

# WIC Participant Rights and Responsibilities

I have received information on my rights and responsibilities as a WIC participant. I understand I have the right to:

- *Receive fair and respectful treatment from WIC staff and grocery store employees.*
- *Have the information I have given to WIC staff stay private. It will not be released to anyone outside the WIC Program without my permission.*
- *Get nutrition education and information about health care and other helpful services.*
- *Use any grocery store or pharmacy in New York State (NYS) that is allowed to accept WIC.*
- *Get a food package that meets my nutritional needs, or those of my child.*
- *Ask for a transfer to another WIC local agency.*
- *Be told in writing when and why my WIC Program benefits will end.*
- *Ask for a fair hearing if I do not agree with decisions about my eligibility.*

The information I have given to see if I am eligible for the WIC Program is correct, to the best of my knowledge. I understand that:

- *The New York State WIC Program may authorize the sharing of my WIC information with specific health and education programs such as Medicaid, SNAP, TANF, and the Child Care Assistance Program. Such information will be used by State and local WIC agencies and public organizations only in the administration of their programs that serve persons eligible for the WIC Program. These programs may use this information for the following purposes: to determine my eligibility for their programs; to provide me with information about those programs and make the application process easier; to improve my health, education, or well-being if I am already enrolled in their programs; and to make sure my health care needs have been met.*
- *WIC Program staff may check the information I have given them to see that it is correct. They may contact my bosses or other sources for my income. They may get my tax records from the NYS Department of Taxation and Finance. When deciding if I can participate in WIC, they won't ask for information from more than 12 months before I applied. If they are looking to see if any WIC rules were broken, they may request information for any period during which I received WIC benefits.*
- *I must notify my WIC local agency if I plan to move, my phone number changes, the income changes for anyone in my household, or if I want to change to another WIC local agency.*
- *If I do not tell the truth or if I hide information on purpose to get WIC benefits, I may have to pay the State back for the benefits I did not qualify for. I may also be taken to court by New York State or federal officials.*
- *I may enroll in only one WIC Program. I confirm that I am not currently enrolled in any other WIC Program.*
- *WIC foods are only for the enrolled family member. I cannot sell, offer to sell, or give away WIC benefits in any way.*
- *If my food package needs to be changed or stopped for a short time, I will call my WIC local agency.*

I am aware that the WIC local agency will make health services and nutrition education available to me, and I am encouraged to take part in these services.

I am aware that rules for eligibility and participation in the WIC Program are the same for everyone, regardless of race, color, national origin, age, handicap, or sex. \_\_\_\_\_

*continued* →



**Department  
of Health**

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## Requesting a Fair Hearing

If your application for benefits was turned down or your benefits stopped, you have the right to a fair hearing. A fair hearing is a chance for you to tell a judge why you think the decision is wrong. You must ask for the hearing within 60 days of when your application was turned down or when you were told your benefits will stop. If you don't ask within the 60 days, you will lose the chance for a fair hearing.

A certification period is how long you were going to get WIC benefits. If your benefits are stopped in the middle of the certification period and you ask for a hearing within 15 days, your WIC benefits will continue until the hearing result is known or until the end of the certification period, whichever happens first. Ask for a hearing at the WIC local agency (staff will assist you) or contact the NYS WIC Program:

mail: WIC Program Director                      phone: (518) 402-7093;  
      NYSDOH, Riverview Center                fax: (518) 402-7348; or  
      150 Broadway, 6th Floor                 email: NYSWIC@HEALTH.NY.GOV  
      Albany, NY 12204

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## This is the attestation statement that I signed in the computer system before I received my WIC benefits:

I have been advised of my rights and obligations under the WIC Program. I certify that the information I have provided for my eligibility determination is complete and correct to the best of my knowledge. This information is being given in order to receive WIC benefits and I understand that state or local WIC agency officials may check this information if the need arises by contacting employers or other sources for my income, and/or by getting my tax records from the NYS Department of Taxation and Finance. I specifically authorize the release of my tax records from the NYS Department of Taxation and Finance for this purpose, which may include certain employment information given to the New York State Department of Taxation and Finance by employers with respect to New Hire and Wage Reporting information. I also understand that deliberate misrepresentation may subject me to civil or criminal prosecution under state and/or federal law. Deliberate misrepresentation includes, but is not limited to, willfully falsifying, hiding or omitting household income, household size, medical data, Medicaid status and place of residence. I also understand that making a false or misleading statement or misrepresenting, hiding or omitting facts may result in my disqualification and may require repayment of the dollar value of the WIC benefits that I wrongfully obtained regardless of whether or not I meant to improperly obtain benefits. Finally, I understand that I may enroll in only one WIC Program. I hereby certify that I am not currently enrolled in any other WIC Program. I request that benefits be issued to me today.

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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, audiotope, 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](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.

For other complaints or to request a Fair Hearing contact:

- (1) mail: WIC Program Director  
NYSDOH, Riverview Center  
150 Broadway, 6th Floor  
Albany, NY 12204; or
  - (2) phone: (518) 402-7093; fax (518) 402-7348; or
  - (3) email: [NYSWIC@HEALTH.NY.GOV](mailto:NYSWIC@HEALTH.NY.GOV)
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