



To better serve families, Riley County Health Department (RCHD) is partnering with a community referral network called Integrated Referral and Intake System (**IRIS**), a web-based communication application.

As a WIC participant, your signature on the Rights and Responsibilities authorizes us to refer you to organizations at the health department and in the community who desire to assist and support you. These organizations attempt to contact you to explain and offer services to you.

WIC is now updating its referral method to include use of IRIS so that making referrals is easier for us. By signing this form you allow us to serve you more efficiently. The information in IRIS is stored in a secure electronic system that only other service providers in our community's referral network can access.

Signing below indicates that you agree for the following information to be shared in **IRIS**:

- Limited identifying information including name, gender, and date of birth.
- Information relevant to the referral, such as contact information and services requested.
- Information about referrals to community service providers.
- Information about needs or situation. (Ex: housing, tobacco usage, prenatal care resources).
- Information about referral outcome to the provider who made the referral, including whether you accepted or declined services (Ex: enrolled in program, kept appointment, provided resources).

By signing below I agree that my family/household members' information can be shared in IRIS with other service providers in my community's referral network who will also secure my information. All information is confidential and will only be shared for its intended purpose of providing wanted services to yourself and/or your family.

Print Name _____

Signature _____ Date _____

Witness by _____ Date _____

Agency Staff

"This institution is an equal opportunity provider."