



Memorandum

#14-063

TO: WIC Regional Directors
WIC Local Agency Directors

FROM: Linda Brumble, Unit Manager
Nutrition Education/Clinic Services Unit
Nutrition Services Section

DATE: May 13, 2014

SUBJECT: **Policy Memo** – Revised Policies and Forms: *Texas WIC Policies CR:01.0 Rights and Obligations of an Applicant/Participant; CR:02.0 Nondiscrimination; GA:12.0 Participant Violations; Supplemental Information Form (SIF) WIC 35-1* and a new handout and poster for participants, *Texas WIC Program: Your Rights and Responsibilities*

The subject policies and forms are new or have been revised and are effective June 1, 2014. At that time they will be posted and you may update your *Policy and Procedures Manual* by downloading these from the *WIC Website* at:

http://www.dshs.state.tx.us/wichd/policy/table_of_contents.shtm.

The *SIF* will be available for order from the WIC Catalog beginning May 19, 2014. Please order the revised *SIF* for use in the clinic Monday, June 2, 2014 and destroy your current stock of *SIFs*. Please estimate and order a two-month supply of *SIFs* initially. Local Agencies (LAs) may replenish as usual after their initial order.

The *Texas WIC Program: Your Rights and Responsibilities* handout and poster describe a participant's rights and responsibilities while on the WIC program. The material also describes the penalties for misusing program benefits. LAs will receive an initial shipment of the *Rights and Responsibilities* handout by the last week of May. Staff may order more handouts from the WIC Catalog as needed.

Texas WIC Program: Your Rights and Responsibilities Handout (13-06-14207) English/Spanish

Policy Revisions

CR:01.0 Rights and Obligations of an Applicant/Participant

- Procedure II was added which requires that the *Texas WIC Program: Your Rights and Responsibilities* handout be given to a participant or parent/guardian/caretaker of a participant at every certification.

CR:02.0 Nondiscrimination

- Procedure VI was updated with the most recent United States Department of Agriculture Nondiscrimination Statement.

GA:12.0 Participant Violations

- Policy statement revised to require LA staff to report allegations of WIC fraud or abuse directly to the Office of the Inspector General.
- Procedure I - Definitions revised to include offer to sell food instrument, benefits or the same type of food included in the participant's food package as a participant violation.
- Procedure II A – revised to require LA staff to report allegations of WIC fraud or abuse directly to the Office of the Inspector General.
- Procedure II C – revised to require a six month disqualification from the WIC Program for the first offense and a one year disqualification from the second and subsequent offense for all types of participant violations.

Supplemental Information Form (WIC 35-1)

- Strengthened language regarding selling or offering to sell WIC items
- Added reference to *Texas WIC Policy GA:12.0 Participant Violations*

If you have questions regarding *Texas WIC Policies CR:01.0 Rights and Obligations of an Applicant/Participant; CR:02.0 Nondiscrimination; GA:12.0 Participant Violations* or the *SIF*, please contact Rachael Edwards, Clinic Services Branch Manager, at rachael.edwards@dshs.state.tx.us or 512 341-4763. If you have questions regarding the *Texas WIC Program: Your Rights and Responsibilities* handout, please contact Matt Harrington, NE Coordinator, at matt.harrington@dshs.state.tx.us or (512) 341-4515.

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Effective June 1, 2014

Policy No. CR:01.0

Rights and Obligations of an Applicant/Participant

Purpose

To ensure that the participant or parent/guardian/caretaker of the participant clearly understands the rights and obligations of a WIC participant and that an ineligible applicant or parent/guardian/caretaker of an ineligible applicant clearly understands the rights of a WIC applicant.

Authority

7 CFR Part 246.7

Policy

The local agency (LA) staff shall, at the time of each certification, have the participant or parent/guardian/caretaker of the participant read, or be read to, the rights and obligations of a participant in the WIC Program. The LA staff shall, at the time an applicant is found ineligible, have the applicant or parent/guardian/caretaker of an applicant read, or be read to, the rights of an applicant in the WIC Program.

Procedures

- I. At each certification, the participant or parent/guardian/caretaker of a participant shall be offered the opportunity to read or have read to her/him, the rights and responsibilities of a WIC participant on the *Supplemental Information Form (WIC35-1)*. The participant or parent/guardian/caretaker of a participant shall sign the form attesting to the fact that she/he has been informed of this information. The form shall be maintained in the participant's or family's record.

- II. At each certification, LA staff shall provide the participant or parent/guardian/caretaker of a participant, the *Texas WIC Program*:

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Your Rights and Responsibilities (stock # 13-06-14207/13-06-14207a).

- III. Applicants found ineligible shall be advised of the ineligibility and the right to a fair hearing by reading or having read to them the WIC Notification of Ineligibility or Termination form (WIC-5). Refer to **Policy CR:03.0** for the fair hearing procedures. The reason for ineligibility shall be identified on the form. The applicant shall sign the WIC-5 attesting to the fact that she/he has been informed of this information. The form shall be retained on file and made available for audit/review.

- IV. Where there are non-English speaking applicants or participants or parents/guardians/caretakers, the statements shall be provided verbally or in writing in a language that is understood. Interpreters shall be made available as needed.

- V. In areas of the state with the Commodity Supplemental Food Program (CSFP), the participant or parent/guardian/caretaker of the participant shall sign the Preventing Dual Participation between the Commodity Supplemental Food Program and the WIC Program form stating she/he will not participate in the CSFP while participating in the WIC Program. This form is available through the state agency.

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Policy No. CR:02.0

Nondiscrimination

Purpose

To ensure that WIC program requirements/benefits are consistently applied to all applicants/participants regardless of race, color, national origin, age, sex, or disability and the civil rights of WIC applicants/participants are protected.

Authority

7 CFR Part 246.8; USDA FNS Instruction 113-2, Rev. 1; 25 TAC §31.29, USDA Memo 2000-WIC-42

Policy

Standards used for determining eligibility and participation in the WIC Program and for the delivery of services shall be the same for everyone regardless of race, color, national origin, age, sex, or disability. All materials concerned with outreach, nutrition education, program information, or participants' rights that are distributed to the public or posted for public viewing shall include a nondiscrimination statement.

Procedures

- I. At the time of each certification, the participant or parent/guardian/caretaker of the participant shall be asked to read, or be read to, the rights and obligations of a participant in the Program from every form requiring their signature.

- II. Copies of the "Fair Hearing" poster, in English and Spanish, shall be prominently displayed on the premises in the waiting area(s). For those clinics without a waiting area, display in the reception/entrance area.

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- III. The United States Department of Agriculture (USDA) poster, "And Justice for All," in English and Spanish, shall be prominently displayed on the premises in the waiting area(s). For those clinics without a waiting area, display in the reception/entrance area.
- IV. At the time of denial of participation or termination from the Program, each individual shall be informed in writing of the right to a fair hearing and of the method by which a hearing may be requested. Refer to Policies: CR:03.0, CS:23.0, CS:29.0 for procedure and use of forms WIC-5 and WIC 35-1.
- V. When the LA has reached its authorized caseload and initiated a waiting list of applicants, an applicant's priority shall not be determined based on race, color, national origin, age, sex, or disability.
- VI. The following nondiscrimination statements are approved by USDA:
 - A. Long Version in English: The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)
 - B. To file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send completed form or letter by mail to U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington D.C. 20250-9410, by fax (202) 690-7442 or e-mail at program.intake@usda.gov. Individuals who are

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deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish)

C. Short Version in English: USDA is an equal opportunity provider and employer.

D. Long Version in Spanish: El Departamento de Agricultura de los Estados Unidos (USDA, por sus siglas en ingles) prohíbe la discriminación contra sus clientes, empleados y solicitantes de empleo por raza, color, origen nacional, edad, discapacidad, sexo, identidad de género, religión, represalias y, según corresponda, convicciones políticas, estado civil, estado familiar o paternal, orientación sexual, o si los ingresos de una persona provienen en su totalidad o en parte de un programa de asistencia pública, o información genética protegida de empleo o de cualquier programa o actividad realizada o financiada por el Departamento. (No todos los criterios prohibidos se aplicarán a todos los programas y/o actividades laborales).

Si desea presentar una queja por discriminación del program de Derechos Civiles, llene el USDA Program Discrimination Complaint Form (formulario de quejas por discriminación del programa del USDA), que puede encontrar en el internet en http://www.ascr.usda.gov/complaint_filing_cust.html, o en cualquier oficina del USDA, o llame al (866) 632-9992 para solicitar el formulario de queja. También puede redactar una carta que contenga toda la información solicitada en el formulario. Envíe el formulario completo o la carta por correo al U.S. Department of Agriculture Director, Office of Adjudication, 1400 Independence Avenue, SW., Washington, DC 20250-9410, por fax al (202) 690-7442 o por correo electrónico al program.intake@usda.gov.

Laspersonas Sordas, con dificultades auditivas, o con discapacidad del habla pueden comunicarse al USDA por medio del Federal Relay Service (Servicio Federal de Retransmisión) al (800) 877-8339 (en inglés) o (800) 845-6136 (en español).

E. Short Version in Spanish: El USDA es un proveedor y empleador que ofrece igualdad de oportunidades.

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- VII. Materials, incentive items and public service announcements (PSA) developed, produced and/or purchased by LAs shall include an approved nondiscrimination statement in the appropriate language. Specific guidelines and exceptions are detailed below:
- A. A nondiscrimination statement is not required to be imprinted on Items such as cups, buttons, magnets and pens that identify the WIC program, when the size or configuration makes it impractical.
 - B. Radio and television PSAs are generally short in duration; therefore, the nondiscrimination statement does not have to be read in its entirety. Rather a statement such as “USDA is an equal opportunity provider and employer” is sufficient to meet the nondiscrimination requirement.
 - C. Nutrition education materials and breastfeeding promotion and support materials that strictly provide a nutrition message with no mention of the WIC Program, are not required to contain the nondiscrimination statement.
 - D. The short version of the nondiscrimination statement shall only be used when space prohibits the use of the long version.
 - E. The nondiscrimination statement shall be in print size no smaller than the text.
- VIII. The state agency’s (SA) toll free number, 1-800-WIC-FOR-U (1-800-942-3678) shall be included on all materials.
- IX. If the LA develops materials with photographs or graphics of participants, to the extent possible, the photos/graphics shall depict participants of different races, colors, national origins, sexes, ages, and disabilities to convey the message of equal opportunity. A media release form shall be signed by all participants whose image is used for WIC materials.

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Participant Violations

Purpose

To provide an equitable control for identifying, reporting and investigating alleged WIC Program violations by participants and parents, guardians, client-designated proxies, state agency-appointed proxies or caretakers of participants.

Authority

7 CFR §246.7, §246.9, §246.12

Texas Government Code §531.102(d), §531.102(g), § 531.102(h)

Policy

Local agency (LA) staff shall report alleged WIC Program violations by participants and parents, guardians, client-designated proxies, state agency-appointed proxies or caretakers of participants to the Office of Inspector General (OIG) for follow up and action.

Participants and parents, guardians, client-designated proxies, state agency-appointed proxies, or caretakers of participants identified and documented as having committed program violations will be sanctioned.

I Definitions

Participant Violation - any intentional act of a participant, parent, guardian or caretaker of an infant or child participant that violates Federal or State statutes, regulations, rules, policies or procedures governing the WIC Program. Violations include the following:

- A. making a false or misleading statement;

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- B. misrepresenting, concealing, or withholding facts to obtain WIC benefits including:
 - 1. failure to report correct income during the certification process;
 - 2. failure to report members of the household and/or their income during the certification process; and/or
 - 3. not residing at the residence claimed during the certification process.

- C. simultaneous or dual participation (receipt of food instruments) in more than one WIC clinic during the same calendar month (see Policy CS:28.0) or in the Commodity Supplemental Food Program during the same period of time as WIC;

- D. selling or exchanging, offering to sell or exchange, or allowing any other person to sell, exchange, or offer to sell or exchange, any food instrument or benefit issued to the participant or any WIC food that is the same type as a WIC food item included in the participant's WIC food package prescribed by the WIC Program, for cash, credit, non-food item(s), or unauthorized food(s), including food(s) in excess of that authorized; an offer shall include any offer that is made verbally, in print, or online through a website such as Craigslist, Facebook, Twitter, eBay, or other website.

- E. alteration of a food instrument; or

- F. threatening to harm or physically harming LA, vendor or SA staff.

II. Procedures

- A. Once a participant violation is suspected or a complaint is received, the LA and the IRM shall follow the following steps:
 - 1. Document, to the fullest extent possible, the suspected/alleged participant violation and submit a report of it to the OIG either

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online at <https://oig.hhsc.state.tx.us/wafrep/> or by calling 1-800-436-6184. The OIG has an online form for fraud and abuse referrals.

2. When submitting a report of a suspected/alleged participant violation to the OIG, attach copies of certification records or other pertinent records, and printed screens of postings on Craigslist, Facebook, Twitter, eBay, or other website that contain or relate to an offer to sell or exchange any food instrument or benefit issued to the participant or any WIC food that is the same type as a WIC food item included in the participant's WIC food package prescribed by the WIC Program, including food(s) in excess of that authorized.
- B. The LA shall comply with requests from the Health and Human Services Commission Office of Inspector General's investigation protocol as follows:
1. The OIG staff will contact the WIC clinic, identify themselves, and follow these steps:
 - a. Obtain the name of the manager, supervisor, or nutritionist and fax number of the clinic;
 - b. Fax the request for documents to the manager, supervisor, or nutritionist;
 - c. Call the clinic contact to verify the fax arrived; and
 - d. Email the LA WIC Director the same day, notifying her/him of the records requested and the name of the manager, supervisor, or nutritionist to whom the request was faxed.
 2. The LA shall provide any requested documents to OIG within ten (10) business days of the date of the request. The day following the date of request is day one. The OIG will notify the WIC Director when the requested documents are not received within ten (10) working days of the date of the request.

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3. Requests from the OIG will include all certifying documents for the time period being requested, such as the application (WIC-35); Supplemental Information Form (SIF); copies of check stubs; any other documents furnished by the applicant during the certification process; any documents furnished by the clinic during the certification process; and the names, business addresses, and phone numbers of the employees who completed the certification.
4. When additional documents are required after the initial request, the OIG will contact the clinic person initially identified as the contact person.
5. In order to ensure a timely response to investigative staff, LAs are required to update the state agency regarding any changes to clinic locations, phone numbers, fax numbers, WIC director e-mail address, clinic managers, supervisors, nutritionists, and hours of operation.
6. Interviews with clients at the LA:
 - a. When an interview with a client will be conducted at the LA, OIG will contact the clinic manager, supervisor, or nutritionist five business days prior to the interview to ensure interview space at the clinic is available during working hours. The OIG will notify the manager, supervisor, or nutritionist and the LA WIC Director of the date, time, and place of the scheduled interview(s).
 - b. Upon arrival at the clinic, the OIG investigator(s) will notify the manager, supervisor, or nutritionist of their presence to receive instruction on space availability to conduct the interview(s).

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7. Each LA shall establish internal procedures for their agency on how to assist the OIG investigators in accordance with this policy when the agency is contacted during an investigation.
- C. Upon a final determination by the OIG that a participant violation has occurred, participants and parents, guardians, client-designated proxies, SA-appointed proxies, or caretakers of participants identified and documented as having committed a participant violation shall be sanctioned as follows:
1. For a participant violation in which a claim of \$100 or more is assessed, the participant shall be disqualified for one year.
 2. When the SA or the OIG assesses a second or subsequent claim of any amount, the participant shall be disqualified for one year.
 3. For an offense in which a participant has illegally received benefits at more than one WIC office and the SA or the OIG assesses a claim for such dual participation, the participant shall be disqualified for one year.
 4. For a participant violation in which a participant has sold or exchanged, offered to sell or exchange, or allowed any other person to sell, exchange, or offer to sell or exchange, any food instrument or benefit issued to the participant or any WIC food that is the same type as a WIC food item included in the participant's WIC food package prescribed by the WIC Program, including food(s) in excess of that authorized, the participant shall be disqualified for a period of six months for a first offense and 12 months for a second or subsequent offense.
 5. Upon a final determination by the OIG that a participant violation does not warrant a one-year mandatory disqualification, the following sanctions will apply.

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- a. If a participant or a parent, guardian, client-designated proxy, state agency-appointed proxy, or caretaker of a participant sells or exchanges, offers to sell or exchange, or allows any other person to sell, exchange, or offer to sell or exchange, any food instrument or benefit issued to the participant or any WIC food that is the same type as a WIC food item included in the participant's WIC food package prescribed by the WIC Program, including food(s) in excess of that authorized, for any of the following items, the participant shall be disqualified for a period of six months for a first offense and 12 months for a second or subsequent offense:
 - i. cash, credit or non-food items;
 - ii. firearms, explosives, ammunition, controlled substances, alcohol, or tobacco products;
 - iii. non-food items not listed in 25 TAC §31.30(f)(2); or
 - iv. unauthorized food, including foods in excess of that authorized.
 - b. If a participant or a parent, guardian, client-designated proxy, state agency-appointed proxy, or caretaker of a participant threatens to harm local agency, vendor, or state agency staff, the participant shall be disqualified for a period of six months for the first offense and 12 months for a second or subsequent offense.
 - c. If a participant or a parent, guardian, client-designated proxy, state agency-appointed proxy, or caretaker of a participant physically harms local agency, vendor, or state agency staff, the participant shall be disqualified for a period of six months for the first offense and 12 months for a second or subsequent offense.
6. Exceptions to disqualification:
- a. The SA or the OIG may decide not to impose a disqualification if, for a participant violation that results in a claim assessed against the participant, parent, guardian,

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- client designated proxy, SA-appointed proxy, or caretaker of a participant, full restitution is made within 30 days of receipt of a letter demanding repayment or a repayment schedule is agreed on.
- b. The SA may permit a disqualified participant to reapply for the program before the end of a disqualification period if, in the case of a participant violation for which a claim was assessed against the participant or parent, guardian, client-designated proxy, SA-appointed proxy, or caretaker of a participant, full restitution is made or a repayment schedule is agreed upon.
 - c. The SA may issue a waiver to appoint a person as a special proxy to transact food instruments and receive nutrition education for an infant, child, or participant under age 18 when the infant, child, or participant under age 18 will incur a serious health risk from the suspension of benefits.
7. The SA shall attempt to recover, in cash, the value of the benefits received by a participant or the parent, guardian, client-designated proxy, state agency-appointed proxy or caretaker of a participant as a result of a participant violation, other than a violation that consists solely of an offer to sell or exchange a food instrument or benefit issued to the participant or a WIC food that is the same type as a WIC food item included in the participant's WIC food package prescribed by the WIC Program, including food(s) in excess of that authorized.
- a. The SA or the OIG shall determine the amount of the benefits improperly received by a participant through an independent review of local agency records and such other procedures as the SA considers necessary under the specific circumstances.

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- b. In cases involving criminal prosecutions for violations of law, repayment of the cash value of benefits improperly received shall become a part of any restitution agreement with the prosecutor. In such cases, the participant shall not have the right to a fair hearing by the department.
 - c. In cases involving an administrative claim but no criminal prosecution, the OIG shall notify the participant or parent, caretaker, or guardian of a participant in writing that a financial claim has been established and shall request repayment of an amount equal to the value of the benefits improperly received. The written notification shall include the reasons for the claim, the value of the benefits improperly received, repayment methods, and the participant's right to a fair hearing.
 - d. Collection of a financial claim assessed against a participant by offset of future benefits is not authorized.
- D. The SA will notify the LA WIC Director about participant sanctions and provide any further instructions according to the particular incident and circumstances. As applicable, the SA may direct the LA to initiate sanctions.
- E. The SA shall provide a hearing procedure through which any individual may appeal an action which results in a claim against the individual for repayment of the cash value of improperly issued benefits or results in the denial of participation in, or disqualification from, the Program. Refer to Policy CR:03.0, Fair Hearing Procedure for Applicants/Participants.
- F. In all cases where it is found that a participant, parent, guardian, client-designated proxy, SA-appointed proxy, or caretaker of a participant unlawfully received benefits due to a WIC participant violation, including, but not limited to, dual participation, the SA and the OIG has the option to refer the matter for criminal prosecution.

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- G. If during an investigation, information is developed that indicates fraud and abuse in excess of \$1,000 or other major criminal activity, including large scale vendor trafficking in food instruments, firearms or narcotics, or involvement by organized crime elements, the State agency should immediately advise its FNS regional office, which will refer the case to the appropriate USDA Office of the Inspector General (OIG) regional office. In such cases, the State agency should hold further investigative action in abeyance, pending USDA OIG action. In such instances, the FNS regional office will notify the State agency of whether USDA OIG intends to assume the investigation. If USDA OIG does not assume the investigation, the State agency should refer the case to State and/or local law enforcement authorities for investigation and/or prosecution under applicable State or local laws.

- H. Failure to follow these procedures and/or to keep applicable documents per the records retention requirements may cause the LA to assume the liability for the amount of improperly issued program benefits.

Supplemental Information Form

1. Rights and Responsibilities of a WIC Participant

Rights

a. Nutrition Education and Referrals

The WIC office will make health services, referrals, and nutrition education available for your participation.

b. Equal Opportunity

Standards for eligibility and participation in the WIC Program are the same for everyone, regardless of race, color, national origin, age, disability, or sex.

c. Fair Hearing

You may appeal any decision made by the local WIC agency regarding your eligibility for the Program.

d. Privacy Notification

With a few exceptions, you have the right to request and to be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the State agency to correct any information that is found to be incorrect.

See <http://www.dshs.state.tx.us> for more information on Privacy Notification. (Reference: Government Code, Section 522.021, 522.023 and 559.004)

e. Courtesy

You have the right to be treated with respect and courtesy by all staff.

Responsibilities

a. WIC Food Benefits

WIC benefits are provided to purchase nutritious foods and are to be used only for the WIC participant. WIC is a supplemental program and does not provide all the food or formula needed in a month.

b. Keep WIC Benefits in a Safe Place

If your WIC EBT card is lost or stolen, you must call 1-800-942-3678 to begin the replacement card process.

c. Accountability

- Bring your WIC EBT card whenever you come to the WIC clinic.
- Keep all of your appointments or let the WIC clinic know when you cannot make your appointment.
- Buy only WIC-approved foods with your WIC EBT card.
- Never redeem WIC benefits for cash, credit, non-food items, or unauthorized foods.
- Do not sell or trade, or allow anyone else to sell or trade, your WIC EBT card, the food or formula purchased with your WIC EBT card or the same item(s) as the item(s) in your WIC food package. (Reference: WIC Policy No. GA:12.0)
- Do not make, or allow anyone else to make, a verbal or written offer to sell or trade WIC foods, benefits, breastpumps, and/or EBT cards, or the same item(s) as the item(s) in your WIC food package, including any offer on websites such as Craigslist, Amazon, Facebook, or Ebay. (Reference: WIC Policy No. GA:12.0)
- Do not receive WIC benefits from more than one clinic during the same period.
- Follow the terms of the breast pump loan agreement, if you are loaned a breast pump.

d. Courtesy

Treat WIC and store staff with respect and courtesy.

2. Required Signature Statement

I have been advised of my rights and mandatory responsibilities under the WIC Program. I have been further advised that I may be disqualified from receiving WIC benefits for up to one year for my failure to fulfill my responsibilities as a WIC participant, as stated in this document and in WIC Policies. I certify that the information I have provided for my/my child's eligibility determination is correct, to the best of my knowledge. This certification form is being submitted in connection with the receipt of Federal assistance. Program officials may verify information provided to the WIC Program. I understand that intentionally making a false or misleading statement or intentionally misrepresenting, concealing or withholding facts may result in paying the State agency, in cash, the value of the food benefits improperly issued to me and may subject me to civil or criminal prosecution under the State and Federal law.

At my first WIC appointment, I received the "Welcome to WIC and the WIC EBT Card!" brochure and the "Keep Your Family Healthy" flyer.

Signature of applicant*/parent/guardian/caregiver _____ Date _____

For WIC official use only. Physically present Yes No

Signature of additional /parent/guardian/caregiver _____ Date _____

WIC Eligible Infants and Children

Name _____
For WIC official use only. Physically present Yes No

Name _____
For WIC official use only. Physically present Yes No

Name _____
For WIC official use only. Physically present Yes No

Name _____
For WIC official use only. Physically present Yes No

Name _____
For WIC official use only. Physically present Yes No

For WIC Official Use Only.

I certify that I determined the eligibility of the participant(s) listed above.

WIC Certifying Official Signature _____

Title _____

Date _____

Physical presence waiver

- Medical equipment Confinement to bed Illness exacerbated Medical condition of family member
 Infant younger than 1 month presented to WIC by six-week birth date

Date presented to WIC _____

Staff initials _____

3. Shared WIC Participant Information

As authorized by federal regulations at 7 CFR 246.26, the Commissioner of Health of the Department of State Health Services (DSHS) has authorized the use and disclosure of WIC participant information to the following programs as described.

- a. The Texas Center for Birth Defects Research and Prevention (TCBDRP) may use the information to conduct outreach about the National Birth Defects Prevention Study and will not release it to a third party.
- b. The DSHS Health Services Regions and/or local health departments, health services districts, or health authorities as designated by a Health Services Region may use the information to conduct infectious disease investigations.
- c. The Texas Department of Agriculture (TDA) may use the information to provide Farmer's Market Nutrition program benefits to eligible participants.

d. The Texas Health Steps (THSteps) Program would like to share information with you about Medicaid benefits. THSteps helps to provide medical and dental check-ups and transportation to Medicaid clients. So that THSteps can get this important information to you, they need to know how to reach you.

Only the most current information on file with WIC about you and your child will be shared with THSteps:

- Name
- Address
- Date of birth
- Phone number

This information will not be disclosed to a third party or used for any other purpose. Your decision to share or not share your information will not affect your WIC eligibility or benefits. You have a right to withdraw or add your permission to share this information at any time. You may do so by letting WIC know your decision in person or in writing.

- I choose to share** my/my child's name, address, date of birth, and phone number so that I can learn more about Texas Health Steps and the important benefits it offers.
- I choose NOT to share** this information with Texas Health Steps.*

*For WIC staff: Check or circle 99 **Do Not Release Client Data** under the "Referred To" section on all participant forms for this family.

Opportunity to Register to Vote

1. If you are not registered to vote where you live now, would you like to apply to register to vote here today?

YES NO

- 2. Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency.
- 3. IF YOU HAVE NOT CHECKED EITHER BOX YOU WILL BE CONSIDERED TO HAVE DECIDED NOT TO REGISTER TO VOTE AT THIS TIME AND WILL BE ASKED TO SIGN BELOW.
- 4. If you would like help filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private and put it in the mail yourself.
- 5. If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, you may file a complaint with the Elections Division of the Secretary of State, P.O. Box 12060, Austin, Texas 78711, 1-800-252-8683.
- 6. If you decline to register to vote, this decision will remain confidential and be used only for voter registration purposes.
- 7. If you decide to register to vote, information regarding the office to which the application was submitted will remain confidential, and again will only be used for voter registration purposes.

Declination of Voter Registration

I decline to register to vote today.

For Agency Use

Initial here if applicant refuses to sign.

Initial here if applicant kept the application.

Signature of Applicant

Date

Printed Name of Applicant

NVRA-WIC

Forma de información adicional

1. Derechos y responsabilidades del participante de WIC

Derechos

- a. Educación sobre la nutrición y envíos a servicios**
La oficina de WIC le ofrecerá servicios de salud, envíos a servicios y educación sobre la nutrición.
- b. Igualdad de oportunidades**
Los criterios de elegibilidad y participación en el Programa WIC son los mismos para todas las personas, sin importar la raza, el color, el origen nacional, la edad, la discapacidad ni el sexo.
- c. Audiencia imparcial**
Usted puede apelar cualquier decisión de la agencia local de WIC sobre su elegibilidad para el programa.
- d. Aviso sobre la vida privada**
Con algunas excepciones, usted tiene el derecho de pedir la información que el estado de Texas recopila sobre usted y de estar enterado de ella. Tiene el derecho de recibir y revisar la información cuando la pida. También tiene el derecho de pedirle al departamento estatal que corrija cualquier información que sea incorrecta.
- Vea <http://www.dshs.state.tx.us> si desea más información sobre el Aviso sobre la vida privada. (Referencia: Código Gubernamental, Secciones 522.021, 522.023 y 559.004)
- e. Cortesía**
Usted tiene el derecho de que todo el personal lo trate con respeto y cortesía.

Responsabilidades

- a. Beneficios de comida de WIC**
Los beneficios de WIC se dan para comprar alimentos nutritivos y son para el uso exclusivo del participante de WIC. WIC es un programa complementario y no da todos los alimentos ni toda la fórmula para bebés que se necesitan en un mes.
- b. Guarde los beneficios de WIC en un lugar seguro**
Si pierde la tarjeta EBT de WIC o se la roban, tiene que llamar al 1-800-942-3678 para empezar el proceso de reponerla.
- c. Deberes**
- Lleve su tarjeta EBT de WIC siempre que vaya a la clínica de WIC.
 - Vaya a todas las citas o avise a la clínica cuando no pueda ir.
 - Compre solo alimentos aprobados por WIC con la tarjeta EBT de WIC.
 - Nunca cambie los beneficios de WIC por dinero en efectivo, crédito, productos no comestibles ni alimentos no autorizados.
 - No venda ni cambie, o permita que alguien más venda o cambie su tarjeta EBT de WIC, o el/los mismo(s) producto(s) como el/los de su paquete de alimentos de WIC. (Referencia: Política de WIC GA:12.0).
 - No haga, ni permita que alguien más haga, una oferta oral o por escrito para vender o cambiar sus alimentos de WIC, los beneficios, el sacaleches o la tarjeta EBT de WIC, o el/los mismo(s) producto(s) como el/los de su paquete de WIC, incluso alguna oferta en un sitio web como Craigslist, Amazon, Facebook o Ebay. (Referencia: Política de WIC GA:12.0).
 - No reciba beneficios de WIC de más de una clínica durante el mismo periodo.
 - Siga los términos del acuerdo de préstamo del sacaleches, si le han prestado uno.
- d. Cortesía**
Trate con cortesía al personal de WIC y al de la tienda.

2. Reconocimiento necesario para la firma

Me han informado de mis derechos y responsabilidades obligatorias bajo el Programa WIC. Aún más, me han informado que podría ser descalificado para recibir beneficios de WIC, por hasta 1 año, por falta de cumplimiento a mis responsabilidades como participante de WIC, como se declara en este documento y en las políticas de WIC. Certifico que la información que di para la determinación de la elegibilidad mía o de mi hijo es correcta a mi leal saber y entender. Esta forma de certificación se presenta en conexión con los beneficios de asistencia federal. Los funcionarios del programa pueden verificar la información brindada al Programa WIC. Entiendo que hacer una declaración falsa o engañosa o falsear, ocultar o no dar información a propósito puede dar lugar a que tenga que pagar al departamento estatal, en efectivo, el valor de los beneficios de alimentos que recibí indebidamente y a que me enjuicien por lo civil o lo penal bajo las leyes estatales y federales.

En mi primera cita de WIC, recibí el folleto "Bienvenida a WIC y a la tarjeta EBT de WIC" y el volante "Mantenga a su familia saludable".

Firma de solicitante/padre*/tutor/cuidador

Fecha

For WIC official use only/ Para uso oficial de WIC *Physically present Yes No

Firma de otro padre/tutor/cuidador

Fecha

Bebés y niños que llenan los requisitos para recibir WIC

Nombre _____

For WIC official use only. Physically present Yes No

Nombre _____

For WIC official use only. Physically present Yes No

Nombre _____

For WIC official use only. Physically present Yes No

Nombre _____

For WIC official use only. Physically present Yes No

Nombre _____

For WIC official use only. Physically present Yes No

For WIC Official Use Only/ Para uso oficial de WIC

I certify that I determined the eligibility of the participant(s) listed above.

WIC Certifying Official Signature

Title

Date

Physical presence waiver

- Medical equipment Confinement to bed Illness exacerbated Medical condition of family member
 Infant younger than 1 month presented to WIC by six-week birth date

Date presented to WIC

Staff initials

3. Divulgación de información del participante de WIC

Según lo autorizan las regulaciones federales del 7 CFR 246.26, el Comisionado de Salud del Departamento Estatal de Servicios de Salud (DSHS) autorizó el uso y la divulgación de la información del participante de WIC a los siguientes programas como se describe.

- a. El Centro de Texas para la Investigación y la Prevención de los Defectos de Nacimiento (TCBDRP) puede usar la información para la promoción del Estudio Nacional de Prevención de los Defectos de Nacimiento y no la divulgará a terceros.
- b. Las regiones de servicios de salud del DSHS, o los distritos de servicios de salud, departamentos de salud locales o las autoridades de la salud designadas por una región de servicios de salud, pueden usar la información para realizar investigaciones sobre enfermedades contagiosas.
- c. El Departamento de Agricultura de Texas (TDA) puede usar la información para brindar beneficios del Programa de Nutrición de Mercados de Agricultores a participantes que llenan los requisitos.
- d. El Programa Pasos Sanos de Texas quiere darle información sobre los beneficios de Medicaid. Pasos Sanos de Texas ayuda a proporcionar exámenes médicos y dentales y transporte a los clientes de Medicaid. Para que Pasos Sanos de Texas pueda hacerle llegar esta información importante, necesita saber cómo comunicarse con usted.

Solo se divulgará la información más reciente de los expedientes de WIC sobre usted y su hijo a Pasos Sanos de Texas:

- Nombre
- Dirección
- Fecha de nacimiento
- Teléfono

Esta información no se divulgará a terceros ni se usará con otro propósito. Su decisión de dar o no dar su información de contacto no afectará su elegibilidad para recibir WIC ni sus beneficios. Usted tiene el derecho de dar o retirar su permiso en cualquier momento para divulgar esta información. Puede comunicar esta decisión a WIC en persona o por escrito.

- Elijo dar** mi nombre, dirección, fecha de nacimiento y teléfono y los de mi hijo para poder saber más sobre Pasos Sanos de Texas y los importantes beneficios que ofrece.
- Elijo NO dar** esta información a Pasos Sanos de Texas.*

*For WIC staff/Para uso del personal de WIC: Check or circle 99 **Do Not Release Client Data** under the "Referred To" section on all participant forms for this family.

Oportunidad de registrarse para votar

1. Si no está registrado para votar donde vive ahora, ¿quiere presentar hoy una solicitud para registrarse para votar?

SI NO

- 2. Presentar una solicitud para registrarse o negarse a hacerlo no afecta la asistencia que este departamento le dará.
- 3. SI NO MARCA NINGUNA CASILLA, SE ASUMIRÁ QUE USTED DECIDIÓ NO REGISTRARSE PARA VOTAR EN ESTE MOMENTO Y SE LE PEDIRÁ QUE FIRME MÁS ADELANTE.
- 4. Si necesita ayuda para llenar la forma de solicitud para registrarse para votar, le ayudaremos. Usted decide si quiere buscar o aceptar ayuda. Usted mismo puede llenar la forma de solicitud en privado y enviarla por correo.
- 5. Si cree que alguien interfirió con su derecho de registrarse para votar o de negarse a hacerlo, o con su derecho a la privacidad al decidir si usted quiere registrarse para votar o al presentar la solicitud para hacerlo, puede presentar una queja ante la Elections Division of the Secretary of State, P.O. Box 12060, Austin, Texas 78711, 1-800-252-8683.
- 6. Si usted decide no registrarse para votar, esta decisión se mantendrá confidencial y se usará solo con fines relacionados con el registro para votar.
- 7. Si decide registrarse para votar, la información sobre la oficina en la que usted presentó la solicitud se mantendrá confidencial y se usará solo con fines relacionados con el registro para votar.

Decisión de no registrarse para votar

Hoy no quiero registrarme para votar.

For Agency Use/ Para uso del departamento

Initial here if applicant refuses to sign.

Initial here if applicant kept the application.

Firma del solicitante

Fecha

Nombre en letra de molde del solicitante

NVRA-WIC



Texas WIC Program: Your *Rights* and *Responsibilities*

Congratulations on joining our healthy WIC family! The WIC program has rights and responsibilities to protect you and your WIC benefits. These rights and responsibilities are on the Supplemental Information Form (SIF) that you signed in the clinic at your certification appointment.

Rights:

- You have the right to be treated with respect and courtesy by all staff.
- Your WIC clinic will make available health services, referrals, nutrition education, and nutritious foods.
- You have the right to request and to be informed about information that the State of Texas collects about you.
- You may appeal any decision made by the local WIC agency regarding your eligibility for the program.

Responsibilities:

- Treat all staff with respect and courtesy.
- Bring your WIC EBT card whenever you come to the WIC clinic.
- Keep all of your appointments or let the WIC clinic know when you cannot make your appointment.
- Buy only WIC approved foods with your WIC EBT card.
- Do not sell your WIC benefits for cash, credit, non-food items, or unauthorized foods. Do not sell or trade, or allow anyone else to sell or trade, your WIC EBT card, the food or formula purchased with your WIC EBT card.
- Do not make or allow anyone else to make, a verbal or written offer to sell or trade WIC foods, benefits, breastpumps, and/or EBT cards, or the same item(s) as the item(s) in your WIC food package, including any offer on websites such as Craigslist, Amazon, Facebook, or EBay.
- Do not receive WIC benefits from more than one clinic during the same period.

You may have to repay the benefits, leave the WIC Program and face criminal prosecution if you sell or trade your food, formula or breastpump.

For more information about participant violations, please refer to WIC Policy GA: 12.0.
http://www.dshs.state.tx.us/wichd/policy/table_of_contents.shtm#ga



Derechos y responsabilidades del participante de WIC en Texas

Felicidades por unirse a nuestra familia saludable de WIC. Existen ciertos derechos y responsabilidades en el Programa WIC con el propósito de proteger al participante y a sus beneficios. Estos derechos y responsabilidades se encuentran en la Forma de información adicional (SIF, por sus siglas en inglés) que usted firmó en su cita de certificación en la clínica.

Derechos:

- Usted tiene el derecho de que todo el personal lo trate con respeto y cortesía.
- La oficina de WIC le ofrecerá servicios de salud, envíos a otros servicios, educación sobre la nutrición y alimentos nutritivos.
- Usted tiene el derecho de pedir la información que el estado de Texas recopila sobre usted y de estar enterado de ella.
- Usted puede apelar cualquier decisión de la agencia local de WIC sobre su elegibilidad para el programa.

Responsabilidades:

- Trate a todo el personal de WIC con respeto y cortesía.
- Lleve su tarjeta EBT de WIC siempre que vaya a la clínica de WIC
- Vaya a todas las citas o avise a la clínica cuando no pueda ir.
- Compre solo alimentos aprobados por WIC con la tarjeta EBT de WIC.
- No venda los beneficios de WIC por dinero en efectivo, crédito, productos no comestibles ni alimentos no autorizados. No venda ni cambie, o permita que alguien más venda o cambie la tarjeta EBT de WIC, los alimentos o la fórmula para bebés que haya comprado con la tarjeta EBT de WIC.
- No haga, ni permita que alguien más haga, una oferta oral o por escrito para vender o cambiar sus alimentos de WIC, los beneficios, el sacaleches, la tarjeta EBT de WIC, o el/los mismo(s) producto(s) como el/los de su paquete de WIC, incluso alguna oferta en un sitio web como Craigslist, Amazon, Facebook o Ebay.
- No reciba beneficios de WIC de más de una clínica durante el mismo periodo.

Es posible que tenga que reembolsar el valor de los beneficios, renunciar al programa WIC y ser enjuiciado si vende o cambia los alimentos, la fórmula para bebés o el sacaleches.

Para más información sobre las violaciones del participante, diríjase a la política de WIC GA:12.0

http://www.dshs.state.tx.us/wichd/policy/table_of_contents.shtm#ga

