

## Your RIGHTS and RESPONSIBILITIES For the Kansas Department of Health and Environment WIC Program

### I AGREE TO:

- Attend all scheduled nutrition education classes and appointments.
- Be on time for all appointments.
- Let WIC staff know in advance if I cannot keep an appointment.
- Bring proof of current income, address, and identification for each person applying.
- Give the WIC staff truthful information about my or my child's medical history, my household income and the foods that I eat or my child eats.
- Have my or my child's weight, height and blood checked (finger or heel stick) and a diet assessment.
- Handle my eWIC card carefully – as if it were cash.
- Notify WIC right away if my eWIC card is lost or stolen.
- Buy only WIC foods with my eWIC card.
- Let the WIC staff know if my address, telephone number or income changes, if I am going to move away, or if I no longer have custody of the client.

### I UNDERSTAND THAT:

- WIC will give me an eWIC card to buy certain foods at WIC authorized grocery stores each month.
- WIC will provide health services, nutrition education, referrals to other helpful programs, and make breastfeeding support available to you and, you are encouraged to participate.
- Standards for eligibility and participation in the WIC Program are the same for everyone, regardless of race, color, national origin, sex, age, or disability.
- I may appeal any decision made by the local agency regarding my eligibility for WIC.
- **It is illegal to participate in more than one WIC program in any one month. I may be dropped from WIC if I or someone in my household participates in more than one WIC Program in any one month; returns WIC foods for cash or non-WIC foods; sells, trades, or gives away WIC foods, including formula; buys non-WIC foods; uses an unauthorized grocery store; or verbally or physically abuses WIC or grocery store staff. I also may be required to repay benefits.**
- My WIC information may be released to designated public organizations and their programs to see if I qualify for their services, to conduct outreach, to share needed health information with programs I am already participating in, to streamline office procedures, and to help assess the overall health of Kansas families. The list of the designated public organizations is available on the Kansas WIC website at [www.kansaswic.org](http://www.kansaswic.org) or you may request a copy from your local agency.

I have been advised of my rights and responsibilities under the Program. I certify that the information I have provided for my eligibility determination is correct, to the best of my knowledge. This certification form is being submitted in connection with the receipt of Federal assistance. Program officials may verify information on this form. I understand that intentionally making a false or misleading statement or intentionally misrepresenting, concealing, or withholding facts may result in paying the State agency, in cash, the value of the food benefits improperly issued to me and may subject me to civil or criminal prosecution under State and Federal law.

### I understand my rights and responsibilities in the WIC Program.

\_\_\_\_\_  
Signature of Client/Parent/Legal Guardian

\_\_\_\_\_  
Date

### Nondiscrimination Statement

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: mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; or fax: (833) 256-1665 or (202) 690-7442; or email: [Program.Intake@usda.gov](mailto:Program.Intake@usda.gov).

*This institution is an equal opportunity provider.*