***Women, Infants, and Children (WIC) Services ONLY*REGISTRATION, CONSENT, AND WIC CERTIFICATION**

**Is it OK for us to use an automated telephone message or text message to remind you of your appointments? \_\_Yes \_\_No**



*REGISTRATION LABEL 1*

*REGISTRATION LABEL 2*

*REGISTRATION LABEL 3*

*REGISTRATION LABEL 4*

**Financial Certification for WIC Services:**

I certify that my answers are correct and complete to the best of my knowledge. I have reported all my household income, KTAP, Medicaid, and Food Stamp benefits to determine program eligibility. I understand that I may be asked to provide proof of household income, KTAP, Medicaid, and Food Stamp benefits.

**Check One**: [ ] Woman Participant [ ] Parent [ ] Other Person Caring for Individual\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship

Signature of Woman Participant, Parent, or Other Person Caring for Individual Date

**Consent for WIC Services** (Consent is **REQUIRED** at WIC Certification/Recertification)

I am the woman participant, parent, or person caring for the individual receiving WIC Program Services. I consent to these services, which include a health screening, non-invasive hemoglobin screening (if required), and height and weight for WIC. If non-invasive hemoglobin screening cannot be utilized, I understand that an authorized person must sign General Consent For Health Services (CH-5) to authorize a finger stick hemoglobin screening or that I will be requested to provide referral hemoglobin/hematocrit data within 90 days.

**Check One**: [ ] Woman Participant [ ] Parent [ ] Other Person Caring for Individual\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship

Signature of Woman Participant, Parent, or Other Person Caring for Individual Date

**WIC RIGHTS AND RESPONSIBILITIES** (**MUST** be signed at every WIC certification and recertification.)

I have been advised of my rights and responsibilities under the WIC Program. Standards for eligibility and participation in the WIC Program are the same for everyone, regardless of race, color, national origin, sex, disability, or age. I have the right to file a complaint if I feel I have been treated unfairly by WIC staff or store staff. I can ask for a Fair Hearing if I disagree with a decision about my WIC eligibility. The Fair Hearings Procedures and Civil Rights Complaints Procedures are posted in my WIC office. I understand that if I have difficulty understanding or reading English or have a disability, free language assistance or other aids and services are available upon request. I understand the rights and responsibilities for the eWIC card and any household benefits issued to the cardholder account. I understand that I am also responsible for ensuring the security of the eWIC benefits card and the PIN. 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 the certification form(s). *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 State and Federal law.* *I also understand that my name may be given to other health and welfare programs for eligibility purposes for that program.*

Signature of Woman Participant, Parent, or Other Person Caring for Individual Date

**CH-5WIC rev. 7/1/2024**

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

**WIC Program Fair Hearings Procedure**

If you have been denied WIC or had your WIC services discontinued or if you are being asked to pay for benefits received, you have a right to a fair hearing. Civil Rights complaints are not handled via the Fair hearing process. See Nondiscrimination Statement.

**For a Hearing:**

* Contact the CHFS Health Services Hearings Branch within sixty (60) days of the date you were denied WIC services or told to repay benefits and request a hearing.
* A hearing will be scheduled within twenty-one (21) days of the when your request was received.
* You will be notified in writing at least ten (10) days before the hearing of the date, time, and place.
* You may be helped or represented by an attorney or other persons such as a friend or relative.
* Before the hearing, you or your representative may look at the documents and records to be presented.

**Hearing Procedures:**

* You or a representative must come to the hearing.
* During the hearing, you or your representative may:
* Bring witnesses to testify for you.
* Look at the records presented by the local agency.
* Tell your story and submit supporting information or evidence.
* Question or deny information or evidence presented and question other person’s testimony.

**While Waiting for the Hearing Decision:**

* If you have been receiving WIC, benefits will continue if you request a hearing within fifteen (15) days of the notice to stop services. Benefits can be received only until your certification expires.
* If you have been asked to pay for benefits received, collection efforts will stop.
* WIC benefits will not continue if:
* Your certification has expired or expires.
* You were not categorically eligible (pregnant, breastfeeding or postpartum woman, or child under 5).
* You were denied WIC at a new eligibility determination.

**Hearing Decisions**

* You will be told in writing of the decision on your case within forty-five (45) days from the date the State WIC Agency received your request for a hearing.
* You or your representative can copy or review all hearing records.
* If the decision is in your favor, WIC services will begin immediately or will continue.
* If the decision is not in your favor, WIC services will stop, or the local agency may begin collection efforts for payments of benefits.
* If the decision is in favor of the local agency, you can appeal to the State WIC Agency within fifteen (15) days of the mailing date of the decision.
* The decision of the local hearing is binding on both parties unless overturned by the State WIC Agency.

**WIC Nondiscrimination Statement**

**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 of 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 discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained 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](http://mailto:program.intake@usda.gov/)

 This institution is an equal opportunity provider.

**Free Communication Assistance/Auxiliary Aids and Services Available**

Need help? If you have difficulty understanding or reading English or have a disability, free language assistance or other aids and services are available upon request. Please contact your local WIC clinic or the State WIC Office at 1-877-597-0367. If you have a disability and need assistance calling us, contact the State Relay Number at 711 or for voice to TDD, call 800-648-6057, for TDD to voice, call 800-648-6056.