

**Montana WIC Program**  
**Participant Rights and Responsibilities**

**Instructions:** Please read this form, and then sign. If you do not understand any part of it, please ask for help.

**I Agree To:**

- Attend and be on time for all appointments.
- Let WIC staff know in advance if I cannot keep an appointment.
- Provide accurate and correct information to WIC
- Let WIC staff know if my address, phone number, or income changes, if I am going to move away, or if I no longer have custody of the child.
- Report benefits that are lost, stolen, or destroyed.
- Follow the shopping guidelines for using WIC benefits as specified in the Program Booklet.
- Treat WIC staff and retail staff with respect and courtesy.
- Train my authorized representatives and proxies on WIC procedures and policies. I am accountable for their actions.

**I Understand That:**

- WIC will give me benefits to buy certain foods from WIC authorized retailers each month. If I do not actively participate for more than two consecutive months, I may be removed from the program.
- The local WIC program will provide nutrition education and make referrals to health and social services available to me or my child. I am encouraged to use these services.
- My WIC information may be released to other Department of Public Health and Human Service (DPHHS) programs to determine eligibility, conduct outreach, enhance health education, streamline administrative procedures, or access and evaluate participant health care needs and outcomes. For a list of DPHHS Programs that may receive your information, please ask WIC staff.
- **Receiving benefits from more than one WIC state program at a time is illegal and is considered dual participation.**
- **I, or my authorized representative/proxy, may not sell, trade, or give away my WIC benefits to include food, formula, breast pumps, or other WIC property.**
- I or my authorized representative/proxy, may not return or exchange any WIC benefits, except for defective food products, or buy non-WIC foods.
- I, or my authorized representative/proxy, may not verbally and/or physically abuse WIC or retail staff.
- Standards for eligibility and participation in the WIC program are the same for everyone, regardless of 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.
- I have 60 days to appeal a decision made by the local agency regarding my eligibility for the program. A fair hearing will be conducted by a fair and impartial official according to 246.18 and applicable portions of Title 2, Chapter 4 Montana Code Annotated, whose decision will rest solely on the evidence presented at the hearing and statutory and regulatory provisions governing the WIC Program in Montana.

I have been advised of my rights and responsibilities under the Program. I certify that the information I have provided for my 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 on this form. 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 food benefits improperly issued to me and may subject me to civil or criminal prosecution under State and Federal law.

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

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_