



Inter Tribal Council of Arizona, Inc. WIC Staff Conflict of Interest Form

This form is due to ITCA by October 31 of each year and within five working days of when a new conflict of interest becomes known to the staff person. Local Agency staff must sign the form and submit to the local agency WIC Director. It must be maintained on file at the local agency and a copy must be sent to ITCA. ITCA staff must sign the form and it must be maintained on file at ITCA.

I have read and understand the following ITCA WIC Program conflict of interest policies regarding vendors and relatives and friends applying for services or participating in the ITCA WIC Program. By signing below, I agree:

1. that to the best of my knowledge, neither I nor my spouse, domestic partner, children, parent, brother, sister, uncle, aunt, niece, nephew, grandchildren, in-laws, or anyone who resides in the same household as me, have any financial interest in any store/vendor authorized to accept WIC benefits;
2. that to the best of my knowledge, neither I nor my spouse, domestic partner, children, parent, brother, sister, uncle, aunt, niece, nephew, grandchildren, in-laws, or anyone who resides in the same household as me, are employed by any store/vendor authorized to accept WIC benefits;
3. to not engage in any promotion for a WIC authorized vendor;
4. to not receive any gratuities including, but not limited to, cash, food, gift cards or coupons that are not available to the public from a WIC authorized vendor;
5. that I will not determine eligibility for, or certify applicants/clients/caregivers that would be a conflict of interest for me to serve according to the ITCA WIC policy;
6. to not show any favoritism, by oral or written communication, towards any WIC applicant, client, caregiver, or WIC authorized vendor, including those known to me or related to me;
7. that I will not endorse or discourage the use of any WIC authorized vendor;
8. to declare and notify the local agency WIC Director or ITCA WIC Director, as applicable, as soon as it is known to me, of any relative or close friend who is planning to apply for WIC services, has applied for WIC services or who is currently participating in WIC at this agency.

I do not have a conflict of interest with any vendor, client, applicant or caregiver.

I have the conflicts of interest attached to this form.

WIC Staff Name (print full name)

Title

WIC Staff Signature

Date

Supervisor Signature

Date

Name: _____

Conflict of Interest with Client/Caregiver/Applicant

Name of Client/Caregiver/Applicant	Applicant/Client Name(s)	Your Relationship to Caregiver/Applicant/Client
<i>Example: John Doe</i>	<i>Jen Doe Jake Doe</i>	<i>Brother</i>

Conflict of Interest with Vendor (Store)

Name of Person Posing a Conflict	Description of Conflict of Interest/Relationship	Vendor Name and Store Number (if applicable)
<i>Example: John Doe</i>	<i>John is my brother and is the store manager.</i>	<i>Sunshine Food Market #2</i>