

**Washington State WIC Nutrition Program
Agreement for Clinic Staff**

The following definitions apply:

Family relationships: includes mother, father, sibling, son, daughter, grandparent, in-law, aunt, uncle, cousin, niece, nephew, step-parent or any step family member.

Friends: A close acquaintance or a person the staff person spends time with outside work.

Vendors: include WIC authorized grocery stores, farmers markets and farm stores.

I agree:

1. I won't direct or recommend participants to choose, or to stay away from a specific vendor to use their WIC Card to purchase food benefits, including Farmers Market Nutrition Program (FMNP) benefits.
2. I won't receive any gratuities including cash, food, samples, or food coupons for personal use from a vendor as a result of my WIC employment.
3. I don't have a financial or ownership interest in an authorized vendor by marriage or family relationship.

I don't have any conflict of interest.

I do have, or may have, a conflict of interest. Please describe: (use back of form if needed)

Note: Contact state Program Compliance Unit to review potential conflicts of interest.

4. I will conduct myself in a manner which assures program compliance.
5. I won't give preferential treatment to anyone including my family, friends, or other staff members.
6. I won't certify or issue benefits to myself, family or friends. I will work with my supervisor to determine appropriate procedures if there's no one else available to provide WIC services.

I am not a WIC participant or the parent guardian of a WIC participant.

I am a WIC participant or the parent guardian of a WIC participant and agree to the following:

- I understand the local agency will monitor my WIC participation closely to prevent participant violations and fraud from occurring.
- I understand that violating rules and program compliance policies may result in sanctions such as repayment for benefits improperly received or disqualification from the WIC Nutrition Program.
- I accept responsibility for my actions as a WIC Nutrition Program participant or parent guardian who is also employed as a clinic employee.

Agreement and Signature:

I acknowledge that federal and state rules, the Washington WIC Manual and this agency's policies have been explained to me and I agree to follow them. (See References on next page.)

Employee name (print full name)

Title

Employee signature

Date

Coordinator/Agency Representative signature

Date

Conflict of Interest: (Additional information)

References:

- [7 Consolidated Federal Regulations 7 CFR 246](#)
- [Washington Administrative Code 246-790](#)
- [Washington State WIC Manual: Volume 1, Chapter 2 – Program Compliance](#)
- [Washington State WIC Manual: Volume 1, Chapter 18 - Certification](#)

WIC Nutrition Program doesn't discriminate.

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](#), (AD-3027) found online at: 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:

Mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;

Fax: (202) 690-7442; or

Email: program.intake@usda.gov

This institution is an equal opportunity provider.
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