



## Wyoming WIC Program Participant Rights and Responsibilities

As a Wyoming Women, Infants, and Children (WIC) Program participant, I understand the following:

- 1) WIC CERTIFICATION is for the following periods: pregnant women (through six weeks postpartum); postpartum women (through six months postpartum if non-breastfeeding, or up to a year if breastfeeding); infants (through the month they turn a year old, unless they are certified for the first time after they turn seven months old, in which case the certification period is for six months); and children (for one-year periods up to age five years). Each participant must reapply at the end of the certification period and be reassessed for WIC eligibility.
- 2) When my and/or my child(ren)'s certification period ends, WIC Program benefits also end.
- 3) WIC food benefits are given for the individual, to promote and support the nutritional well-being of the participant and to help meet the recommended intake of important nutrients or foods. The food provided by WIC is supplemental, i.e., it is not intended to provide all daily food requirements.
- 4) I will receive information about food, nutrition, and health, including nutrition education, breastfeeding support, WIC foods, and referral to other health services.
- 5) I will be asked questions about health and nutrition to identify my nutrition needs (e.g., medical conditions, dietary practices) and interests so that WIC can provide benefits to me that are based on my wants and needs. WIC staff promote open communication to achieve good health outcomes.
- 6) In the event that Wyoming WIC has limited resources to provide services, pregnant women, infants, homeless individuals, and migrants have a priority designation.
- 7) Children receiving WIC benefits must be living with the parent/caregiver who is applying for WIC benefits throughout the period of WIC Certification at least 50% of the time and must meet all WIC Program eligibility criteria.
- 8) WIC staff may verify information I have provided. If I provide false information, I may not get WIC benefits; I may have to pay back money for WIC foods already purchased; and I may be prosecuted under state and federal law.
- 9) Race/ethnicity information is collected for statistical reporting requirements only and does not affect my participation in the WIC Program. Standards for eligibility and participation in the WIC Program are the same for everyone, regardless of race, color, national origin, age, handicap, or sex.
- 10) Failure to pick up WIC benefits for three months in a row or failure to attend recertification appointments may result in the need to reapply for participation in the WIC Program.
- 11) The State Health Officer may authorize the use and disclosure of information about my participation in the WIC Program for non-WIC purposes. Such information will be used by state and local WIC offices and public organizations only for program administration and activities such as to: (A) determine program eligibility of WIC applicants/participants; (B) conduct outreach; (C) enhance the health, education, or well-being of WIC applicants/participants; (D) streamline administrative procedures; and (E) assess and evaluate Wyoming's health system in terms of responsiveness to participant healthcare needs and healthcare outcomes. The caregiver's electronic signature at WIC Program certification serves as a release of information for this information sharing.
  - a. As stated above, WIC participant information may be shared with the following programs: Children's Health Services, Kid Care, Best Beginnings, Home Visit Program, Equality Care, Public Health Nursing, Family Planning, Health Check, Lead Poisoning Prevention, Immunizations, and Pregnancy Risk Assessment Monitoring System (PRAMS).
  - b. A separate signed Release of Information is required for WIC to share information with any other entity.

### **PARTICIPANT RIGHTS:**

- 1) If I disagree with any decision that affects my WIC eligibility or WIC benefits, I have sixty (60) days from the date of notice to file an appeal and ask for a Fair Hearing to present the reasons for objection by me or by my representative(s), such as a relative/friend/legal counsel or other spokesperson(s).
- 2) Information to request a Fair Hearing may be obtained from any WIC local office or from the Wyoming WIC Program, WIC-Public Health Division, 122 West 25th Street, 3rd Floor West, Cheyenne, WY 82002, (307) 777-7494. Continuation of benefits may be requested pending the outcome of the Fair Hearing appeal. The request for continuation of benefits must be filed within 15 days from the date of my Notice of Ineligibility. However, no benefits can be continued beyond a participant's certification period.

## **PARTICIPANT RESPONSIBILITIES:**

- 1) I will notify WIC staff when I change my address or move to a different city or state. When moving out-of-state, I may request a Verification of Certification (VOC). A VOC is transfer paperwork that is used in my new WIC location so that I may continue to receive benefits through my current WIC Certification period. My new WIC location may request VOC information from my current WIC location.
- 2) To avoid loss of WIC benefits, I must attend all WIC appointments with my WYO W.E.S.T. card.
- 3) If I cannot make a WIC appointment, I will call in advance to reschedule. If a benefit pickup class is missed, WIC benefits may be reduced.
- 4) If my WYO W.E.S.T. card is lost or stolen, I will report this to the WIC office immediately. I understand that it is possible the current month's benefits will not be replaced.
- 5) I will never give my WIC benefits to anyone else.
- 6) I will keep the WYO W.E.S.T. card in a safe place, and I will not give my personal identification number (PIN) to anyone unless it is someone who will make WIC purchases as my additional head of household or proxy.
- 7) All formula/medical food exchanges must take place at the WIC office. Any unused infant formula must always be returned to the WIC office.
- 8) I understand that WIC benefits are to be purchased only at WIC authorized stores within the month designated and consumed by the participant for whom they were issued, and that unused benefits do not carry over to future months.
- 9) I am responsible for training my additional head of household or proxy to use the card at the store. I am responsible to ensure that my alternate shopper adheres to these same responsibilities.

## **DISQUALIFICATION/SUSPENSION/PROSECUTION/CASH RECOVERY MAY OCCUR FOR:**

- A. Misuse of WIC benefits such as exchanging/selling, intending to sell, or giving away the WYO W.E.S.T. card or food items purchased with WIC benefits verbally, in print, or online through websites such as Craigslist/Facebook/Twitter/eBay/etc. for cash, credit, or non-food items;
- B. Purchasing/receiving and keeping more WIC foods than authorized or foods not on the WIC Allowable Foods List;
- C. Physical abuse, threat of physical abuse, or verbal abuse to WIC or grocery store staff;
- D. Using a card I have reported as lost or stolen;
- E. Receiving and redeeming WIC food benefits from more than one WIC office in the same month.

The financial and eligibility information I have provided is true to the best of my knowledge including household income, number of household members, address, identification documentation, and information regarding health and nutritional status. I will notify WIC staff immediately of any changes.

By providing my electronic signature in the WIC Horizons system, I confirm the following:

- 1) My acceptance and knowledge of the statements above;
- 2) I have been advised of, understand, and have read a copy of the Wyoming WIC Program Participant Rights and Responsibilities and the Wyoming Department of Health Notice of Privacy Practices (WDH NoPP); and
- 3) A paper copy of the Wyoming WIC Program Participant Rights and Responsibilities and a paper copy of the WDH NoPP have been offered to me.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter 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; (2) fax: (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

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