

**Nevada State WIC  
Rights and Responsibilities**

**Your Rights:**

- WIC will provide you information about nutrition, breastfeeding, and healthy foods.
- WIC will help you in getting other services, such as Immunizations, Food Stamps, Medicaid.
- If you disagree with a decision about your WIC eligibility you may appeal by requesting a Fair Hearing, within 60 days from the date the agency mails or gives the applicant/participant the notice of adverse action. WIC staff will assist you or contact:

**Administrator  
Division of Public and Behavioral Health, WIC Program  
4126 Technology Way  
Carson City, NV 89706**

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.

**Your Responsibilities:**

- To keep your appointments and be on time. If you cannot keep your appointment, call your local WIC office to reschedule as soon as possible.
- To bring all documentation requested to each appointment.
- To treat WIC and store staff with courtesy and respect.
- To participate in only one WIC clinic at a time. If I move, I can ask for a transfer card.
- Follow the rules when using WIC benefits. WIC staff will tell me how to use the EBT card when I am put on the program.
- To buy only the foods listed on my WIC benefits. I will use the foods only for the person on the program.
- For food benefits received I understand that if my food benefits are lost or stolen, they may not be replaced.
- To report any changes in my income, family size, or eligibility for Medicaid, Food Stamps, or TANF.

**You may be taken off the WIC Program if:**

- You do not tell the truth about all the information you give to WIC.
- You get benefits from more than one clinic at a time.
- You do not follow the rules when using your food benefits.
- You use abusive language or are physically violent with clinic staff, store personnel, or other WIC clients.
- If you attempt to sell WIC foods, WIC-issued breast pumps and accessories, formula, benefits, EBT cards, and or supplemental food benefits by making a verbal offer of sale to another person or posting the items for sale in print or online, or allow someone else to do it for you.
- You miss appointments for two consecutive months.

**Need help? If you have difficulty understanding English or have a disability, free language assistance or other aids and services are available upon request. Please let WIC staff know or contact your local WIC Clinic.**

I understand all the information I have given will be protected. Information about my participation in WIC may be shared with other state of Nevada public health programs and Nevada Head Start programs. This information will only be used to help me get other health services and to learn how well these services meet my needs. My child's shot records may be shared with the statewide immunization registry. If I move to a different WIC service area, the eligibility information I have given will be shared with the WIC clinic in my new area so I can keep getting WIC benefits. WIC may release information about me or my child to me (the participant/caretaker). **I understand my rights and responsibilities to the WIC Program. The information I have provided is correct and the WIC staff may verify any of the information. I understand that if I have intentionally lied or if I violate the program rules that (1) I or my child can be taken off WIC for up to one year, (2) I can face legal charges, and/or (3) I will have to pay money back to the program for the foods or formula I should not have received.**

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