

## VIRGIN ISLANDS DEPARTMENT OF HEALTH WIC PROGRAM PARTICIPANT RIGHTS AND RESPONSIBILITIES

### My Rights

- **WIC foods:** I will receive an e-WIC card to buy healthy foods.
- **Nutrition information:** I will receive information about healthy eating and active living.
- **Breastfeeding support:** I will receive help and support with breastfeeding as needed .
- **Health care information:** I will receive information about immunizations and other services I might need.
- **Common courtesy:** WIC and Vendor staff will treat me with courtesy and respect. I can tell WIC staff if I am not treated with respect.
- **Transfer information:** If I am moving to another US territory or state, I can ask for transfer documents to take with me.
- **Fair treatment:** I may appeal any decision made by the WIC Program regarding my eligibility or benefits for the Program. I have the right to a fair hearing if I disagree with the decision made by WIC officials concerning my participation in the WIC Program. To do so I may write, telephone, or visit the WIC clinic no later than sixty (60) days from today's date. A representative such as a relative, friend or legal counsel can file this appeal on my behalf.

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](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:

- (1) Mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights,  
1400 Independence Avenue, SW, Washington, D.C. 20250-9410;
- (2) Fax: (202) 690-7442;
- (3) Email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.

### My Responsibilities

#### I agree to the following information and rules: I WILL

- Give true and complete information about my identity, pregnancy status, address, number of people living in my household, total income of all people in my household including benefits (MAP, SNAP or TANF).
- Notify WIC of all changes in life circumstances (for ex. Changes in income, benefits, family size, or address, etc.)
- Present my WIC ID folder at each clinic visit.
- Present my e-WIC card at each vendor visit.
- Provide all documents requested by the WIC Program in a timely manner.
- Use WIC foods and formulas only for the person on WIC.
- Shop for WIC authorized food only and I would not substitute or exchange for non-WIC foods.
- Report my lost, stolen or damaged e-WIC card as instructed.
- Not use my reported lost, stolen, or damaged e-WIC Card.
- Teach my proxy WIC rules on how to use and secure my e-WIC card properly.

- Keep my WIC appointments or call to reschedule.
- Use my WIC benefits wisely and keep my e-WIC card in a safe place.
- Not sell, give away or trade my e-WIC card, WIC foods or formulas for money, credit, rain checks or other items or services.
- Be eligible for disqualification from the WIC Program and/or required to **pay** the WIC Program the cash value of the foods improperly received if I or my proxy break any rule of the WIC Program.
- Not post WIC items for sale or trade on the internet or social media.
- Not swear, yell, harass, threaten or physically harm any WIC or vendor staff.
- Not damage or destroy WIC property.
- Not enroll a child on WIC who is not in my legal or designated care.
- Not enroll in more than one WIC Program or receive benefits from more than one WIC clinic each month.
- Authorize WIC Program to release or transfer any of my family information. This information shall be released only to those persons directly connected with the administration, enforcement, or audits of the Program, or any representatives of public organizations designated by the Commissioner of Health. The organizations receiving the information shall give their assurance that they will not disclose the information to anyone else unless a written release of information has been obtained from the participant/parent/guardian/proxy.

**My signature in the WIC system means that I understand:**

- I have been advised of my rights and obligations under the Program and my concerns/questions were addressed.
- The information I provided for federal assistance eligibility determination is correct to the best of my knowledge.
- The WIC Program officials may verify the information I provided.
- If I Intentionally make false or misleading statements or misrepresenting, concealing or withholding facts, or breaking WIC Program rules may result in paying the WIC Program, **BY MONEY ORDER**, the value of the food benefits improperly issued to me and may subject me to civil or criminal prosecution under State and Federal law.
- The WIC Program is a supplemental program and does not provide all the foods or formulas needed for a month.
- If I fail to comply with the program rules and regulations I may be disqualified or will be terminated if I am no longer eligible.
- I have been, or will be, issued a food instrument (e-WIC card) for my household.

The following participants were certified on \_\_\_\_\_:

#1: \_\_\_\_\_

#4: \_\_\_\_\_

#2: \_\_\_\_\_

#5: \_\_\_\_\_

#3: \_\_\_\_\_

#6: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant/Parent/Guardian/Designee

\_\_\_\_\_  
Signature of WIC Staff

**For Manual Certifications, Only:**

Residency & Income

Nutrition Risk Determination

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature