

# 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, text 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 photo ID with me to the clinic and the eWIC card to the store.
- Notify WIC immediately if my eWIC card is lost, stolen or destroyed. The eWIC card is replaceable, but WIC items lost, stolen, damaged or purchased without your consent are not.  
If benefits expire before a new eWIC card is issued, the expired benefits will not be replaced.
- Treat WIC and store staff with respect and courtesy.
- Train my alternate caregiver 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 benefits list in the sizes and brands on the Hawaii WIC Programs Food List.
- I will use the eWIC card according to the instructions provided to me.
- It is illegal to attempt or sell (including online), trade, or give away my eWIC card, WIC foods, WIC formulas. I may lose my WIC benefits or face legal charges if I or an authorized individual sells or attempts to sell, exchanges my eWIC card, WIC foods, WIC formula, or other benefits for money, credit, rain checks, other items or service of value. I may also be required to repay the benefits I received.
- 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 an eWIC card 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 have been advised of my rights and obligation 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 official 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

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, audiotape, 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)

If you think you have been discriminated against on the basis of breastfeeding, in employment and public spaces, write the Hawaii WIC Services Branch, 235 South Beretania Street, Suite 701, Honolulu, Hawaii 96813-2419 or call (808) 586-8175.