WIC Appointments-Please bring the following:

Certification (C)

- 1. WIC ID Card
- 2. Person(s) to be seen
- 3. Proof of (current) Address
- 4. Proof of (current) Income
- 5. Proof of Identity

WIC Appointment

- 6. Proof of Pregnancy, if applicable
- 7. ID of Parent/Caregiver

Follow-up (F)

- 1. WIC ID Card
- 2. Person(s) to be seen
- ID of Parent/Caregiver or Proxy

Education (E)

Date/Time

- 1. WIC ID Card
- ID of Parent/Caregiver or Proxy

What to Bring?

Wio Appointment	Date/Time	See above per C, F, or E



State of Illinois Department of Human Services

Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) I.D. Card

Illinois Here for YOU!

Other Parent/Proxy_

This WIC Card must be presented at the clinic for benefit issuance. Failure to do so may result in delayed pick up.

Name, Addı	ress, Phone	e and Fax	Required)		

Participant Information	
Household I.D. #	
Name and WIC I.D. #	
Signatures	
Participant/Parent Guardian/Caretaker	

In cases of program abuse you may be fined, suspended, or terminated from the WIC program.

in print, person, or online.

- I will not sell my WIC benefits, foods, or formula
 - I will treat WIC and store staff with respect.
- . 9m of benislaxs as explained OIW ent seu lliw I
- I will keep my scheduled appointments or call to reschedule.
 - phone, etc.)
 I will ask WIC to transfer my case if I move.
- I will tell WIC if there are any changes (i.e. income, address,
 - I will provide true and accurate information.
 - My (or my proxy's) Responsibilities:

WIC doesn't give me all the food or formula I need each month. These foods are only for the WIC participant and should go with the participant in cases of joint custody, foster care, etc.

- services I might need.
 I will receive WIC benefits to buy healthy foods.
- I will get information about immunizations and other health
 - have been discriminated against.

 I will get nutrition education and breastfeeding support.

I will be treated fairly and with respect. The rules for getting on WIC are the same for everyone. I can ask for a Fair Hearing if someone tells me I can't be on WIC and I don't agree or feel I

My Rights:

Using your WIC EBT Card

- · Take your WIC card, Illinois WIC Food List and Family Shopping List to a WIC approved store.
- · Use your shopping list to select your foods.
- Tell the cashier you will be using your WIC card.
- · Ask the cashier if you need to separate your WIC foods from your other foods.
- · When the cashier tells you, swipe your card and enter your PIN.
- Once your items are scanned, review your receipt to make sure your WIC purchases are listed and correct.
- · Each time you use your WIC card at the store, you will receive a receipt that shows the foods you have left for the month. Save your receipt to see your latest balance.

If you have questions or concerns, contact:

Illinois Department of Human Services Bureau of Family Nutrition 823 E. Monroe St., Springfield, IL 62701 844-901-0962

Appeal Rights:

You may appeal any decision made by this agency within 60 days regarding your eligibility for the program. If you are denied participation or if you are disqualified from the program, this will serve as notice of your right to a fair hearing. A fair hearing and/or appeal may be made personally, or by a representative such as a relative, friend, legal counsel or other spokesperson by contacting the Local Agency Administrator at the address listed on the front side of this card.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on 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.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotage, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter 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

(2) fax: (202)690-7442; or

(3) email: program.intake@usda.gov

WIC Category

PG Pregnant

BE Exclusive Breastfeeding

RP Partially Breastfeeding

NP. Postpartum

Infant Exclusively Breastfeeding IBE

Infant Partially Breastfeeding **IBP**

IFF Infant Formula Fed

C1... .Child Age 1 C2. Child Age 2

C3 Child Age 3

C4.....Child Age 4

Reason Service Ending

- 1 = Certification ending date
- 2 = Child will be 5 years old 3 = Beyond 6 months postpartum/
- not breastfeeding
- 4 = Beyond 1 year postpartum/ breastfeeding

Participant Name	,	Service Start Date	Service End Date	'

Service Ending Information:

Your WIC Certification period will end on the date listed above. In order to remain on WIC and to continue benefits without interruption, make sure you come to the appointment time reserved for you. Failure to keep WIC appointments will result in reduced amounts of food.