NEW JERSEY WIC PROGRAM

PARTICIPANT RIGHTS AND OBLIGATIONS – CERTIFICATION AND RECERTIFICATION SIGNATURE FORM

Current Certification Date________________ **Authorized Representative**__________________________________ **Family ID#**________________

The following must be read by or to the participant/authorized representative:

PARTICIPANT RIGHTS AND OBLIGATIONS

- Standards for eligibility and participation in the WIC Program are the same for everyone, regardless of race, color, national origin, age, disability, or sex.
- You may appeal any decision made by the local agency regarding your eligibility for the Program within 60 days of the decision.
- The local agency will make health services, nutrition education and breastfeeding support available to you, and you are encouraged to participate in these services.
- WIC shares certification and immunization screening information with health and social service programs that serve WIC participants to determine if they qualify for these programs and for outreach and educational purposes. Information may be shared with New Jersey Immunization Information System (NJIIS), Medicaid, SNAP, Temporary Assistance to Needy Families (TANF), Head Start, Federally Qualified Health Centers, and your health care provider.
- WIC may share certification information for research to show how WIC helps to improve services and participants' lives.

I have been advised of my rights and obligations under the Program:

- I certify that the information I have provided for my eligibility determination is correct, to the best of my knowledge. This certification form is being submitted in connection with the receipt of Federal assistance. Program officials may verify information on this form. I understand that intentionally making a false or misleading statement or intentionally misrepresenting, concealing or withholding facts may result in paying the State Agency, in cash, the value of the food benefits improperly issued to me and may subject me to Civil or Criminal prosecution under State and Federal law.
- I understand that it is illegal to be enrolled in more than one WIC clinic at the same time, either in New Jersey or in another state.
- Failure to comply with WIC obligations and regulations may result in penalties or WIC disqualification for up to one year.
- Buying, selling, or otherwise misusing benefits (food benefits, formula, breast pumps, eWIC card) is a crime.

LAB CONSENT: I consent to let WIC collect the height, weight, and bloodwork for this participant ___Yes ___No

ALTERNATE AUTHORIZED REPRESENTATIVE/PROXY: __**Completed** __**Deferred** ***(not interested at this time)*** __ **On file**

Participant or Authorized Representative (sign here)______________________________________ ***Date*** ____________________

ELIGIBILITY DOCUMENTATION: Check if participant is receiving __ TANF__ SNAP __ MC (verified by__ MC Application or __ REVS); or otherwise, list income proof below (Update WOW system file with correct income documentation type).

Income Proof____________________________ **Residency Proof**____________________________ **Economic Unit Size** ____________

Income Amount ____________________________

Staff Who Documented Income Eligibility (print name here)________________________ **Staff Signature** ________________________

STATUS: __ P__ B__ N__ I__C **Immunization Record**

___**New** ___**Recertification** ___**Yes** __ **No** __**N/A**

Participant's Name **DOB**

WIC ID # ____________________________

Identity Proof ________________________

HEIGHT____________________Inches Standing Recumbent

WEIGHT____________________lbs__________ozs.

HGB_______________________mg/dl HCT_________%

___Referral Form is Attached ____________________Staff Initials

This applicant is eligible
__ **Yes** __ **No**

Participant was present?
__ **Yes** __**No**

CPA Who Determines Nutritional/Medical Risk:

PRINT Name ______________________________________

CPA Signature________________________ **Date** ______________

STATUS: __ **P** __ **B** __ **N** __ **I**__ **C** **Immunization Record**

___ **New** ___ **Recertification** __ Yes __ No __ N/A

Participant's Name **DOB**

WIC ID # ____________________________

Identity Proof ________________________

HEIGHT____________________Inches Standing Recumbent

WEIGHT____________________lbs__________ozs.

HGB_______________________mg/dl HCT___________%

___Referral Form is Attached __________________Staff Initials

This applicant is eligible
__**Yes** __ **No**

Participant was present?
___ **Yes** __**No**

CPA Who Determines Nutritional/Medical Risk:

PRINT Name ______________________________________

CPA Signature______________________ **Date** ________________

CPA: If a participant is found ineligible or is placed on the Waiting List, complete Notice of Ineligibility Form. Maintain copy in participant file.

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 activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, 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, 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.

This institution is an equal opportunity provider.