

# Rights and Responsibilities

## Opportunity to Register to Vote

1. Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency.
2. If you have decided not to register to vote today, you will be asked to sign below.
3. If you would like help filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private and put it in the mail yourself.
4. If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, you may file a complaint with the Elections Division of the Secretary of State, P.O. Box 12060, Austin, Texas 78711, 1(800)252-8683.
5. If you decline to register to vote, this decision will remain confidential and be used only for voter registration purposes.
6. If you decide to register to vote, information regarding the office to which the application was submitted will remain confidential, and again will only be used for voter registration purposes.

### For Agency Use

Initial here if applicant refuses to sign

### Declination of Voter Registration

I decline to register to vote today.

Initial here if applicant kept the application.

Signature of Applicant

Printed Name of Applicant

Date

## Shared WIC Participant Information

As authorized by federal regulations at 7 CFR 246.26, the Commissioner of Health of the Department of State Health Services (DSHS) has authorized the use and disclosure of WIC participant information to the following programs as described.

- a. The Texas Center for Birth Defects Research and Prevention (TCBDRP) may use the information to conduct outreach about the National Birth Defects Prevention Study and will not release it to a third party.
- b. The DSHS Health Services Regions and/or local health departments, health services districts, or health authorities as designated by a Health Services Region may use the information to conduct infectious disease investigations.
- c. The Texas Department of Agriculture (TDA) may use the information to provide Farmer's Market Nutrition program benefits to eligible participants.

### Rights

- a. Nutrition Education, Referrals and Transfer Information

The WIC office will make health services, referrals, and nutrition education available for your participation. Let WIC staff know if you plan to move to another state, and WIC Staff will provide a Verification of Certification that includes information to continue WIC Services in another state. You may be asked to turn in your Texas WIC card to the other state.

**b. Equal Opportunity**

Standards for eligibility and participation in the WIC Program are the same for everyone, regardless of race, color, national origin, age, disability, or sex.

**c. Fair Hearing**

You may appeal any decision made by the local WIC agency regarding your eligibility for the Program.

**d. Privacy Notification**

With a few exceptions, you have the right to request and to be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the State agency to correct any information that is found to be incorrect. See <http://www.dshs.state.tx.us> for more information on Privacy Notification. (Reference: Government Code, Section 522.021, 522.023 and 559.004)

**e. Courtesy**

You have the right to be treated with respect and courtesy by all staff.

**Responsibilities**

**a. WIC Food Benefits**

WIC benefits are provided to purchase nutritious foods and are to be used only for the WIC participant. WIC is a supplemental program and does not provide all the food or formula needed in a month.

**b. Keep WIC Benefits in a Safe Place**

If your Texas WIC card is lost or stolen, call (512) 972-4942 or 1-800-942-3678 to begin the replacement card process.

**c. Accountability**

- Bring your Texas WIC card whenever you come to the WIC clinic.
- Keep all of your appointments or let the WIC clinic know when you cannot make your appointment.
- Buy only WIC-approved foods with your Texas WIC card.
- Never redeem WIC benefits for cash, credit, non-food items, or unauthorized foods.
- Do not sell or trade, or allow anyone else to sell or trade, your Texas WIC card, the food or formula purchased with your Texas WIC card or the same item(s) as the item(s) in your WIC food package. (Reference: WIC Policy No.GA:12.0)
- Do not make, or allow anyone else to make, a verbal or written offer to sell or trade WIC foods, benefits, breast pumps, and/or Texas WIC cards, or the same item(s) as the item(s) in your WIC food package, including any offer on websites such as Craigslist, Amazon, Facebook, or Ebay. (Reference: WIC Policy No. GA:12.0)
- Do not receive WIC benefits from more than one clinic during the same period.
- Follow the terms of the breast pump loan agreement, if you are loaned a breast pump.

**d. Courtesy**

Treat WIC and store staff with respect and courtesy.

**e. Preferred Method of Contact**

You have provided a Preferred Method of Contact that you may change at any time. If you have selected text messaging, you will be responsible for any fees that may be charged for receiving a text message from WIC. You may opt out from receiving text messages at any time by informing a WIC staff person.

**Required Signature Statement**

By signing this form, I certify that the information I have provided for my/my child's eligibility determination is correct, to the best of my knowledge. WIC program officials may verify information including income and date of birth at any point in the application/certification process.

- I certify that I have informed the WIC staff about ALL sources of income (check stubs, unemployment, retirement, social security, disability, pension, workman's compensation, child support, regular financial support from outside of the household or a third party, any other money received within the last 30 days not previously mentioned) received by ALL members of my household (this includes all persons who reside with me). All income provided reflects my gross household income (before deductions) and I understand that it may be verified with the Texas Workforce Commission.
- I certify the information I provided for SNAP, TANF and/or Medicaid used to determine eligibility for myself/my child(ren) is correct.
- I certify that if my child(ren)/myself have been determined as provisionally eligible because I/we did not bring identification or residency or income documents with me for my child(ren)/myself today. I understand proof(s) must be provided within the next 30 days or my/my child's certification will end, and I/we will no longer receive WIC benefits.
- I have been advised of my rights and mandatory responsibilities under the WIC Program. I have been further advised that I may be disqualified from receiving WIC benefits for up to one year for my failure to fulfill my responsibilities as a WIC participant, as stated in this document and in WIC Policies.
- This certification acknowledgment is being submitted in connection with the receipt of Federal assistance. I understand that intentionally making a false or misleading statement or, intentionally, omitting or withholding facts may result in my paying the state, in cash, the value of food benefits improperly issued and that I and/or my household members can be removed from WIC or criminally prosecuted or both.
- If I selected text messaging as my Preferred Method of Contact, I understand that I am responsible for all text fees and I may opt out at any time by informing WIC staff.
- **At my first WIC appointment, I received the "Your Guide to Texas WIC" booklet.**

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Endorser Signature

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Date

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or a activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992.

Submit your completed form or letter 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;

(2) fax: (202) 690-7442; or

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

This institution is an equal opportunity provider.