

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:**

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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:

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Date	Height	Length	Weight	Blood iron (Hemoglobin)
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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
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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.

Consent for Sharing Information

You are not required to consent to share any of the following information, but may wish to for other programs that work with WIC. If you decide not to consent, your refusal will not in any way affect the services you receive from WIC. Any information that is shared will be kept confidential.

Information that may be shared includes: name, address, telephone number, income, date of birth, types of shots received or due, the dates of those shots, height, weight and blood screening values.

I give permission to share information with:

_____ Immunization Program _____ Lead Program

These include the Ohio Department of Health Immunization and Lead programs.

Head Start/Early Head Start Medicaid provider for breast pump _____
 Healthy Start/Help Me Grow/Early Start Other _____

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.

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, coupons, breast pumps or electronic benefits transfer (EBT) cards. This includes using online outlets such as Craigslist or Ebay to illegally sell or trade WIC benefits;
2. not accept from the vendor debit, cash, credit, unauthorized foods, or other items of value for WIC coupons or EBT cards;
3. not physically abuse, threaten physical abuse, or verbally abuse anyone at the WIC clinic or store staff;
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 coupons, EBT card, 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 coupons during the valid dates;
11. keep coupons or EBT card in a safe place. Lost and stolen coupons cannot be replaced;
12. return loaned breast pumps when asked; and
13. bring back excess, unopened formula and baby foods to the WIC clinic.

I have been advised of my rights and responsibilities stated in this letter. 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
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In accordance with Federal law and Department of Agriculture (USDA) policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.