



## Policy and Procedure Manual

### Volume 1, Chapter 7 Rights and Responsibilities

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Washington State WIC Nutrition Program

DOH 960-367 January 2019



**This institution is an equal opportunity provider.**

Washington State WIC Nutrition Program doesn't discriminate.

For persons with disabilities, this document is available on request in other formats.

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# Rights and Responsibilities

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## CONTENTS

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|  |   |
|--|---|
| Section 1: Participant Rights and Responsibilities                     | 1 |
| POLICY: Inform Participants of their Rights and Responsibilities ..... | 1 |
| Section 2: Appendix  | 5 |
| Form: Rights and Responsibilities .....                                | 7 |



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## Section 1: Participant Rights and Responsibilities

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### **POLICY: Inform Participants of their Rights and Responsibilities**

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Staff must:

1. Inform participants, parent guardians, and caretakers of their rights and responsibilities for the Washington WIC Nutrition Program at the following times:
  - Initial certifications, this includes when staff assign presumptive eligibility for pregnant participants.
  - Subsequent certifications.
  - When a participant transfers into the state.

**Note:** There may be other times when state or local WIC staff review the Rights and Responsibilities with the participant, parent guardian or caretaker.
2. Verbally review the “My Rights” and “Agreement” sections of the [Rights and Responsibilities form](#).
3. Provide the information in the person’s primary language, if available.
  - If no written translations are available in that language, staff must provide the materials in English and have an interpreter or the Language Line provide the information to the person.
4. Give the person the opportunity to discuss any concerns or ask questions about the Rights and Responsibilities form before signing.

The participant, parent guardian, or caretaker must:

1. Agree to the items in the “Agreement” section of the Rights and Responsibilities form in order to participate in WIC.
2. Sign electronically in Cascades to show agreement.
  - a. Staff have the person sign the paper copy of the form when Cascades is down or the power is out.
  - b. A proxy can’t sign the Rights and Responsibilities form.

- A proxy is a person with permission to receive and sign for WIC food benefits and use the WIC Card at the store.

**PROCEDURE:**

Staff:

- A. Inform participants, parent guardians, or caretakers of WIC's Rights and Responsibilities at the following times:
  1. Initial and subsequent certifications (includes when assigning presumptive eligibility)
  2. Transfer-in appointments from out-of-state
- B. Ask if the person would like to read both sides of the Rights and Responsibilities form themselves, or have staff read it to, or along with them.
  1. Provide the form in the person's language if available.
  2. Read the form to the person, if the person asks.
  3. Use an interpreter or a language interpreter service as needed.
- C. Verbally review the My Rights and Agreement sections of the Rights and Responsibilities form.
  1. Staff can paraphrase or use their own words to review these sections provided all topics are covered.
- D. Give the person an opportunity to ask questions about the form before signing to show agreement.
- E. Have the person sign electronically in Cascades.
  1. Only one signature is required for participants in a household certified or transferred-in from out of state on the same day.
  2. A separate signature is required for household members certified or transferred in on another day.
  3. Staff document who signed the form electronically by selecting the person's name in Cascades.

4. Proxies can't sign the Rights and Responsibilities form.
  - A proxy is a person with permission to receive and sign for WIC food benefits and use the WIC Card at the store.
5. Have the person sign the paper form when there are computer issues or the power is out and the clinic is still seeing participants.
  - Scan the signed form in to Cascades as soon as possible.
  - Staff document "scanned R and R" for the person's electronic signature.
- F. Document in Cascades on the Family Demographics screen Sticky Note when staff provide the information to the person using one of the following methods:
  1. Interpreter, written translation, read to participant, and other.
  2. Other – specify how staff provided the information.
- G. Give the person a Rights and Responsibilities form to keep at the Initial Certification (includes when staff assign presumptive eligibility), and transfer into state appointment.
  1. Staff can give the person a blank Rights and Responsibilities form or a copy of the signed form.
  2. Ask if the person would like a copy of the Rights and Responsibilities form at subsequent certifications.

**Information:**

Staff can't give information about WIC participants, parent guardians, or caretakers to other health services or social programs unless:

1. The local WIC clinic has a Memorandum of Understanding (MOU) with the organization.
  - WIC staff must notify the participant in writing that the clinic shares information with the organization.
  - See [Volume 1, Chapter 25 - Legal Considerations and Confidentiality](#) for guidance about releasing participant information.
2. The person signed a separate release of information form.

- See [Volume 1, Chapter 25 Legal Considerations and Confidentiality](#) for guidance about releasing participant information.

A sample copy of the [Rights and Responsibilities form](#) is in the Appendix. The form is available in many languages. Access the form in the following ways:

- Print in English and Spanish from Cascades.
- Print additional languages from the DOH WIC website [Cascades Forms and Materials page](#).
- Order from the Department of Printing Fulfillment Center [myPRINT.wa.gov](#) website.



Section 2: Appendix



## Form: Rights and Responsibilities



**WIC STAFF:** Verbally review this page.

### MY RIGHTS

- **WIC Foods:** If I qualify for WIC, I'll get a WIC Card to buy healthy foods at the grocery store. I understand WIC doesn't give all the food or formula I need for the whole month.
- **Nutrition Information:** I will get information about nutrition topics that interest me.
- **Breastfeeding Support:** WIC will help and support me with breastfeeding.
- **Health Care Information and Referrals:** WIC will let me know about immunizations, finding a doctor, and other services I might need.
- **Common Courtesy:** WIC and store staff will treat me fairly and equally, with courtesy and respect.
- **Fair Treatment:** The rules are the same for everyone regardless of race, color, national origin, sex, disability, or age.
- **Fair Hearing:** I can ask for a Fair Hearing if I disagree with a decision about my WIC eligibility.
- **Transfer Information:** I can transfer to another WIC clinic. I can ask WIC staff to give me transfer information.
- **Privacy:** My information is private. WIC only uses my information for receiving WIC services, unless otherwise indicated in writing by the clinic.

### AGREEMENT

**I must agree to these items to be on WIC:**

- WIC staff informed me of my Rights and Responsibilities and WIC Program Rules.
- All of the information I give WIC is true. I will tell WIC staff right away if there are any changes.
- WIC staff can check my information including my household size and sources of household income.
- If I lie or hide facts to get WIC foods I may have to repay WIC the cash value of those foods.
- WIC is a federal assistance program. If I break WIC rules:
  - WIC staff can take my family off the WIC program.
  - I may be subject to civil or criminal prosecution under state and federal law.
  - WIC can share my information if I am investigated for breaking WIC rules.

**By signing electronically, I agree:**

- I have read, understand, and agree to the rules and agreement on this form.
- I received a copy of this form.

Participant/Parent Guardian/Caretaker Signature

Date

Participant name(s): Last, First

**Clinic Staff:** Only have Participant/Parent Guardian/Caretaker sign the paper form when needed, for example due to computer issues or power outages.

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## MY RESPONSIBILITIES

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- I will use my WIC Card correctly. I'll follow instructions for using the WIC Card at the store and choosing WIC-approved foods.
- I will use WIC foods and formula only for the person on WIC. I'll return the foods and formula I can't use to the WIC clinic.
- I will report lost, stolen, or damaged WIC Cards to WIC staff right away.
- I will keep my WIC Card and PIN safe. I'll make sure anyone I designate to use my card knows WIC rules.
- I will treat WIC and store staff with courtesy and respect.
- I will keep my appointments or call the WIC clinic if I can't make it. If I don't keep my appointments it could affect the amount of WIC food benefits I receive.

## WIC PROGRAM RULES

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**If I don't follow these rules, my family could be taken off WIC or have to repay the program for the WIC food benefits received.**

- Give true and complete information to WIC. This includes identity, pregnancy status, address, household size, household income and eligibility for Medicaid (ProviderOne), SNAP (Supplemental Nutrition Assistance Program), TANF (Temporary Assistance to Needy Families), or FDIPIR (Food Distribution Program on Indian Reservations).
- Never sell or try to sell, trade or give away a WIC Card, WIC foods or formula. This includes in person, in print, verbally, on-line or through other media.
- Only get the amount of WIC food benefits allowed each month, from one WIC clinic at a time.
- Don't buy, or try to buy, foods or formula with a WIC Card that aren't part of the WIC food benefits.
- Don't return, or try to return, foods purchased with a WIC Card to a store for money, credit, a non-WIC food or food in excess of the WIC food benefit amount.
- Don't threaten or harm clinic or store staff or destroy store or WIC property.

**For more information about WIC Participant Violations and Sanctions, see the Washington Administrative Code 246-790-530.**

<http://apps.leg.wa.gov/WAC/default.aspx?cite=246-790-530>

## 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, audiotope, 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:

- 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](mailto:program.intake@usda.gov)



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