Women, Infants and Children Program
West Virginia WIC Participant Agreement

WIC Participant Name(s) _____

1. What does WIC expect from me?

- **Buy WIC approved foods:**
  I will buy only the foods listed on my WIC vouchers. I will use these foods only for the person on the program.
- **Use WIC vouchers correctly:**

  I will follow the rules when using WIC vouchers. I will not sell or trade WIC vouchers, food or formula purchased with WIC vouchers.

  I will handle my WIC vouchers with care. If they are lost or stolen, I will notify my Local WIC agency immediately. I understand that I will not receive a replacement for the vouchers if they are lost or stolen.

  I will use my WIC vouchers between the "First Date to Spend" and the "Last Date to Spend" listed on the WIC voucher.

- **Go to one WIC clinic at a time:**
  I will get vouchers from only one clinic at a time. If I move, I can ask for a transfer card.

- **Keep WIC appointments:**
  I will come to my appointments or call ahead if I can't make my appointment. I understand that failure to pick up vouchers for two months in a row may result in my removal from the WIC Program. If this happens, I understand that I can reapply.

- **Common courtesy:**
  I will treat WIC and grocery store staff with courtesy and respect. I understand that if I, or one of my proxies, verbally abuse, harass, threaten or physically harm a WIC staff member or grocery store staff, I can lose my WIC benefits.

2. What can I expect from WIC?

WIC Foods:
If I qualify for WIC, I will get WIC vouchers to buy healthy foods at the grocery store. I understand that WIC does not give all the food or formula needed in a month.

Nutrition and breastfeeding information:
WIC will give me tips about how to feed my family in a healthy way.

Health care information:
WIC will help me find a doctor and refer me when necessary for things like shots for my children and other services I need.

Fair treatment:
I have the right to ask for a fair hearing if I do not agree with a decision about my WIC eligibility. I understand that I must request a fair hearing by writing or calling my Local WIC office or the State WIC office within 60 days from the date I received a letter telling me about my WIC eligibility.

If I have any comments about my Local WIC Program, I can contact the State WIC Program. The address is 350 Capitol Street, Room 519, Charleston, WV 25301-3717. The telephone number is (304) 558-0030.

Common courtesy:
WIC staff will treat me with courtesy and respect. I will not be treated differently for any reason. This institution is an equal opportunity provider

By signing this form I also understand and agree:

- All the information I give WIC is true. WIC staff may periodically check any of this information.
- I will inform the Local WIC Agency of any change in my address or phone number.
- I give permission for WIC staff to take my or my child's height and weight. I allow WIC staff to take a small amount of blood to check my or my child's iron level. I understand this information is needed to help determine WIC eligibility.
- The West Virginia WIC Program collects social security numbers for the purpose of identifying who you are. This is in accordance with the Tax Reform Act of 1976.
- WIC staff can share information with my health care provider, another WIC clinic, health, education and welfare programs, Head Start, Right from the Start, the Expanded Food and Nutrition Program, Centers for Disease Control, Immunization Program, Medicaid and Maternal and Child Health.
- I have been advised and understand my rights and responsibilities.

Certification Date	Proxy or Payee	WIC Staff Signature/Title/Date
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I authorize the West Virginia WIC Program to release my child's immunization record.

_____ _____
Proxy or Payee Initials Date

I do not wish to have my child's immunization record released.

_____ _____
Proxy or Payee Initials Date

I have been advised that giving consent to release the immunization information is not a condition of WIC Program participation. I understand that I do not have to release my child's immunization information to another program, and that my refusing to release this information will not affect the application or participation in the WIC Program.