

# 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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## Participant Rights and Responsibilities

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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.

During remote services, the local agency can accept alternative electronic signatures from the applicant/participant or Parent/Guardian/Caretaker to indicate understanding of information.

■ **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

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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 and the local agency must provide a multilingual tagline notice to accompany the program notice. See Attachment 4 for the NC WIC Program multilingual tagline notice, called the 'Notice of Free Interpretation and Available Assistance Services'. The resource can be ordered using the Community Nutrition Services Section Materials Requisition Form.

### ■ Required Notices

Staff must provide the following program notices to participants as specified (see Attachments 1, 2, and 4).

#### ▸ 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 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
- Participant or parent/guardian/caretaker request
- 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

▶ **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 nondiscrimination statement and to Chapter 14 for information on fair hearings.

■ **Required Documentation of Notices**

The Crossroads system automatically documents all notices generated.

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### Summary of Required Participant Notices

Notice	Required For	When Notice Must Be Given	Crossroads Location
<b>Application Ineligibility</b>	<ul style="list-style-type: none"> <li>• Applicants found to be ineligible at time of initial certification or subsequent certification.</li> </ul>	<ul style="list-style-type: none"> <li>• At time of eligibility assessment.</li> </ul>	<ul style="list-style-type: none"> <li>• Income Information Screen</li> <li>• Certification Summary Screen</li> </ul>
<b>North Carolina WIC Program Notice</b>	<ul style="list-style-type: none"> <li>• Participants who become ineligible within a certification period.</li> <li>• Participants who will be terminated due to categorical ineligibility.</li> <li>• All participants whose certification is due to expire.</li> <li>• Mid-certification assessment for:               <ul style="list-style-type: none"> <li>○ infants certified until first birthday</li> <li>○ breastfeeding women certified until infant's first birthday</li> <li>○ children</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• See Attachment 2</li> </ul>	<ul style="list-style-type: none"> <li>• Certification Summary Screen</li> <li>• Issue Food Instruments Screen</li> </ul>
<b>Missed Initial Certification Appointment</b>	<ul style="list-style-type: none"> <li>• Applicants who miss the initial certification appointment.</li> </ul>	<ul style="list-style-type: none"> <li>• Pregnant women: Within 10 days of the missed initial certification appointment</li> <li>• All other participant categories: Within 15 days of the missed initial certification appointment</li> </ul>	<ul style="list-style-type: none"> <li>• Operations Dropdown → Notifications</li> </ul>
<b>Missed Subsequent Certification Appointment</b>	<ul style="list-style-type: none"> <li>• Participants who miss a subsequent certification appointment</li> </ul>	<ul style="list-style-type: none"> <li>• Within 15 days of the missed subsequent certification appointment</li> </ul>	<ul style="list-style-type: none"> <li>• Operations Dropdown → Notifications</li> </ul>

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### NC WIC Program Notice Reference Table

Selection on NC WIC Program Notice	WIC Category				
	Pregnant	Breastfeeding	Non-Breastfeeding	Infant	Children
<b>Subsequent Certification Due:</b> This written notice must be given at least 15 days before the expiration of each certification period.	At Certification	n/a	n/a	Last visit before certification period expires	Last visit before certification period expires
<b>Mid-Certification Assessment Due:</b> This serves as notification of the upcoming mid-certification visit for infants, children, and breastfeeding women.	n/a	Last visit before Mid-Certification Assessment appointment	n/a	Last visit before Mid-Certification Assessment appointment	Last visit before Mid-Certification Assessment appointment
<b>No Longer Eligible/Termination Due:</b> This written notice must be given when the participant is no longer eligible for the WIC Program.	At Certification <b>OR</b> As needed	When she reports she has stopped breastfeeding and is more than six months postpartum <b>OR</b> Last visit before certification period expires <b>OR</b> As needed	At Certification <b>OR</b> As needed	As needed	Last visit before fifth birthday <b>OR</b> As needed

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## 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**

\_\_\_ 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**

\_\_\_ 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
- \_\_\_ Participant or parent/guardian/caretaker request
- \_\_\_ 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 disagree with a decision made by our staff which affects your eligibility for the WIC Program, you or a representative of your choice may request a fair hearing by asking our staff or by writing to: State WIC Director, Community Nutrition Services Section, 1914 Mail Service Center, Raleigh, NC 27699-1914. Your request for a fair hearing must be made within 60 days of the decision with which you disagree.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or
2. **fax:**  
(833) 256-1665 or (202) 690-7442; or
3. **email:**  
[program.intake@usda.gov](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.



# Notice of Free Interpretation and Available Assistance Services

Free services are required by Title VI of the Civil Rights Act of 1964, 42 U.S.C. § 2000 et seq.; 28 C.F.R. § 42.101 et seq., Title II of the Americans with Disabilities Act of 1990, as amended, 42 U.S.C. § 12132 et seq.; 28 C.F.R. § 35.101 et seq. and Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. § 794 et seq.; 45 C.F.R. § 84.1 et seq.

<b>English</b>	If you have difficulty communicating with us because you do not speak English or have a disability, please notify a staff person. Free interpretation services, translated materials or other assistance is available on request.
<b>Amharic</b> አማርኛ	የእንግሊዝኛ ቋንቋ ስለማይናገሩ ወይም የአካል ጉዳት ስለሌላቸው ከእኛ ጋር የመገናኛት ችግር ካለብዎት፣ እስከዎ ለአንድ የሰራተኛ አባል ያሳውቁ። ገንዘብ የማስተርጎም አገልግሎቶች፣ የተተረጎሙ ሰነዶች ወይም ሌሎች እርዳታዎች ሲጠየቁ ሊገኙ ይችላሉ።
<b>Arabic</b> عربي	إذا كان لديك صعوبة في التواصل معنا بسبب عدم تحدثك اللغة الإنجليزية أو تعاني من إعاقة، يرجى إبلاغ أحد الموظفين. تتوفر خدمات الترجمة الشفوية المجانية أو المواد المترجمة أو أساليب مساعدة أخرى حسب الطلب.
<b>Bosnian</b> Bosanski	Ako imate poteškoća u komunikaciji s nama, zbog činjenice da ne govorite engleski, ili zbog činjenice da imate invaliditet, molimo vas da o tome obavijestite našeg saradnika. Besplatne usluge usmenog prevodioca, prevedeni materijali ili druga potrebna pomoć dostupni su na zahtjev.
<b>Burmese</b> မြန်မာ	သင့်အနေဖြင့် အင်္ဂလိပ်စကား မပြောနိုင်သည့်အတွက် သို့မဟုတ် မသန်စွမ်းမှုရှိသည့်အတွက် ပုံနှိပ်ဆက်သွယ်ပြောဆိုရာတွင် အခက်အခဲရှိပါက ဝန်ထမ်းပုဂ္ဂိုလ်တစ်ဦးကို အသိပေးအကြောင်းကြားပါ။ တောင်းဆိုချက်အပေါ်မူတည်၍ အခမဲ့စကားပြန်ဝန်ဆောင်မှုများ၊ ဘာသာပြန်ဆိုထားသော အရာများ သို့မဟုတ် အခြားအကူအညီကို ရရှိနိုင်ပါသည်။
<b>Simplified Chinese</b> 简体中文	如果您因为不会说英语或身体有残疾而与我们沟通困难，请通知工作人员。我们可以 根据您的需要提供免费的口译服务、翻译资料或其他帮助。
<b>Traditional Chinese</b> 繁體中文	如果您因為不會說英語或身體有殘疾而與我們溝通困難，請通知工作人員。我們可以 根據您的需要提供免費的口譯服務、翻譯資料或其他幫助。
<b>Farsi</b> پسرف	اگر به دلیل عدم تکلم به زبان انگلیسی یا ازکارافتادگی برای برقراری ارتباط با ما مشکل دارید، لطفاً به یکی از کارمندان اطلاع دهید. خدمات رایگان ترجمه شفاهی، مطالب ترجمه شده و انواع کمک های دیگر در صورت نیاز فراهم است.
<b>French</b> Français	Si vous avez des difficultés à communiquer avec nous car vous ne parlez pas anglais ou si vous avez un handicap, veuillez informer un membre du personnel. Des services d'interprétation gratuits, des documents traduits ou toute autre assistance sont disponibles sur demande.
<b>German</b> Deutsch	Sollten Sie Schwierigkeiten haben, mit uns zu kommunizieren, weil Sie kein Englisch sprechen oder eine Behinderung haben, informieren Sie bitte einen Mitarbeiter. Auf Anfrage helfen wir Ihnen gerne mit einem kostenlosen Dolmetscherdienst, übersetztem Material oder anderweitig weiter.
<b>Gujarati</b> ગુજરાતી	જો તમને અમારી સાથે વાતચીત કરવામાં મુશ્કેલી થાય છે કારણ કે તમે અંગ્રેજી બોલતા નથી અથવા અપંગતા ધરાવો છો, તો કૃપા કરીને સહાયતા માટે સૂચિત કરો. વિનંતી પર નિ:શુલ્ક અર્થઘટન સેવાઓ, અનુવાદિત સામગ્રી અથવા અન્ય સહાયતાઓ ઉપલબ્ધ છે.
<b>Haitian Creole</b> Kreyòl Ayisyen	Si ou gen difikilte pou kominike avèk nou paske ou pa pale Angle oswa si ou gen yon andikap, tanpri enfòmasyon manm pèsònèl. Sèvis entèpretasyon gratis, materyèl tradwi oswa lòt asistans disponib sou demann.
<b>Hindi</b> हिंदी	यदि आपको हमसे बातचीत करने में कठिनाई हो रही है क्योंकि आप अंग्रेजी में बात नहीं करते हैं या आप दिव्यांग हैं, तो कृपया हमारे कर्मचारी को सूचित करें। नि:शुल्क अनुवाद सेवाएं, अनुवादित सामग्री या अन्य सहायता अनुरोध पर उपलब्ध है।
<b>Italian</b> Italian	In caso di difficoltà a comunicare con noi perché non si parla l'inglese o si ha una disabilità, comunicarlo a un membro del personale. Sono disponibili su richiesta servizi di interpretariato gratuiti, materiali tradotti o altra assistenza.
<b>Korean</b> 한국어	영어를 못 하시거나 기타 사유로 인해 저희와 소통하기 어려우시다면 스태프에게 알려주십시오. 요청에 따라 통역 서비스, 번역 자료 및 보조적인 도움을 무료로 받으실 수 있습니다.
<b>Portuguese</b> Português	Caso tenha dificuldade em comunicar-se conosco por não falar inglês ou por ter alguma deficiência, favor informar isso a um funcionário. Serviços de interpretação gratuitos, materiais traduzidos ou outros tipos de assistência estão disponíveis mediante solicitação.
<b>Russian</b> Русский	Если вы испытываете затруднения при общении с нами, потому что вы не говорите по-английски или имеете инвалидность, пожалуйста, сообщите об этом нашему сотруднику. Бесплатные услуги устного перевода, перевод материалов или другая помощь предоставляются по запросу.
<b>Somali</b> Soomaali	Haddii ay kugu adagtahay inaad noola hadashid sababtoo ah Ingiriis kuma hadashid ama naafonimo aad qabtid awgeed, fadlan usheeg qofka shaqaalaha ah. Adeegyada turjubaanka bilaashka ah, fasiraada qalabka ama kaalmo kale ayaa lagu heli karaa markaad codsatid.
<b>Spanish</b> Español	Si tiene dificultad para comunicarse con nosotros porque no habla inglés o tiene una discapacidad, notifique a un miembro del personal. Contamos con servicios de interpretación gratuitos, material traducido y otros tipos de asistencia a pedido.
<b>Tagalog</b> Tagalog	Kung nahihirapan kang makipag-ugnayan sa amin dahil hindi ka nagsasalita ng Ingles o mayroon kang kapansanan, mag-abiso sa isang staff. Makakakuha ng mga libreng serbisyo sa interpretasyon, nakasalang materyales, o iba pang tulong kapag hiniling.
<b>Vietnamese</b> Tiếng Việt	Nếu có khó khăn khi giao tiếp với chúng tôi vì quý vị không nói được tiếng Anh hoặc bị khuyết tật, vui lòng thông báo cho nhân viên. Dịch vụ phiên dịch, bản dịch tài liệu hoặc các hỗ trợ khác sẽ được cung cấp miễn phí theo yêu cầu.

Department of Health and Human Services • Division of Child and Family Well-Being  
Community Nutrition Services Section • www.ncdhhs.gov/nc-wic-cacfp  
This institution is an equal opportunity provider.

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