ITCA WIC RIGHTS AND RESPONSIBILITIES

I AGREE TO:

- 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.
- Keep my eWIC card pin number secure. I will not share it with unauthorized individuals.
- Handle my purchased WIC items carefully because they cannot be replaced if lost, stolen or destroyed.
- Protect my eWIC card from being lost, stolen or destroyed. The eWIC card is replaceable, but items purchased without your consent are not.
- Notify WIC if my eWIC card is lost, stolen or destroyed.
- Treat WIC and store staff with respect and courtesy.
- Train my authorized representatives on WIC procedures and policies. I am accountable for their actions.
- Ask WIC staff for a transfer card if I am moving or would like to transfer to another WIC Program.
- Participate in only one WIC Program (i.e. Arizona, Navajo Nation or ITCA) 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 on my benefits list in the sizes and brands on the Arizona WIC Programs Food List.
- I will use the benefits according to the instructions provided to me.
- It is illegal to sell (including online), trade, donate or give away my eWIC card, foods, formula, or breast pumps or attempt to do so.
- I must not exchange my eWIC card, foods, formula, or other benefits for money, credit, rain checks, or other items of value or attempt to do so.
- WIC may provide my information to the agencies on the listing shown to me. 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 benefits 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, national origin, age, disability or sex.
- I may ask for a Fair Hearing by phone, walk-in or in writing within 60 days at this agency or ITCA, 2214 N. Central Ave, Phoenix, AZ 85004, 602-258-4822 if I don't agree with a decision about my WIC eligibility, benefits or recovery of improperly issued benefits.
- I may lose my WIC benefits or face legal charges if I or an authorized individual 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 and understand my rights and responsibilities under the Program. I certify that the information I have provided for my eligibility determination is correct to the best of my knowledge.

I understand that if I intentionally make a false or misleading statement or intentionally misrepresent, conceal or withhold facts, or if I do not comply with the rules of the program, I and/or my child could be taken off WIC; I could face legal charges; and I may have to pay back money to WIC.

_____	_____	_____
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, 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.