

# 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, breastfeeding support, nutritious foods, and referrals to other health and human service agencies. The purpose of the program is to help improve diet during critical times of growth and development. The foods provided by the program are supplemental and are not intended to provide all of your daily food requirements. WIC foods are only for the participant.

The health professional will assess your health and diet information and discuss nutritional risk factors that could affect your health and growth. **Your nutrition risk today is:**

--

WIC health professionals partner with you to develop nutrition goals to support a healthy pregnancy, breastfeeding and postpartum experience, and growth for infants and children.

**I have discussed my nutrition goal with the WIC health professional. I agree to try:**

--

Date	Height	Length	Weight	Blood iron (Hemoglobin)
------	--------	--------	--------	-------------------------

Benefits are for a specific period of time, usually 6 months, called a certification period. An appointment will be made for you to pick up your benefits and for your next certification appointment. These appointments are made before your certification period runs out so that your benefits are not delayed.

**Your next WIC clinic visit is scheduled for:**

Nutrition Education and Benefit Pickup Date	Next Certification Visit Date
---	-------------------------------

**Keep all WIC appointments or your benefits may end.**

Your foods will end on \_\_\_\_\_ because  child turns age 5,  
 6 month postpartum period has ended, or  
 breastfeeding eligibility for WIC has ended.

### Information Sharing in the WIC Program

WIC works with many programs to meet your service needs. The *Information Sharing in the WIC Program* pamphlet explains programs that may receive your information for outreach; eligibility; and improving health, education, and well-being for your family.

Sharing information with programs or medical providers not listed in the *Information Sharing in the WIC Program* pamphlet needs your consent. You are not required, but may check or add programs or medical providers below for sharing your information.

Head Start/Early Head Start  Medicaid provider for breast pump \_\_\_\_\_

Other \_\_\_\_\_

I have been advised of my rights and responsibilities stated on the back of this letter. I received an *Information Sharing in the WIC Program* pamphlet. 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 benefits issued to me and may result in prosecution under state and federal law.

Signature of Participant or Guardian	Signature of WIC Personnel	WIC Effective Date
--------------------------------------	----------------------------	--------------------

# Participant Rights and Responsibilities

## Participant Rights

1. You have the right to ask for a fair hearing if you are disqualified from the WIC program. You must ask for a fair hearing within 60 days from the date you are notified of disqualification. At the time of the fair hearing, you may be represented and 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 breastfeeding and nutrition education services available to you or your parent or guardian.
4. Your WIC benefits can be transferred to any WIC clinic in the United States (US) and its territories and to certain other countries where WIC-like services are provided by a US entity.

## Participant Responsibilities

### **I understand that failure to abide by my responsibilities may result in disqualification. I and my alternates must:**

1. not sell, trade, or give away WIC foods or formula, breast pumps or WIC Nutrition Cards (WNC). This includes using online outlets such as Craigslist or Ebay to illegally sell or trade WIC benefits;
2. not accept from the vendor cash, credit, unauthorized foods, or other items of value for WIC Nutrition Cards;
3. not physically abuse, threaten physical abuse, or verbally abuse anyone at the WIC clinic or store;
4. notify the clinic if I have difficulty buying WIC foods at the store or if I am treated unfairly by store staff;
5. not make false or misleading statements or misrepresent, hide or withhold facts to obtain benefits;
6. not receive WIC benefits from more than one WIC program at a time;
7. use WIC foods for participants only. Send WIC Nutrition Cards or foods benefits with participants if they leave the household;
8. keep WIC appointments and pick up benefits at assigned times and on a regular basis to avoid termination. WIC benefits stop when benefits are not picked up;
9. notify the clinic of a change in income, address, telephone number, family size and pregnancy due date;
10. use WIC Nutrition Cards during the valid dates;
11. keep WIC Nutrition Cards in a safe place. It can take up to six days to replace WIC Nutrition Cards;
12. return loaned breast pumps when asked; and
13. bring back excess, unopened formula and baby foods to the WIC clinic.

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).

This institution is an equal opportunity provider.