HAWAII WIC RIGHTS AND RESPONSIBILITIES

I AGREE TO:
- Follow the WIC Program Rules on this form and in the “Making WIC Work for You…” pamphlet provided today.
- Come to my appointments on time.
- Let WIC staff know in advance if I cannot keep an appointment. I give WIC permission to contact me by postcard, letter or phone call.
- Provide truthful and accurate information to WIC staff. I understand that the information I provide to WIC may be verified by WIC staff.
- Let WIC staff know if my address, phone number or income changes or if I will be moving away or no longer have custody of my child.
- Bring my WIC ID Folder with me to the clinic and the store.
- Handle my WIC checks carefully and treat them like they are cash because they cannot be replaced if lost, stolen or completely destroyed.
- Report lost, stolen or destroyed checks as soon as possible.
- Treat WIC and store staff with respect and courtesy.
- Train my authorized representative on WIC procedures and policies. I am accountable for their actions.
- Participate in only one WIC Program or clinic at a time and I understand it is illegal to participate in more than one WIC Program or clinic at the same time.

I UNDERSTAND THAT:
- I can only shop at authorized stores on the list provided to me.
- I must only buy the foods listed on my checks in the sizes and brands on the Hawaii WIC Programs Food List.
- I will use the checks according to the instructions provided to me.
- It is illegal to sell, trade, donate or give away WIC foods, formula, breast pumps or checks or attempt to do so.
- I must not exchange WIC foods, formula, or checks for money, credit, rain checks, or other items of value or attempt to do so.
- WIC may provide my information to other agencies within the state of Hawaii for research, referral, and outreach purposes. My information will be kept confidential by these programs and will be used to help me obtain WIC services more easily or to improve the services I am getting from other programs. Programs may also use the information to assess and evaluate their programs.

WIC WILL:
- Treat me with courtesy and respect.
- Provide checks for me to buy healthy foods at authorized stores. WIC does not provide all the food or formula I may need in a month.
- Provide nutrition and breastfeeding education for me or my child.
- Provide referrals to other health and social services available when I need them.

MY RIGHTS:
- The rules for getting on WIC are the same for everyone regardless of race, color, sex, national origin, religion, disability, breastfeeding, or sexual orientation.
- I may ask for a Fair Hearing within 60 days if I don’t agree with a decision about my WIC eligibility.
- I may lose my WIC benefits or face legal charges if I or an authorized individual makes changes on my WIC checks; returns WIC foods for cash or non-WIC foods; sells, trades, or gives away WIC foods; buys non-WIC foods; uses an unauthorized retailer; or is verbally or physically abusive to WIC or retail staff. I may also be required to repay the benefits I received.

I have been advised of my rights and obligations under the Program. 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 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 and/or criminal prosecution under State and Federal law.

By signing this form:
- I have read this form or a WIC staff has read the form to me.
- I verify that the income amount provided is true and accurate.
- I agree to the above.

Printed Name of Caregiver: ____________________________
Signature of Caregiver: ____________________________
Date: ____________________________

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