

Maine WIC Nutrition Program 11 State House Station Augusta, Maine 04333 207-287-3991 or 1-800-437-9300 TTY Users: Dial 711 Fax: 207-287-3993

# Rights and Responsibilities Signature Page

The signature below indicates that the authorized representative for the following participant(s) has been informed and understands the **rights and responsibilities** statement (see second page of this document) for participation in the Maine CDC WIC Nutrition Program.

Participant ID number	Participant Name

Authorized representative signature

Date

WIC Staff member

### **Rights and Responsibilities**

### Your Rights:

- All information you give WIC will be kept private.
- Standards for eligibility for WIC are the same for everyone, regardless of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.
- If you feel you have been discriminated against, you may file a complaint.
- To be treated in an equal and respectful manner by WIC Staff and eWIC Approved Vendors.
- To deny/decline an eWIC transaction at a WIC approved vendor using the mid-transaction screen.

### Your Responsibilities:

- Bring all documentation requested to each appointment.
- Report address and/or phone changes to your local WIC office.
- Keep your eWIC card safe; benefits redeemed by an unauthorized person may not be replaceable.
- Treat all WIC staff, WIC provided supplies and WIC spaces with respect.
- To review and approve/deny an eWIC transaction at a WIC approved vendor using the mid-transaction screen.

#### If I violate the program rules above, I or my family:

- May be taken off the program for up to one year.
- Will have to pay money back to the program for foods or formula I should not have received.
- May face legal charges.

I have been advised of my rights and responsibilities as a WIC Program participant. I certify that the information I have provided for my eligibility determination is correct, to the best of my knowledge. This certification information is being submitted in connection with the receipt of federal supplemental nutrition assistance. Program officials may verify information I have provided.

## I understand I may be dropped from the WIC Program if:

- I or my child or children participate in more than one WIC Program at a time (dual participation)
- I provide false information about income, family size, residence location, infant feeding status and/or pregnancy status (fraud).
- I or my alternative representative and/or proxy redeems WIC benefits at a vendor (store, farm stand or farmers' market) that is not authorized to accept them (fraud).
- I or my alternative representative and/or proxy buys non-WIC foods with WIC benefits (trafficking).
- I or someone on my behalf sells, trades, or gives away WIC and/or FMNP benefits (trafficking).
- I or someone on my behalf returns WIC foods for cash, credit, or non-WIC foods (trafficking).
- I or someone on my behalf sells or trades breast pump(s) owned or rented by WIC, or WIC foods, including infant formula, which was purchased with WIC benefits for cash, credit, or other foods or services (trafficking).
- I or someone on my behalf gives away breast pump(s) owned or rented by WIC or WIC foods, including infant formula, which was purchased with WIC benefits (fraud).
- I or someone on my behalf posts WIC items for sale, exchange or free on any media, including social media (such as Facebook), Craigslist, Ebay, television, radio, newspaper or other online forum (trafficking).
- I or someone on my behalf verbally or physically abuses WIC or grocery store staff (abuse).