed on the check; purchasing non-WIC foods with WIC benefits; returning or exchanging foods or formula purchased with WIC benefits; signing the WIC check before the grocery store employee writes in the dollar amount on the check.
- Attempting to or actually exchanging/selling/giving away food, formula, breast pumps or other items purchased with WIC funds verbally, in print or online through websites like Facebook/Craig’s List/Twitter/ebay/etc. or allowing someone else to do so.
- Any attempt to commit fraud or abuse the WIC Program or assisting someone else to do so.