# Chapter 6D

Certification/Participation - Participant Notifications

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This chapter describes the process of informing participants about the WIC Program and their rights and responsibilities and the notifications that are used to inform participants about their eligibility and participation.

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## ATTACHMENTS

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Participant Rights and Responsibilities

Participants in the WIC Program are both entitled to certain rights and information and are expected to accept certain responsibilities of participation.

- **Rights and Responsibilities**

  At the initial certification and every subsequent certification, the applicant/participant/parent/guardian/caretaker must read, or have read to them in their language of preference, the statements of rights and responsibilities under the WIC Program. These statements are as follows:

  1. Standards for eligibility and participation in the WIC Program are the same for everyone, regardless of race, color, national origin, age, disability, or sex.

  2. I have applied to receive WIC benefits from the Federal Government. Program officials may check the truth of the information I have provided. I certify that the information I have provided to decide my eligibility is correct.

  3. The local agency will decide whether I may receive WIC benefits. To appeal the decision, I must ask for a fair hearing no more than 60 days after the local agency tells me the decision.

  4. The local agency will offer me health services and nutrition education and will encourage me to participate in these services.

  5. Lying and hiding or withholding facts may mean that I will have to repay, in cash, the State Agency for the value of foods that I should not have received. I may be charged with breaking state and federal law. I certify that I do not receive benefits from another WIC clinic.

  6. The WIC program may give information to other public organizations designated by the state health officer to enhance the health, education, or well-being of WIC applicants and participants. I understand that the organizations may contact me, but they may not give my information to anyone else without asking my permission.

  7. Exchanging the NC eWIC card, WIC foods and/or formula for cash, credit, non-food items, or non-WIC food, is a violation subject to federal and state sanctions.

  8. The local agency may routinely ask me about my plans to move out of state. I am aware that I may obtain free of charge the Out of State Transfer Information Sheet that serves as Verification of Certification. This document contains key family information to minimize disruption in my WIC services when transferring out of state.

After reading (or having read to them), the applicant/participant/parent/guardian/caretaker must indicate by signing the signature pad, that s/he has provided accurate information; understands his/her rights and responsibilities as related to the WIC Program; and understands his/her right to a fair hearing.
### Explanation of The WIC Program

At a minimum, staff should assure that the participant/parent/guardian/caretaker understands the following about the WIC Program.

- The purpose of the WIC Program is to provide nutrition education, supplemental foods, referrals to health and social service programs and breastfeeding promotion and support to achieve positive health outcomes.

- The purpose of the nutrition assessment is to identify each participant’s nutrition needs and interests so that staff can develop a plan of nutrition care and provide program benefits and make appropriate referrals to other health and social service programs in response to the participant’s needs and interests.

- That WIC staff hopes their relationship with them is a partnership – with two-way communication – working to achieve positive health outcomes.

- WIC food benefits are prescribed for the individual to promote and support the nutritional well-being of the participant, but are not intended to provide all the participant’s daily food requirements. If the food benefits provided are in excess of what the participant can use, the participant/parent/guardian/caretaker should discuss this with the CPA so the food package can be tailored to better meet the needs. The sale or intent to sell or trade verbally, in print or online any WIC Program benefits is strictly prohibited. See Chapter 6F for more information regarding participant violations and sanctions.

- Each participant must reapply at the end of the certification period and be reassessed for WIC Program eligibility.
Participant Notices

Notification must be provided to applicants or participants at specific times during the application process or certification period. All notices must be given in writing. See Attachment 1 for a summary of required participant notices.

The North Carolina WIC Program Notice is a multi-purpose notice that can be customized as applicable to the participant. This notice is used to provide written notification when subsequent certification is due, when mid-certification assessment is due, and when participants become no longer eligible during the certification period/termination is due. See Attachment 2.

The Crossroads system generates participant notices in both English and Spanish based on Language Read field on the Family Demographics screen. Other languages are not currently supported. If a language other than English or Spanish is selected for Language Read, an English version of the notice will be generated.

- **Required Notices.** Staff must provide the following notices to participants as specified (See Attachments 1 and 2).

  - **Application Ineligibility.** This notice must be used at initial certification or subsequent certification when an applicant/participant is found to be ineligible. Local agencies should ensure that the applicant/participant/parent/guardian/caretaker reads, or has the notification read to them in their language of preference. If the applicant/participant/parent/guardian/caretaker leaves the agency before receiving the written notice of ineligibility, the notice must be mailed to the applicant/participant/parent/guardian/caretaker’s address of record.

    Staff must generate the Ineligibility Notification and customize as applicable to the applicant/participant using the following list of reasons:
    - You are not in a category of participant that we serve
    - Your income is greater than what is allowed
    - You do not have a nutrition risk
    - You do not live in an area that we serve

  - **Subsequent Certification Due.** Staff must generate the *North Carolina WIC Program Notice* and customize as applicable to the participant. This serves as notification of the upcoming expiration of the participant’s current certification and need for subsequent certification. This written notice must be given at least 15 days before the expiration of each certification period.

  - **Mid-Certification Assessment Due.** Staff must generate the *North Carolina WIC Program Notice* and customize as applicable to the participant. This serves as notification of the upcoming mid-certification visit for infants, children, and breastfeeding women.

  - **No Longer Eligible/Termination Due.** Staff must generate the *North Carolina WIC Program Notice* and customize as applicable to the participant. This serves as notification of the upcoming termination of the participant’s current certification due to loss of eligibility.
Program Notice and customize as applicable to the participant using the following list of reasons.

- Fifth birthday.
- One year since your baby was born
- Stopped breastfeeding after your baby turns six months
- Six months since your pregnancy ended
- Moved outside our service area
- No longer income eligible
- Suspension or removal from the program because you have not used your program benefits the rights way OR because you have not treated WIC staff OR WIC vendors in the right way
- Reside in an institution/homeless facility that does not follow conditions necessary for you to participate in WIC

- Missed Initial Certification Appointment. Local agencies must send this notice within 10 days when a pregnant woman misses her initial certification appointment. All other applicants must receive this notice within 15 days of the missed initial certification appointment.

- Missed Subsequent Certification Appointment. Participants must receive this notice within 15 days of the missed subsequent certification appointment.

**Optional Notices.** When determined feasible or beneficial (such as low participation rate), the following notices can be printed on an individual basis or in a batch process.

- **Initial Certification Appointment**
  - Booked Initial Certification Appointment Notification
  - Cancelled Initial Certification Appointment Notification
  - Rescheduled Initial Certification Appointment Notification

- **Subsequent Certification Appointment**
  - Booked Subsequent Certification Appointment Notification
  - Cancelled Subsequent Certification Appointment Notification
  - Rescheduled Subsequent Certification Appointment Notification

- **Food Benefit Issuance Appointment**
  - Booked Food Benefit Issuance Appointment Notification
  - Cancelled Food Benefit Issuance Appointment Notification
  - Missed Food Benefit Issuance Appointment Notification
  - Rescheduled Food Benefit Issuance Appointment Notification

- **Nutrition Education Individual Appointment**
  - Booked Nutrition Education Individual Appointment Notification
  - Cancelled Nutrition Education Individual Appointment Notification
  - Missed Nutrition Education Individual Appointment Notification
  - Rescheduled Nutrition Education Individual Appointment Notification
Required Content of Notices. All notices must include a reason for the action being taken, (e.g., the reason a participant is no longer eligible) and the full USDA non-discrimination statement. Notifications that reflect a decision about eligibility and/or termination must also include a statement of the participant’s right to a fair hearing.

Refer to Chapter 4 for information on the non-discrimination statement and to Chapter 14 for information on fair hearings.

Required Documentation of Notices
The Crossroads system automatically documents all notices generated.

Note: The local agency monitoring of show rates should occur on a monthly basis. The master calendar in Crossroads can be viewed to monitor number of appointments booked and display a current view of daily participation with no-show rate.
### Summary of Required Participant Notices

<table>
<thead>
<tr>
<th>Notice</th>
<th>Required For</th>
<th>When Notice Must Be Given</th>
<th>Crossroads Location</th>
</tr>
</thead>
</table>
| **Application Ineligibility**       | • Applicants found to be ineligible at time of initial certification or subsequent certification. | • At time of eligibility assessment.                   | • Income Information Screen  
                                          |                                                                                                             |                                               | • Certification Summary Screen               |
| **North Carolina WIC Program Notice** | • Participants who become ineligible within a certification period.  
                                           • Participants who will be terminated due to categorical ineligibility.  
                                           • All participants whose certification is due to expire.  
                                           • Mid-certification assessment for:  
                                             o infants certified until first birthday  
                                             o breastfeeding women certified until infant’s first birthday  
                                             o children | • See Attachment 2                                                                                       | • Certification Summary Screen  
                                          |                                                                                                             |                                               | • Issue Food Instruments Screen              |
| **Missed Initial Certification Appointment** | • Applicants who miss the initial certification appointment.                  | • Pregnant women: Within 10 days of the missed initial certification appointment  
                                          |                                                                                                             | • Operations Dropdown \rightarrow Notifications               |
| **Missed Subsequent Certification Appointment** | • Participants who miss a subsequent certification appointment               | • Within 15 days of the missed subsequent certification appointment | • Operations Dropdown \rightarrow Notifications            |
## NC WIC Program Notice Reference Table

<table>
<thead>
<tr>
<th>Selection on NC WIC Program Notice</th>
<th>WIC Category</th>
<th>Pregnant</th>
<th>Breastfeeding</th>
<th>Non-Breastfeeding</th>
<th>Infant</th>
<th>Children</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Subsequent Certification Due</strong></td>
<td></td>
<td>At</td>
<td>n/a</td>
<td>n/a</td>
<td></td>
<td>Last visit before certification period expires</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Certification</td>
<td></td>
<td></td>
<td></td>
<td>Last visit before certification period expires</td>
</tr>
<tr>
<td><strong>Mid-Certification Assessment Due</strong></td>
<td></td>
<td>n/a</td>
<td>Last visit before Mid-Certification Assessment appointment</td>
<td>n/a</td>
<td>Last visit before Mid-Certification Assessment appointment</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Last visit before Mid-Certification Assessment appointment</td>
</tr>
<tr>
<td><strong>No Longer Eligible/Termination Due</strong></td>
<td></td>
<td>At Certification <strong>OR</strong> As needed</td>
<td>When she reports she has stopped breastfeeding and is more than six months postpartum <strong>OR</strong> Last visit before certification period expires <strong>OR</strong> As needed</td>
<td>At Certification <strong>OR</strong> As needed</td>
<td>As needed</td>
<td>Last visit before fifth birthday <strong>OR</strong> As needed</td>
</tr>
</tbody>
</table>

**Notes:**
- pregnant
- breastfeeding
- non-breastfeeding
Sample North Carolina WIC Program Notice

North Carolina WIC Program Notice

<Today’s Date>

Dear <Individual First Name> <Individual Last Name>

Thank you for participating on WIC! Your continued participation is important to us. We hope the nutrition and education benefits you receive help your family.

**Subsequent Certification Due**

___ Your current certification for WIC ends on <Certification End Date>. If you do not already have an appointment, please call us to schedule an appointment before your certification ends.

**Mid-certification Assessment Due**

___ We check to see how babies are growing and eating. If you do not already have an appointment, please call us to schedule an appointment. We look forward to seeing you and your baby!

___ We would like to check to see how you and your baby are doing. If you do not already have an appointment, please call us to schedule an appointment. We look forward to seeing you and your baby!

___ We check to see how children are growing and eating. If you do not already have an appointment, please call us to schedule an appointment. We look forward to seeing you and your child!

**No Longer Eligible/Termination Due**

<Individual First Name> will no longer be eligible for WIC services effective __________. The reason will be:

___ Fifth birthday

___ One year since your baby was born

___ Stopped breastfeeding after your baby turns six months

___ Six months since your pregnancy ended

___ Moved outside of our service area

___ No longer income eligible

___ Suspension or removal from the program because you have not used your program benefits the right way OR because you have not treated WIC staff OR WIC vendors in the right way.

___ Reside in an institution/homeless facility that does not follow conditions necessary for you to participate in WIC.

If you do not agree with this decision, you or someone to represent you may ask for a fair hearing within 60 days of this action. You may request a fair hearing at your local WIC office or send a letter asking for a fair hearing to: State WIC Director, Nutrition Services Branch, 5601 Six Forks Road, 1914 Mail Service Center, Raleigh, NC 27699-1914

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter 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: (202) 690-7442; or

(3) email: program.intake@usda.gov

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