



Participant eFMNP Rights and Responsibilities Form

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

I Agree To:

- Provide accurate and correct information to WIC.
- Let the 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.
- Treat WIC staff and FMNP farmers with respect and courtesy.
- Train my authorized representatives and proxies on eFMNP procedures. I am accountable for their actions.

I Understand That:

- WIC will give me eFMNP benefits to buy certain foods from WIC authorized farmers for the market season.
- eFMNP benefits are in addition to WIC program benefits.
- Funding for eFMNP is limited, agreeing to accepting these additional benefits means that I plan to use the benefit.
- Education will be provided when benefits are issued.
- Receiving benefits from more than one WIC eFMNP agency is not allowed.
- I may lose my eFMNP benefits if I, or an authorized individual, sell my eFMNP card; sell, trade, or give away WIC eFMNP foods; buy non-eFMNP foods; or verbally abuse WIC or farmer staff. I also may be required to repay benefits.
- Standards for eligibility and participation in the WIC eFMNP is 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 been advised of my rights and responsibilities under the eFMNP 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.

I have read and understand my rights and responsibilities for participation in the Montana WIC Program:

Signature of Participant/Authorized Representative

Date

This institution is an equal opportunity provider.