

# WIC Participant Rights and Responsibilities

I have received information on my rights and responsibilities as a WIC participant. I understand I have the right to:

- *Receive fair and respectful treatment from WIC staff and grocery store employees.*
- *Have the information I have given to WIC staff stay private. It will not be released to anyone outside the WIC Program without my permission.*
- *Get nutrition education and information about health care and other helpful services.*
- *Use any grocery store or pharmacy in New York State (NYS) that is allowed to accept WIC.*
- *Get a food package that meets my nutritional needs, or those of my child.*
- *Ask for a transfer to another WIC local agency.*
- *Be told in writing when and why my WIC Program benefits will end.*
- *Ask for a fair hearing if I do not agree with decisions about my eligibility.*

The information I have given to see if I am eligible for the WIC Program is correct, to the best of my knowledge. I understand that:

- *The New York State WIC Program may authorize the sharing of my WIC information with specific health and education programs such as Medicaid, SNAP, TANF, and the Child Care Assistance Program. Such information will be used by State and local WIC agencies and public organizations only in the administration of their programs that serve persons eligible for the WIC Program. These programs may use this information for the following purposes: to determine my eligibility for their programs; to provide me with information about those programs and make the application process easier; to improve my health, education, or well-being if I am already enrolled in their programs; and to make sure my health care needs have been met.*
- *WIC Program staff may check the information I have given them to see that it is correct. They may contact my bosses or other sources for my income. They may get my tax records from the NYS Department of Taxation and Finance. When deciding if I can participate in WIC, they won't ask for information from more than 12 months before I applied. If they are looking to see if any WIC rules were broken, they may request information for any period during which I received WIC benefits.*
- *I must notify my WIC local agency if I plan to move, my phone number changes, the income changes for anyone in my household, or if I want to change to another WIC local agency.*
- *If I do not tell the truth or if I hide information on purpose to get WIC benefits, I may have to pay the State back for the benefits I did not qualify for. I may also be taken to court by New York State or federal officials.*
- *I may enroll in only one WIC Program. I confirm that I am not currently enrolled in any other WIC Program.*
- *WIC foods are only for the enrolled family member. I cannot sell, offer to sell, or give away WIC benefits in any way.*
- *If my food package needs to be changed or stopped for a short time, I will call my WIC local agency.*

I am aware that the WIC local agency will make health services and nutrition education available to me, and I am encouraged to take part in these services.

I am aware that rules for eligibility and participation in the WIC Program are the same for everyone, regardless of race, color, national origin, age, handicap, or sex. \_\_\_\_\_

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**Department  
of Health**

