

Vermont WIC Program Application



Please complete items 1 - 3, and read WIC program rights and responsibilities below.

1. List household members starting with yourself: Provide full legal name, relationship, birth date. If applicant has Dr. Dynasaur/Medicaid, list number.

Name (first, middle initial, last)	Birth date	Relationship to you	Dr.Dynasaur/Medicaid number	staff use △ date
		self		

2. List mailing address and phone number(s):

Street address, P.O. Box, or Apt. Number	Town	Zip Code	Town of Residence
Phone number(s) home	cell	work	other
e-mail address			

3. List the 911/delivery address/directions for food delivery:

WIC Program Rights - I understand that:

- I have the right to nutrition education and referrals to other health services.
- I have the right to have my WIC transferred to a different district or a different state if I move.
- I have the right to be treated fairly and courteously by WIC staff.
- I have the right to be treated with courtesy and respect by the vendor and their employees.
- I have the right to have information I give to the WIC program treated as confidential.
- I may appeal any decisions made by WIC regarding eligibility for the program for myself or my child(ren).
- that WIC is an equal opportunity program. If I believe I have been discriminated against because of race, color, national origin, sex, age or disability, I may contact the Secretary of Agriculture, Washington, DC, 20250 directly, or request assistance from the WIC staff to do so.

WIC Program Responsibilities - I understand that:

- this application is submitted in connection with the receipt of federal assistance. Program staff may verify information provided for program eligibility.
- if I give WIC false information, I may have to pay money back to WIC for food I should not have received, and may be prosecuted under state and federal law.
- I must treat staff and vendors with courtesy and respect.
- WIC foods are for the participating family member. I cannot sell or give away WIC foods. If my food order needs to be changed or stopped for a short time I will contact my district office.
- I must let WIC know right away if my name, address, telephone number, income or Medicaid status changes.
- I must sign my POD and return it to my vendor each month in order for my WIC to continue.
- it is against the law for one person to be on WIC in more than one district or state at a time, or to be on both WIC and the Commodity Supplemental Food Program (CSFP) at the same time.
- if I start on WIC when I am pregnant that I should tell WIC when my baby is born.

I have been advised of my rights and responsibilities for WIC. I certify that the information I have provided for my and/or my child's eligibility is correct.

Signature (Parent, Guardian or Adult Applicant) **Date:**