

Guam WIC Program Participant Rights and Obligations

Guam WIC Program's pledge to you:

Health Information

- WIC provides helpful tips on nutrition and active living.
- WIC supports and helps with breastfeeding.

Fair Treatment

- The WIC rules are the same for everyone regardless of race, color, national origin, age, disability, or sex.
- You have the right to appeal decisions made by the WIC about your eligibility.
- WIC will contact your healthcare provider to discuss nutritional needs for you and/ or your child upon your request.
- If you do not understand your Rights and Obligations, you have the right, at any time, to ask a WIC staff member to explain them to you.

Healthy Foods.

- WIC provides your family with food benefits to buy healthy foods.

Help getting enrolled in services.

- If you move to a different area, your WIC information may be shared with the new WIC agency.
- The WIC provides referrals to health and social that may help your family.

In accordance with 7 CFR 246.26, the Director of Guam Department of Public Health and Social Services has authorized, the use and disclosure of WIC participant information for non-WIC purposes to organizations only in order to administer their programs such as SNAP, Medicaid, TANF, EFNEP, KARINU, and Head Start so that they can better serve WIC participants.

- To determine the eligibility of WIC applicants and participants for programs/organizations
- To conduct outreach for such programs
- To enhance the health, education or well-being of WIC applicants and participants currently enrolled in such programs/organizations.

Secondary Authorized Representative

As the primary WIC Authorized Representative, I may assign one secondary authorized representative to assist me with all WIC services as needed. I understand that as an Authorized Representative for a WIC participant(s), it is my responsibility to attend all eligibility screenings, nutrition counseling sessions, group education sessions, and renew WIC food benefits for redemption. If I am not able to carry out any part of the WIC Authorized Representative's role for any period of time, I may identify a secondary authorized representative who will receive training as an authorized representative to represent me and who agrees to follow the requirements of a WIC authorized representative. The secondary authorized representative must be able to provide a picture ID for verification of their ID during WIC transactions.

Your signature says you understand the above information and it is accurate. Your signature will cover consent/release until the end of this certification period from _____ to _____.

Your pledge to the Guam WIC Program:

Honesty.

- Do not sell or trade WIC food benefits such as infant formula (the intention alone could be grounds for removal from the program.)
- If WIC determines that you have attempted to sell or had intentions to sell any benefits (food, or formula) verbally, in print or online through any type of social media, you will be subject to disqualification from the program.
- To participate in only one WIC clinic at a time. If I move, I can ask for a transfer paper. Certification at more than one WIC site will result in disqualification.
- eWIC cards are unique to you and are not to be changed/alterd.

Accurate Information.

- Provide the most current and truthful information (WIC staff may verify this information is correct).

Good Use of the Program.

- Be courteous and respectful towards the WIC staff and WIC vendors.
- Following the rules of the WIC program is important to avoid being prosecuted, disqualified (for abuse of food benefits, falsification of information, etc.), and/or asked to repay the program.

Protect your Benefits.

- Keep you eWIC card safe and secure.

Signature of Primary Authorized Representative

Date

Signature of Secondary Authorized Representative

Date

Signature of Certifying WIC CPA

Date

Nondiscrimination Statement:

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:

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

This institution is an equal opportunity provider.