

# MICHIGAN WOMEN, INFANTS, AND CHILDREN (WIC) CLIENT AGREEMENT

Michigan Department of Health and Human Services

## WHAT DOES WIC EXPECT FROM ME?

### Buy WIC Approved Foods

I will buy only the authorized 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 make sure that the WIC food is shared for my children.

### Use WIC Benefits Correctly

I will only use WIC benefits and/or Electronic Benefit Transfer (EBT) cards authorized to me. I will not directly or indirectly, nor will I allow another person to trade, sell, transfer or exchange, or offer to trade, sell, transfer or exchange any food/formula instrument or benefits issued to me or any WIC food/formula that is the same type as a WIC food/formula item included in the WIC food package prescribed to me and my child(ren) by the WIC Program.

### Keep All WIC Sales Receipts

I will keep all sales receipts for food/formula identical to those issued by WIC that was privately purchased if I intend on selling these items. These receipts will be documentation that I must provide to the WIC Program, if requested, to prove/clarify I am not directly or indirectly trading, selling, transferring or exchanging, or offering to trade, sell, transfer or exchange any food(s) or formula provided by the WIC Program for cash, credit, non-food item(s), or unauthorized food(s), including food(s) in excess of that authorized. An offer includes any direct or indirect offer that is made verbally, in print, or online through a website such as Craigslist, Facebook, eBay, or other websites. I understand that I will not receive a replacement for benefits if they are lost or stolen.

### Common Courtesy

I will treat WIC staff member, client or grocery store staff, farmers and property with courtesy and respect. I understand that I, or one of my proxies, can lose my WIC food benefits by verbally abusing, harassing, threatening or physically harming a WIC staff member, client or grocery store staff or farmers.

### Keep WIC Appointments

I will come to my appointments or call ahead if I cannot make my appointment.

### WIC Clinic Usage

I will get WIC food benefits from only one clinic at a time. I will not get food for any family member from both WIC and another Commodity Supplemental Food Program like Focus: HOPE. I will bring my WIC identification to the WIC clinic for benefits. When I certify for WIC, I will receive a Verification of Certification (VOC). I will take the VOC with me if I transfer to another WIC clinic.

I have been told about and understand what I can expect from WIC and what WIC expects from me.

Authorized Person or Proxy Signature	Date
<h2>WHAT CAN I EXPECT FROM WIC?</h2> <h3>WIC Foods</h3> <p>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.</p> <h3>Nutrition and Breastfeeding Information</h3> <p>WIC will give me tips about how to feed my family in a healthy way.</p>	

**Healthcare and Community Information**

WIC will help me find a doctor and refer me for things like shots for my children. WIC can give me information about 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 ask for a fair hearing by writing or calling my WIC office within 60 days from the date I received a letter 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 based on race, color, national origin, sex, age, or disability, I can file a complaint at the address listed below.

**Consent to WIC Health Screening**

I will allow a WIC health screening for all WIC applicants in my family. WIC health screening includes answering health and diet questions, measuring height, weight, head size, and testing blood for iron levels.

**By signing this form, I understand and agree:**

The information I have given to the WIC Program is true. WIC staff may check any of this information. I understand that if I or my proxy intentionally make false or misleading statements, or intentionally misrepresent, conceal, or withhold facts, use my benefits incorrectly, or receive food benefits because of any of the above, I may be required to repay to the State agency the amount of those benefits. If I do not make the payments on time or repay the amount agreed upon, I may be taken off (terminated from) the Program. I understand that breaking (violating) Program rules may also be cause for prosecution under State and Federal law. I will tell the WIC office of any change(s) in my contact information including address and phone number or my income. I will tell WIC if there is a change in custody of any children under my care. I understand that WIC information for myself and my family enrolled in WIC may be given to programs which offer health assistance and services. I also understand that the chief State health officer may allow sharing of information about my WIC case for non-WIC purposes. This sharing will only be for WIC and other public agencies for use in their programs that serve people eligible for WIC. I may request a list of these agencies from WIC.

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; Fax: (833) 256-1665 or (202) 690-7442; Email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

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