

**Illinois State WIC Program**

Category: Frontline

**R- 08.24 WIC Paper Assessment Tool**

Date: \_\_\_\_\_ Frontline Initials: \_\_\_\_\_

**Illinois WIC Program Participant Rights and Responsibilities**

During the certification appointment, every Program applicant, parent, or caretaker must be informed:

1. As a participant in the WIC program, your family’s information may be released to the Illinois Department of Human Services (DHS), the Centers for Disease Control (CDC), and USDA for valuation and auditing purposes, or to designated health and welfare program representatives that serve persons categorically eligible for WIC for the purpose of 1) determining eligibility for programs administered by the recipient organizations, and 2) conducting outreach for such programs. Programs include DHS Family and Community Services programs, SNAP benefits, Medicaid/Kidcare, Head Start, Early Head Start, and the Illinois Department of Public Health Immunization program.
2. You may elect to have the WIC agency contact you by email and/or text messaging for WIC appointment reminders and information about services and benefits to better serve and support your family. The choice of communication will not affect your household’s eligibility to receive benefits from the WIC program. You may change or withdraw this consent by calling the WIC agency at any time. You are responsible for any costs associated with the messaging and you must contact the WIC agency in the event of any email or cell phone number changes. Messaging may not be secure but will not include personal WIC information.
3. The WIC agency will make health services, nutrition education and breastfeeding support available to you, and you are encouraged to participate in these services. Height, weight, hematocrit/hemoglobin values are required to determine nutrition risk.
4. Standards for eligibility and participation in the WIC Program are the same for everyone, regardless of race, color, national origin, age, handicap, or sex.
5. You may appeal any decision made by the local agency regarding your eligibility for the program. A copy of the Fair Hearing Procedure will be provided upon request.
6. Participating in more than one WIC Program (in state or out of state) is illegal and may result in my termination from either program. If you plan to move to another state during the certification, a Verification of Certification is available to ensure continuous participation.
7. Selling or offering to sell WIC benefits, including cash value vouchers, food instruments, EBT cards, or supplemental foods in person, in print, or on-line is a participant violation.
8. You are encouraged to keep your WIC appointments and regularly receive WIC food benefits. Missed appointments will be rescheduled based on local agency availability.

Read the following statement before signing (read by or to the applicant, parent, or caretaker):

*I have been advised of my rights and obligations under the Program. 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 this form. I understand that intentionally making a false or misleading statement or intentionally misrepresenting, concealing, or withholding facts may result in paying the State agency, the value of the food benefits improperly issued to me and may subject me to civil or criminal prosecution under State and Federal law.*

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of participant, parent/guardian, caretaker, foster parent)

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:

mail:

U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights 1400  
Independence Avenue, SW  
Washington, D.C. 20250-9410; or

fax:

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

email:

[program.intake@usda.gov](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.

5/5/2022