CALIFORNIA WIC
WOMEN, INFANTS & CHILDREN
Families grow healthy with WIC

瞭解您的權利及責任

您有權得到

公平對待

- WIC對每個人一視同仁，不區分種族、膚色、原國籍、祖籍、性別、宗教信仰、年齡、婚姻狀況、性傾向或殘障狀況。
- 如果您不同意您是否有參加WIC資格的決定，您可以要求召開公平聽證會。

一般禮待與您的資料受保密

- WIC將以禮貌與尊重的態度對待您。
- 您提供的所有資料，WIC將爲您保密。

您將獲得：

WIC食品支票

- 讓每一位參加者購買健康食品的支票。WIC無法爲您提供您需要的所有食品或配方奶。

營養及餵哺母乳的資訊

- 有用的提示幫您保持健康飲食及增加體力活動。
- 支持及協助母乳餵養。

轉介

- 幫助爲您的孩子找醫生及免疫注射服務。
- 幫助找您可能需要的其他服務。

您的責任

WIC批准的食品

- 在WIC批准的商店使用食品支票。
- 在商店購物時攜帶您的WIC身份證。
- 只購買您的支票上所列的食品。
- 只限參加者享用購得的食品。
- **不得將**您的WIC支票或WIC食品出售或交易、或企圖出售或交易。

只到一個WIC辦事處領取支票

- 只到一個WIC辦事處或機構領取支票。
- 選擇WIC或CSFP（糧食補助計劃）。一個人不得同時參加這兩項計劃。

守約到WIC

- 按時守約；如果需要更改約見時間，預先打電話通知辦事處。
- 攜帶您的WIC身份證守約到WIC辦事處。
- 守約到辦事處時攜帶所有需要呈交的文件。

提供屬實和合時的資料

- 若有任何收入、家庭人口、地址、電話號碼或影響參與醫藥卡（Medi-Cal）或加州工作機會（CalWORKs）權益的改變，必須呈報。

禮貌待人

- 以禮貌與尊重的態度對待WIC及商店工作人員。
- 不得對WIC辦事處或商店的任何工作人員進行遺害身體或施行威脅的舉動。

我明白我的權利：

- WIC計劃資格及參加標準對每一個人均相同，不區分種族、膚色、原國籍、年齡、殘障狀況、性別、性認同、宗教信仰、反駁行爲，於適當場合，亦不區分政治信仰、婚姻狀況、家庭或父母狀況或性傾向。
- 有關計劃對您參加資格的任何決定，您可以向當地機構上訴。
- 當地機構會向您提供健康服務與營養教育，我們鼓勵您參加這些服務。

我明白我的責任：

- 您有責任購買WIC批准的食品。
- 您不得以口頭協議、書面或網上交易將您的WIC支票或WIC食品出售或交易、或企圖出售或交易。
- 您必須提供最合時且屬實的申請資料
- 您必不得對WIC辦事處或商店的任何工作人員進行遺害身體或施行威脅的舉動。

我已獲悉我在WIC計劃的權利及責任。我證明，據我所知所信，我提供有關審定我是否合格申請的資訊及文件準確無誤。爲接受聯邦政府的補助，本人呈交這份聲明。計劃管理人可以核查我提供的資訊。我明白有意作出錯誤或誤導或有意歪曲實情、封閉或隱瞞事實可能導致我須用現金償還州機構不適當地發給我本人、我的家人或我指定的替代人的食品福利，並可能按州及聯邦法律的民事或刑事受起訴。

參加者/父母/看管人簽名

日期　　家庭/個人身份證號碼

必須以墨筆簽署並註明日期。

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Know Your Rights and Responsibilities

Your Rights

Fair treatment

- WIC treats everybody the same regardless of race, color, national origin, ancestry, sex, religion, age, marital status, sexual orientation or disability.
- You can ask for a fair hearing if you don't agree with a decision about your WIC eligibility.

Common courtesy and confidentiality

- WIC will treat you with courtesy and respect.
- WIC will keep all information you provide confidential.

You will get:

WIC checks

- Checks to buy healthy foods for each participant. WIC does not give all the food or formula you need.

Nutrition and breastfeeding information

- Helpful tips for healthy eating and active living.
- Support and help with breastfeeding.

Referrals

- Help finding a doctor and immunizations for your child.
- Help finding other services that you may need.

Your Responsibilities

WIC approved foods

- Use your checks at WIC approved grocery stores.
- Bring your WIC ID Folder to the grocery store.
- Buy only the foods listed on your checks.
- Use the foods only for the person on the program.
- **Do not sell, trade or attempt to sell or trade** your WIC checks or WIC food.

Go to one WIC office at a time

- Get checks from only one WIC office or agency at a time.
- Choose WIC or CSFP (Commodity Supplemental Food Program). A person cannot be on both programs at the same time.

Keep WIC appointments

- Come to your appointments or call ahead when you need to reschedule.
- Bring your WIC ID Folder to all WIC appointments.
- Bring all requested documents to your appointments.

Provide truthful and current information

- Report any changes in your income, family size, address, phone, or eligibility for Medi-Cal or CalWORKs.

Be courteous

- Treat WIC and grocery store staff with courtesy and respect.
- Do not physically harm or threaten to physically harm anyone in the WIC office or grocery store.

I understand my rights:

- Standards for eligibility and participation in the WIC Program are the same for everyone, regardless of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, or sexual orientation.
- You may appeal any decision made by the local agency regarding your eligibility for the Program.
- The local agency will make health services and nutrition education available to you, and you are encouraged to participate in these services.

I understand my responsibilities:

- You are responsible to buy WIC approved foods.
- You cannot sell, trade or attempt to sell or trade your WIC checks or WIC foods verbally, in print or online.
- You must provide current and truthful eligibility information
- You must not physically harm or threaten to physically harm anyone in the WIC office or grocery store.

I have been advised of my rights and responsibilities under the WIC Program. I certify that the information and documents I have provided for my eligibility determination are true and correct, to the best of my knowledge and belief. This declaration form is being submitted in connection with the receipt of Federal assistance. Program officials may verify information provided. 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, my family, or my designated alternates, and may subject me to civil or criminal prosecution under State and Federal law.

Signature of participant/parent/caretaker

Date

Family/Individual ID

Must be signed and dated in ink.