



Participant signature form



Participant name(s)

.....
.....
.....

WIC ID number(s)

.....
.....
.....

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.

This institution is an equal opportunity provider. 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, audiotape, 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;

(2) fax: (833) 256-1665 or (202) 690-7442; or
(3) email: program.intake@usda.gov

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