



WIC Employee Responsibility Signature Form

Confidentiality

I understand that verbal, written and/or computerized information regarding applicants, participants or staff received during the course of my employment with the WIC Program will be kept confidential. I shall adhere to the confidentiality guidelines as outlined in state policy 450. I understand local programs may have internal confidentiality requirements and if so, are in addition to those outlined in state policy 450.

Initial here: _____

Conflict of Interest

I understand that as an employee of the WIC Program, I will not give preferential treatment to anyone including my family or friends, other staff members or vendors. All family members and friends will be certified and issued WIC benefits by a staff member other than myself or with the review/approval of the WIC Coordinator or immediate supervisor. I will never certify or issue WIC benefits to myself. I will contact the state WIC Program if there is no one else available to provide me WIC services.

Initial here: _____

Employee Fraud and Abuse

Employee fraud or abuse is an intentional and deliberate action that violates program regulations, policies, and/or procedures. I have read and understand state policy 596 detailing what constitutes employee fraud and abuse.

I understand intentionally committing program fraud or abuse may result in disciplinary action, including financial recovery.

Initial here: _____

As indicated by my initials and signature on this form, I have been advised of the above and understand the information I have been given. I also understand this form may be used as acknowledgment of my understanding the program regulations, policies and procedures when consequences are determined.

Employee name (print full name)

Title

Employee signature

Date

Supervisor's signature

Date