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<b>Purpose</b>	Describe how each applicant and client is to be informed of his/her rights and responsibilities.
<b>Federal Requirements</b>	Federal regulations require that each applicant, parent, or other individual enrolling a minor read or be read his rights and responsibilities and sign that they have read the statement at each certification period.
<b>Providing An Overview of Rights</b>	The assigned staff member must give a brief overview of the Client Agreement to each applicant or client, or the individual enrolling a minor to help insure the person understands what he is signing. This overview should be given prior to collecting data for or determining any portion of eligibility.
<b>Where to Find Rights</b>	<p>The rights and responsibilities for the Nebraska WIC Program are a part of the WIC Signature Form and WIC Food Brochure.</p> <p>The current Rights &amp; Responsibilities and How to Request a Fair Hearing may be found later in this procedure.</p>
<b>Translations</b>	<p>The rights and responsibilities must be written in a language appropriate for the individual. Translation of the rights and responsibilities into languages other than English is completed by the State WIC office.</p> <p>The Spanish translation of the Certification Signature Form is available from the State WIC office.</p> <p>When the applicant, client, parent or guardian speaks and/or reads a language for which the program has no written translation, a translator must read the entire Rights &amp; Responsibilities and Requesting a Fair Hearing to them.</p>
<b>Informing Persons Who are Unable to Read</b>	<p>A staff member should read the Rights &amp; Responsibilities to any person(s) who is unable to read because of:</p> <ul style="list-style-type: none"><li>• Limited English skills</li><li>• Eyesight problems</li><li>• Limited or no reading ability</li></ul>

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**Documentation**

After reading or having been read the rights and responsibilities, the applicant or client, or the individual enrolling a minor must sign, date, and indicate their relationship to the applicant on the certification signature form.

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**Retention**

The signed WIC Certification Signature Form must be retained in the applicant/client's file.

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**Applicant's Copy**

The applicant/client receives a copy of the rights and responsibilities at the initial application visit. This copy as part of the WIC Food Brochure is placed in each ID Folder.

Applicants/clients may request a copy of the directions for Requesting a Fair Hearing from their local WIC agency.

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**Ordering Food Brochures & Signature Forms**

The Food Brochure and WIC Certification Signature Forms may be ordered using the WIC Materials Order Form found in Section O of this manual.

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## CLIENT'S RIGHTS AND RESPONSIBILITIES

### Rights & Responsibilities

*I understand that:*

- Everything I tell WIC must be the truth to the best of my knowledge and may be verified.
- If I am enrolling a child or infant, I must be their legal guardian, custodial parent, or foster parent.
- All information I give WIC is private. WIC staff will not give out this information without my signed release.
- I may only get checks from one WIC program at a time.
- I may not receive CSFP (Commodity Supplemental Food Program) while receiving WIC for the same person.
- The foods given by WIC are only for the WIC client.
- If I do not follow the WIC program rules, I may receive sanction points. If I accumulate too many sanction points I can be taken off WIC.
- Standards for eligibility for WIC are the same for everyone, regardless of race, color, national origin, age, disability or sex.
- If I feel I have been discriminated against I may file a complaint.
- If I disagree with a decision regarding my eligibility, I may request a fair hearing. I may do so by mail, verbally, or in writing to the WIC program. My request must be made within 60 calendar days of when the written denial or termination of benefits was mailed or given to me. A detailed copy of the Fair Hearing Procedures is available on request from the Local Program Director.
- If I am unable to keep my appointment, I should call the local agency number on my ID folder.
- I will report address and/or phone changes at my next scheduled appointment.
- Presumptive eligible pregnant women found to have no nutritional risk within the first 60 days of certification will no longer be eligible for the Program and will receive no additional benefits.
- I am encouraged to participate in the health assessment, referrals & nutrition education available to me through the program.
- If I do not follow the rules for using my WIC checks, or sell or give away my WIC checks or foods I may be asked to repay the WIC Program the value of the WIC foods received.
- My signature on this form allows staff of the Food Stamp and Food Stamp Nutrition Education Program; Medicaid; Perinatal, Child and Adolescent Health Unit; Newborn Screening; CSFP; and Immunization programs to see the information for purposes of outreach, referral, and eligibility. They cannot share the information with a third party.
- 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.

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## **REQUESTING A FAIR HEARING**

If I am dissatisfied with any decisions made regarding the eligibility or receipt of benefits for my child or myself, the following procedure may be followed.

1. I may request a fair hearing by mail, verbally, or in writing to the WIC Program. My request should be made within 60 calendar days from the date of the written notice of denial or termination of benefits.
2. The Nebraska Department of Health and Human Services will notify me of the time, date and place of hearing at least 10 days before the hearing.
3. If my representative or I cannot appear at the scheduled time and place, I may request the hearing officer to change it. I will be provided one opportunity to reschedule the hearing date upon written request submitted to the Nebraska Department of Health and Human Services. If my representative or I do not appear for the hearing or if I request the hearing to be cancelled, it will be cancelled.
4. I may present my position personally or by a lawyer. A relative or a friend may assist me. I may look at my WIC records before and during the hearing and bring witnesses to the hearing.
5. I will be sent a written decision concerning the hearing within 45 calendar days after the hearing was requested.
6. If I do not agree with the decision at the hearing, I may appeal to the district court within 30 calendar days from the date on the written hearing decision.
7. The detailed Fair Hearing Procedures are on file with the Local Program Director. A copy is available on request.