



Alaska Women, Infants, Children (WIC) Program, Division of Public Assistance

**Family Information Form (one per family)**

**A. Applicant or Parent /Guardian for applicants under age 5**

Today's Date: \_\_\_\_\_

Name (First, Middle, Last)		Maiden Name	Birth Date
Mailing Address		City	AK Zip Code
Home Phone		Cell Phone	Message Phone
May we call or leave a message?		<input type="checkbox"/> yes <input type="checkbox"/> no	
May we send a post card for appointment reminders?		<input type="checkbox"/> yes <input type="checkbox"/> no	
Residence address (if different than mailing address)		City	AK Zip Code
Email address		What is the highest grade in school you completed?	
Are you Hispanic or Latino		<input type="checkbox"/> yes <input type="checkbox"/> no	
Race: (You may select more than one race)			
<input type="checkbox"/> American Indian/Alaskan Native		<input type="checkbox"/> Black/African American	
<input type="checkbox"/> Asian		<input type="checkbox"/> Native Hawaiian/Pacific Islander	
<input type="checkbox"/> White			
Would you like some one else's name on your checks, who can pick up and use your checks for you?			
<input type="checkbox"/> yes <input type="checkbox"/> no			
If yes, please print name: _____			

**B Household Information**

(Please provide proof of income. Provide proof of identification except if you live in a rural area with no road access and less than 5,000 people.)

Are you currently on WIC?  yes  no      If yes, where? \_\_\_\_\_

Have you been on WIC before?  yes  no      If yes, where? \_\_\_\_\_

How did you hear about WIC? \_\_\_\_\_

Are you applying for your own WIC benefits today?  yes  no

Are you currently working?  yes  no      Pay \_\_\_\_\_ per hour?

Hours worked \_\_\_\_\_ per week?

Is anyone else in the household working?  yes  no      Pay \_\_\_\_\_ per hour?

Hours worked \_\_\_\_\_ per week?

How many people are living in your household? _____	How many members received last year's Permanent Fund Dividend (PFD)? _____ (Include PFD even if garnished)
Check here if pregnant <input type="checkbox"/>	
Check any of the following programs you or any family member is currently receiving:	
<input type="checkbox"/> Food Stamps	<input type="checkbox"/> Medicaid
<input type="checkbox"/> Denali Kid Care	<input type="checkbox"/> Alaska Temporary Assistance Program
<input type="checkbox"/> Head Start	<input type="checkbox"/> School Lunch Program
<input type="checkbox"/> Applied for Denali Kid Care, Medicaid, ATAP- "Application is pending"	
Check any other money received:	
<input type="checkbox"/> Supplemental Security Income / Disability	<input type="checkbox"/> Self Employment
<input type="checkbox"/> Native Corporation Dividends	<input type="checkbox"/> Commissions
	<input type="checkbox"/> Unemployment
	<input type="checkbox"/> Other
Are you? <input type="checkbox"/> Married	<input type="checkbox"/> Single
<input type="checkbox"/> Separated	<input type="checkbox"/> Living with a partner/significant other
	<input type="checkbox"/> Divorced

Do you want to register to vote here at the WIC office?  yes  no

**TURN PAGE**



## **Alaska WIC Rights and Responsibilities**

You have rights and responsibilities as a WIC participant. The names and addresses of you and your child may be given to agencies such as Medicaid, Denali Kid Care, Supplemental Nutrition Assistance Program (SNAP), Heating Assistance, Temporary Assistance, Child Care, Infant Learning, Head Start and Public Health Nursing Programs for referral and outreach. Programs listed above may give the WIC program name(s), address, income, identification and residency for you and your child to help check if you qualify for WIC.

Other WIC information may also be shared with health programs to see if you qualify for their program's services, to share needed health information with programs you are already participating in, and to help assess the overall health of Alaskan families through reports and studies. These same programs listed below may also share their information with WIC for the same purposes. You may ask WIC staff for more information about these programs. These programs include: Medicaid, Denali Kid Care, Pro Care, Head Start, Supplemental Nutrition Assistance Program (Formerly known as the Food Stamp Program), Immunizations Program, Public Health Nursing, State Epidemiology and Infant Learning Program.

### **I understand my Rights and Responsibilities:**

#### **My Responsibilities. I agree to follow the rules below. I will:**

- Give WIC true and accurate information. WIC staff can check this information.
- Immediately report any changes in my income, family size, address, phone number or eligibility for Medicaid/Denali Kid Care, or the SNAP Program. I will also notify the WIC office if my checks are lost or stolen, or if I am no longer breastfeeding.
- WIC is a Federal program. If I break the rules, make false statements, intentionally misrepresent, conceal, or withhold facts about my eligibility for the WIC Program, I understand that:
  - I or my child can be taken off WIC.
  - I will have to pay money back to WIC for foods, formula or breast pumps I should not have received. If I do not pay back the WIC program for foods and/or formula that I accepted or return loaned breast pumps that I was not eligible to receive, the state may use other types of legal options to collect payment, including small claims court, which could result in **Permanent Fund Dividend (PFD) garnishment.**
  - I can face civil or criminal prosecution under State and Federal law.
- Get checks from only one clinic at a time. If I move out of Alaska, I will ask for a transfer.
- Not sell, trade or give away formula, WIC foods, breast pumps or other WIC benefits.
- Not post WIC items for sale on the internet.
- Not trade my WIC checks, foods, or formula for money, credit, rain checks or other items.
- Be removed from the WIC program if I do not pick up, use my checks, or fail to return signed receipts for WIC checks or food boxes for two months in a row.
- Treat WIC and store staff with courtesy and respect.
- Allow WIC staff to take my or my child's height and weight and take a small amount of blood to check my or my child's iron level. I understand this information is needed to check nutrition needs and determine eligibility for WIC.
- Come to my appointments or call ahead when I need to reschedule.
- Reapply for benefits as needed. I understand that WIC benefits are for participant use only.
- Follow the WIC program and shopping rules that are on my food list.

#### **My Rights:**

- If I qualify for WIC, I will get checks to buy healthy foods. **I understand that WIC does not give all the food or formula needed in a month.** WIC foods help promote and support the nutrition well-being and help meet the needed intake of important nutrients or foods for myself and / or my child(ren).
- WIC will give me information for healthy eating and active living. WIC will provide me with breast feeding support.
- WIC will give me information to find a doctor and get immunizations for my child. I will be referred to other services.
- WIC staff will treat me with courtesy and respect.
- WIC will keep information about me and / or my child(ren) confidential and share only needed information to determine eligibility and for referral to other services.
- The rules for getting on WIC are the same for everyone. I can ask for a Fair Hearing if I do not agree with a decision about my WIC eligibility. WIC will tell me why my child or I qualify for the WIC Program.

#### **By signing this form I agree that:**

- **I have read the Rights and Responsibilities form or a WIC staff has read it to me.**
- **I agree to the above.**

\_\_\_\_\_  
Client/Guardian Signature Required for WIC Enrollment

\_\_\_\_\_  
Date

In accordance with Federal civil rights Law and Department of Agriculture (USDA) 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](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 Ave., SW, Washington, D.C. 20250-9410 or (2) fax: (202) 690-7442; or (3) Email: [program.intake@usda.gov](mailto:program.intake@usda.gov).