

WIC RIGHTS AND RULES

I AGREE TO:

- Come to my appointments on time.
- Let WIC staff know in advance if I cannot keep my appointment. I give WIC permission to contact me by postcard, letter, email, text or phone call.
- Treat WIC staff, store staff and other participants with respect and courtesy.
- 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, if I will be moving away or if I no longer have custody of my child.
- Participate in only one WIC Program or clinic at a time. I understand it is illegal to participate in more than one WIC Program or clinic at the same time.
- 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.
- Keep my eWIC card pin number secure. I will only share it with my authorized individual/helper and I will train them on WIC procedures and policies. I am accountable for their actions.
- Buy only WIC foods or formula with my eWIC card.

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) or trade 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 I 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, sex (including gender identity and sexual orientation), disability, or age or reprisal or retaliation for prior civil rights activity.
- *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, 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;
- (2) fax: (833) 256-1665 or (202) 690-7442; or
- (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

(July 2022)