

**VERIFICATION OF RIGHTS & RESPONSIBILITIES
E-PAD FAILED TO CAPTURE SIGNATURE**

The US Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete a USDA Program Discrimination Complaint Form found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at US Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington DC 20250-9410, by fax (202) 690-7442, or email at program.intake@usda.gov.

Individuals who are deaf, hard of hearing, or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

USDA is an equal opportunity provider and employer.

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 Choctaw Nation WIC Program may authorize the use and disclosure of information about my participation in the WIC program for non-WIC purposes. Such information will only be used by WIC agencies and public organizations, in the administration of their programs that serve persons eligible for the WIC program:

- To determine the eligibility of WIC applicants and participants for programs administered by such organizations;
- To conduct outreach for such programs;
- To enhance the health, education, or well-being of WIC applicants and participants currently enrolled in those programs;
- To streamline administrative procedures in order to minimize burdens on participants and staff; and,
- To assess and evaluate a State's health system in terms of responsiveness to participants' health care needs and health care outcomes.

I certify that I am not at this time enrolled in any other WIC program or 'CSFP'. I understand that to do so would be deliberate misuse of the program benefits and could result in the loss of those benefits. You may appeal any decision made by the local agency regarding your eligibility for the program.

I hereby release any medical information about myself or my child that is necessary for WIC Program participation.

Participant Signature

Date

WIC Staff Signature

Date

VERIFICATION OF SIGNATURE
e-WIC CARD and WIC BENEFITS

I have received my Choctaw e-WIC card. I have been advised of my rights & responsibilities of the e-WIC card and the Choctaw Nation WIC Program. My signature verifies my acceptance of the card and the WIC benefits issued on the card.

Household ID: _____

Card #: _____

Signature: _____

Staff: _____

Benefits: _____