I UNDERSTAND THAT:

• I have been advised of and understand my rights and rules 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.

I UNDERSTAND THAT:

• I can only shop at New Hampshire WIC 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 New Hampshire WIC Food list.

• It is illegal to sell (including online), trade, donate or give away my eWIC card, WIC foods, WIC formulas or attempt to do so. 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.

• Any info given about my child/myself will not be shared outside of NH DHHS. Information may be shared within the Department to help

  obtain WIC and or other services that may be a benefit to me or my family. Any information shared within the Department is confidential

  however sharing of this information does not guarantee enrollment. Information about my child/myself may be used in reports or

  publications without names. My written approval is needed for information shared about my child or me by name outside of the

  Department, except as needed to comply with federal and state regulations.

WIC WILL:

• Treat me with courtesy and respect.

• Provide nutrition and breastfeeding education for me or my child.

• Provide referrals to other health and social services available when we need them.

• 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.

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 within 60 days of the date I am notified of a decision about my WIC eligibility, benefits or recovery of

  improperly issued benefits that I don’t agree with by visiting or writing the State Hearing Unit, Administrative Appeals Unit – DHHS,

  105 Pleasant Street, Main Building, Concord, NH 03301 or by calling, (603) 271-4292 or 1-800-852-3345 Ext 4292.

I have been advised of and understand my rights and rules 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 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.

(January 2019)