

MARYLAND WIC PROGRAM

Rights and Responsibilities

My Rights

- **WIC foods:** I will get a food instrument (eWIC card) to buy healthy foods.
- **Nutrition information:** I will get information about healthy eating and active living.
- **Breastfeeding support:** WIC will help and support me with breastfeeding.
- **Health care information:** I will get information about immunizations and other services I might need.
- **Fair treatment:** The rules for applying for WIC are the same for everyone. I can ask a WIC employee for a Fair Hearing if someone tells me I cannot be on WIC and I do not agree.
- **Common courtesy:** WIC and store staff will treat me with courtesy and respect. I can tell WIC staff that I would like to file a complaint if I am not treated with respect. I can also file a complaint with USDA at the address below.
- **Transfer information:** If I am moving, I can transfer my WIC to another state. I can ask for transfer paperwork to take with me.

My Responsibilities

I understand that:

- WIC does not give all the food or formula needed for a month and that unused benefits do not carry over to the next month.
- If I lose my eWIC card it can be replaced. If my food benefits expire before I receive a new eWIC card, the benefits will not be replaced.
- Information that I provide to the WIC Program is being submitted in connection with the receipt of Federal assistance. Program officials may verify information provided to them.
- Information that identifies a WIC participant shall be released to those persons directly connected with the administration, enforcement, or audits of the Program.
- The Secretary of the Maryland Department of Health may authorize the release of information to representatives of public organizations that serve persons who are eligible for the WIC Program. A list of these organizations is available upon request from the WIC Program.
- Information released to organizations will only be used for the purpose of determining the eligibility of WIC participants for programs that it administers, conducting outreach to WIC participants for such programs, evaluating the State's responsiveness to the health care needs and outcomes of WIC participants, or to simplify the procedures for participating in those programs.

I agree to follow the rules below. I will:

- Always bring my proof of identification (ID) to every clinic visit.
- Provide all documents requested by the WIC Program in a timely manner.
- Use WIC foods and formula only for the person on WIC.
- Report lost, stolen, or damaged eWIC cards as instructed.
- Make sure any person I name to use my benefits knows the WIC Rights and Responsibilities. I will teach them how to use my benefits properly.
- Keep my WIC appointments or call the clinic to reschedule. If I fail to pick-up benefits two times in a row I may be removed from the Program.
- Not sell, give away or trade my, eWIC card, foods, or formula for money, credit, rain checks or other items. If I have WIC items I can't use, I will return them to the clinic.
- Not post WIC items for sale or trade on the internet.
- Not swear, yell, harass, threaten, or physically harm WIC or store staff; or damage WIC or store property.
- Not enroll a child who is not in my legal or designated care.
- Not enroll in WIC in more than one State or get benefits from more than one WIC clinic each month.

I agree to give true and complete information about:

- My identity, pregnancy status and address.
- The number of all people living in my household.
- The total income of all people living in my household.
- Being on Medicaid, the Maryland Supplemental Nutrition Assistance Program, also referred to as Food Stamps or SNAP, or Temporary Cash Assistance (TCA).
- All changes in life circumstances (for example, I will notify WIC if I have changes in my income or family size or if I move).

My signature in the WIC system means that:

- The information I have provided for eligibility determination is correct to the best of my knowledge.
- I understand and agree that intentionally making a false or misleading statement or misrepresenting, hiding, or withholding facts may result in my having to pay the WIC Program, in cash, the value of food benefits improperly issued to me and may subject me to civil or criminal prosecution under State and Federal law and disqualification from the WIC Program.
- I have been, or will be, issued a food instrument (eWIC card) for my household.
- I have asked any questions I have about WIC and they have been answered.
- I understand what my rights and responsibilities are.
- I understand that if I fail to comply with my responsibilities that I may be disqualified from the WIC Program.

The following participants were certified on _____:

#1: _____ #3: _____

#2: _____ #4: _____

Signature of Applicant/Caregiver/Designee

Signature of WIC Staff

For Manual Certifications Only:

Income Determination _____ Nutrition Risk Determination _____
Staff Signature Staff Signature

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/ad-3027.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