

**Participant name(s)**

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**WIC ID number(s)**

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## My rights and responsibilities

I understand my rights and responsibilities under the WIC program. All the information I gave WIC is true, and WIC staff can check any of this information. I will follow the WIC program rules listed on the back of the **Rights and Responsibilities** form. If I don't follow the rules, I may face legal charges or be disqualified and have to pay money back to WIC for foods or formula I should not have received. I will be issued an eWIC card and am responsible for ensuring the security of my card and PIN.

## My information will be protected

- The information I have given will be protected.
- Information about my participation in WIC may be shared with other state of Oregon public health programs and Oregon Head Start programs. This information will only be used to help me get other health services and learn how well these services meet my needs.
- My child's shot record may be shared with the statewide immunization registry.

## Consent for services

I authorize the Oregon WIC Program to provide health screening for me and/or my child or children listed above throughout the length of WIC program service or eligibility. This consent shall remain in effect until revoked and applies to one or more of the following:

- Health and diet history
- Blood test for anemia
- Height and weight
- Nutrition counseling/education

## Release of information

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 myself or my child to me (the participant/caretaker).

**By signing this form, I agree to the information above.**

**All participants must sign this side of the form to receive WIC benefits.**



.....  
Participant/caretaker/cardholder signature

.....  
Date

## Voter registration

If you are not registered to vote where you live now, would you like to register here today?

**Yes.** (Where you submit your registration is confidential.)

**No.** (The fact that you have checked “no” is confidential.)

If you do not check a box, we will assume you choose not to register.



Participant/caretaker signature

Date

## Other voter registration information:

- Your county elections office will mail you a card to let you know your registration was received.
- You may ask for help to fill out this form or you may fill it out by yourself.
- The service or benefits you might receive from this agency will not be affected by your decision to register or not to register or to select a party preference.
- If you believe someone has interfered with your right to register or decline to register to vote, your right to privacy in deciding whether to register, or your right to choose your political preference, you may file a complaint with the Secretary of State, Salem, Oregon 97310. Telephone 503-986-1518.

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[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

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

Office of the Assistant Secretary for Civil Rights

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

1400 Independence Avenue, SW

Washington, D.C. 20250-9410;

**If you need this information in large print or other alternate formats, please call 971-673-0040 or TTY 1-800-735-2900.**