

Ohio Department of Health

Welcome to WIC Letter

Dear _____,

The Women, Infants, and Children Program (WIC) is a health program funded by the United States Department of Agriculture. WIC provides nutrition education, supplemental foods, and screening and referral to other health and social service agencies. You have been determined to be eligible to receive WIC services based on your status as either a pregnant, breastfeeding, or postpartum woman or an infant or a child under five years of age; your residence; your income; and your nutritional risk. Your nutritional risk is:

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Nutrition Goal

I have discussed my nutrition goal with the WIC health professional. I am agreeing to:

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It is important that you keep all WIC nutrition education and other health care appointments. Your next WIC clinic visit is scheduled for:

Nutrition Education and Coupon Pickup Date	Next Certification Visit Date
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Service Ending Notice

Food will end on _____ because the child turns age 5,
 6 month postpartum period has ended, or
 the breastfeeding period has ended.

Consent for Sharing Information

You are not required to consent to sharing any of the following information, but may wish to for other programs that work with WIC. If you decide not to consent, your refusal will not in any way affect the services you receive from WIC. Any information that is shared will be kept confidential.

A check mark below indicates you **give permission** to share information with that program.

Information that may be shared includes: name, address, telephone number, income, date of birth, types of shots received or due, the dates of those shots, height, weight and blood screening values.

_____ Immunization Program _____ Lead Program

These include the Ohio Department of Health Immunization and Lead programs.

Head Start/Early Head Start Other _____

Healthy Start/Help Me Grow/Early Start Other _____

Authorized Representative

If you are not able to be present at the WIC eligibility appointment, you may have an authorized representative act on your behalf by completing the following statement.

I give permission for _____ to bring my children to the WIC clinic. I realize that my children will have measurements taken and may have a finger stick to check iron level. I have provided my Authorized Representative with the proper documents and told her what to expect at a WIC appointment. If necessary, I can be reached at _____.

"I have been advised of my rights and responsibilities stated on the back of this letter. I certify that the information I provided is correct to the best of my knowledge. My WIC Program application information may be verified. I understand making a false or misleading statement, or misrepresenting, concealing or withholding facts may result in my paying back the cost of food issued to me and may result in prosecution under state and federal law."

Signature of Participant or Guardian	WIC Effective Date	Signature of WIC Personnel
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Participant Rights and Participant Responsibilities

Participant Rights

1. You have the right to ask for a fair hearing if this agency suspends you from participation in the WIC program. You must ask for a fair hearing within 60 days from the date you are notified of suspension. At the time of the fair hearing you may be represented and/or accompanied by a relative, friend, legal counsel or other spokesperson.
2. You may appeal any decision made by the local agency regarding your eligibility for the program.
3. The local agency will make health and nutrition education services available to you or your guardian and participation in these services is encouraged.
4. You may report improper vendor practices.

Participant Responsibilities

1. Do not sell, trade, or give away WIC food, coupons, breast pumps or electronic benefits transfer (EBT) cards.
2. Do not take from food vendors cash or credit toward the purchase of unauthorized foods or other items of value in place of authorized WIC foods.
3. Do not physically abuse, threaten physical abuse or verbally abuse local WIC staff or contracted vendor staff.
4. Notify the clinic if you have difficulty buying WIC foods at the grocery or drug store or if you are treated unfairly by store personnel.
5. Do not intentionally make false or misleading statements or intentionally misrepresent, hide or withhold facts to obtain benefits.
6. Receive WIC benefits from only one WIC program at a time.
7. Use the WIC foods for the participant only.
8. Coupons are picked up at assigned times and on a regular basis to avoid termination. Termination occurs when you fail to pick up coupons for two consecutive months.
9. Notify the clinic of a change in your income, address or family size.
10. Keep scheduled WIC appointments.
11. Redeem coupons during the valid dates only.
12. Return loaned breast pumps when asked.
13. Failure of you or your alternate to meet these responsibilities may result in you being suspended from the WIC program.

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

To file a complaint of discrimination, write:

USDA
Director, Office of Civil Rights
Whitten Building, Room 326-W
1400 Independence Avenue, SW
Washington, DC 20250-9410

or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.