

Responsibilities:

- I have provided my current income to the WIC clinic and will notify the WIC clinic if my income changes.
- I know it is important to keep WIC appointments. If I cannot make an appointment, I will call in advance to reschedule.
- I know I may be removed from the program if I do not contact my WIC clinic within two months after my food benefits expire.
- I will always treat clinic staff and store employees with respect.
- I know that attempting to get benefits from more than one WIC clinic at a time is illegal.
- I will not sell or try to sell my eWIC card or WIC food benefits. I will not return WIC foods or other items for cash or credit.
- I will not sell or try to sell my eWIC card or food benefits reported as lost or stolen.
- If I provide incorrect information or misuse WIC benefits, I may be taken off the WIC Program and/or asked to pay money for benefits wrongfully received.
- I am responsible to ensure that all who shop with my eWIC card adhere to these same rules and responsibilities.

As a WIC participant:

- I know that the local WIC agency will make health services, nutrition education and breastfeeding support available to me and I am encouraged to participate in these services.
- I have been offered the opportunity to apply to register to vote.
- I understand that my record can be read by staff of the Colorado Department of Public Health and Environment (CDPHE).
- I have been asked by WIC staff about whether or not I consent to disclose information to my healthcare provider. This information is recorded on the Nutrition Interview in the WIC system. My consent or denial (yes or no) does not affect my WIC eligibility.
- I understand that the Executive Director of the CDPHE may authorize the sharing of my WIC information with specific health and education programs. Such information will be used by State and local WIC agencies and public organizations only in the administration of their programs that serve persons eligible for the WIC Program. These programs may use this information for the following purposes: to determine my eligibility for their programs; to provide me with information about those programs and make the application process easier; to improve my health, education or well-being if I am already enrolled in their programs; and to make sure my health care needs have been met.
- I have read or been advised of my rights and responsibilities. I have provided correct information about my eligibility for this federal program. Program officials may verify the information I provided. I know if I lie or hide facts to get WIC foods I am not eligible to receive, that I may be required to repay the cash value of those foods and may be subject to civil or criminal prosecution under state and federal law.

Rights:

- I understand that the standards for eligibility and participation in the WIC Program are the same for everyone, regardless of race, color, national origin, sex, disability, and age.
- If I disagree with a decision that affects my WIC eligibility or WIC benefits, I have 60 days from the date of notice to file an appeal and ask for a Fair Hearing. Instructions to request a Fair Hearing may be obtained from this WIC Agency or from the Colorado WIC Program website: <http://www.ColoradoWIC.com>
- I can file a complaint if I believe I have been treated unfairly.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis on race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g. Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program complaint of discrimination, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be found online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or*

(2) fax:

(833) 256-1665 or (202) 690-7442; or

(3) email:

program.intake@usda.gov.

This institution is an equal opportunity provider.