

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 your WIC EBT card or the food or formula purchased with your WIC EBT card.
- 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 responsibilities under the WIC Program. 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 _____

If not physically present at certification

- Physical Presence Waiver form in chart
- 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 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 get in touch with 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 interefereed 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