

MI-WIC POLICY

Eligibility/Certification

2.0 Eligibility/Certification

Effective Date: 6/1/09

2.18A Notification of Client Rights and Responsibilities

Exhibit A

Michigan WIC Client Agreement

1. What can I expect from WIC?

WIC Foods: If I qualify for WIC, I will get WIC benefits to buy healthy foods at the grocery store. I understand that WIC does not give all the food or formula needed in a month.

Nutrition and breastfeeding information: WIC will give me tips about how to feed my family in a healthy way.

Health care and community information: WIC will help me find a doctor and refer me for things like shots for my children and health or community services I need.

Fair treatment: I have the right to ask for a fair hearing if I do not agree with a decision about my WIC eligibility. I understand that I must request a fair hearing by writing or calling my WIC office within 60 days from the date I receive a letter telling me about my WIC eligibility.

Common courtesy: WIC staff will treat me with courtesy and respect. I will not be treated differently for any reason. If I feel I have been discriminated against on the basis of race, color, national origin, sex, age or disability, I can file a complaint at the address listed in the box below.

2. What does WIC expect from me?

Buy WIC approved foods: I will buy only the foods listed on my WIC benefits. I will use these foods only for the person(s) on the program. If I share custody of my child or children, I will assure that the WIC food benefits are shared for my children.

Use WIC benefits correctly: I will follow the rules when using WIC benefits. I will not sell or trade WIC benefits, food or formula purchased with WIC benefits. I will handle my WIC benefits with care. If they are lost or stolen, I will notify my WIC office immediately. I understand that I may not receive a replacement for the benefits if they are lost or stolen.

Common Courtesy: I will treat WIC and grocery store staff with courtesy and respect. I understand that if I, or one of my proxies, verbally abuse, harass, threaten or physically harm a WIC staff member or grocery store staff, I can lose my WIC food benefits.

Go to one WIC clinic at a time: I will get WIC food benefits from only one clinic at a time. I will bring my WIC Identification to the WIC clinic for benefits. I will not get food from Focus:HOPE or other Commodity Supplemental Food Programs and get WIC for the same family member.

Keep WIC appointments: I will come to my appointments or call ahead if I can't make my appointment.

Consent to WIC health screening: I consent to WIC health screening for all WIC applicants in my family. WIC health screening includes answering health and diet questions, measuring height, weight and head circumference, and testing blood for iron level.

By signing this form I also understand and agree: The information I have provided to apply for WIC is true. WIC staff may check any of this information. I understand that if I use my benefits incorrectly, or receive food benefits because I made a false statement or held back facts, I may have to pay back to the State agency, in cash, the amount of those benefits. I understand that this may also cause me to be prosecuted under State and Federal law.

I will inform the WIC office of any change in my address or phone number.

I understand that WIC information for myself and family members enrolled in WIC may be provided to the following programs which provide health assistance and services: My physician or health care provider, Medicaid, Maternal Infant Health Program, Michigan Care Improvement Registry, Lead Poisoning Prevention Program, Early Hearing Screening, Newborn Screening and the Pregnancy Risk Assessment Monitoring System. I may ask the WIC staff for more information about these programs and services.

I have been advised of and understand my rights and responsibilities.

Authorized Person or Proxy Signature Date

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