



Family Information Form

Women, Infants, Children (WIC) Program, Alaska Department of Health & Social Services

Today's Date _____

1. Are you currently on WIC? ☐ Yes ☐ No If yes, where? _____

2. Have you been on WIC before? ☐ Yes ☐ No If yes, where? _____

3. How did you hear about WIC? _____

Applicant or Parent / Guardian for applicants under age 5 (Please print and use legal names)

4. Name (First, Middle, Last)	5. Maiden Name	6. Birth Date
-------------------------------	----------------	---------------

7. Home address	8. Apartment or suite number
-----------------	------------------------------

9. City	10. State	11. ZIP Code
---------	-----------	--------------

12. Mailing Address (If different from Home address)	13. Apartment or suite number
--	-------------------------------

14. City	15. State	16. ZIP Code
----------	-----------	--------------

17. Cell phone number	18. Home phone number	19. Other phone number
-----------------------	-----------------------	------------------------

20. May we call or leave a message? ☐ Yes ☐ No

21. May we send texts to your cell phone? ☐ Yes ☐ No

22. May we send mail for appointment reminders? ☐ Yes ☐ No

23. Email address: _____

24. Are you Hispanic or Latino? ☐ Yes ☐ No

25. Race (Check all that apply)

☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Pacific Islander ☐ White

Household Information (Please provide proof of income and identification)

26. Are you applying for your own WIC benefits today? ☐ Yes ☐ No

27. Are you currently working?	☐ Yes ☐ No	Pay per hour?	Hours worked per week?
---------------------------------------	--	---------------	------------------------

28. Is anyone else in the household working?	☐ Yes ☐ No	Pay per hour?	Hours worked per week?
---	--	---------------	------------------------

29. Are you pregnant? ☐ Yes ☐ No

30. How many people are living in your household? _____

31. How many members of your household received last year's Permanent Fund Dividend? (Include even if garnished) _____

32. Check any of the following programs you or any family member is currently receiving:

☐ Food Stamps/SNAP ☐ Applied for Denali Kid Care, Medicaid, ATAP - "Application Pending" ☐ Medicaid
☐ Denali Kid Care ☐ Alaska Temporary Assistance Program - Amount: _____ ☐ Head Start/School Lunch

33. Check any other money received by you or anyone in your household. (Include monthly amount)

☐ Supplemental Security Income/Disability _____ ☐ Self Employment _____ ☐ Unemployment _____
☐ Native Corporation Dividends _____ ☐ Commissions _____ ☐ Other _____

34. Marital Status: ☐ Married ☐ Single ☐ Divorced ☐ Separated ☐ Living with a partner / significant other

35. What is the highest grade in school you completed? _____

36. If you are a U.S. Citizen, do you want to register to vote here at the WIC office? ☐ Yes ☐ Already registered ☐ Not interested

37. Would you like someone else's name on your checks, who can pick up and use your checks for you? ☐ Yes ☐ No

If yes, please print name: _____ Relationship: _____ Please sign on the back. →

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

Responsibilities:

- I will treat WIC and store staff with courtesy and respect.
- All the information I give WIC is true and accurate. WIC staff can check this information.
- I will 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 card is lost or stolen, or if I am no longer breastfeeding.
- I will get WIC benefits from only one clinic at a time. If I move out of Alaska, I will ask for a transfer.
- I will not sell, or try to sell my eWIC card, trade or give away formula or other WIC food benefits and breast pumps. This includes sell of such items in person, in print, or online.
- I will be removed from the WIC program if my benefits are not issued or I do not use my benefits, for two months in a row.
- I will 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.
- I will come to my appointments or call ahead when I need to reschedule.
- I will reapply for benefits as needed. I understand that WIC benefits are for participant use only.
- I will follow the WIC program and shopping rules that are on my WIC food list.
- 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.

Rights:

- If I qualify for WIC, I will get benefits 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 and 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 breastfeeding 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 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, audiotope, 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.