



ELIGIBILITY AGREEMENT

Name: _____ DOB ____/____/____

Parent/Guardian: _____ HH ID# _____

By signing my name, I certify the following:

- ✓ I have read and understand the 'Rights and Responsibilities' as a WIC participant.
- ✓ I understand that my name, child's name, address, phone number, and date of birth may be given by WIC staff to the following programs to determine my family's eligibility for coordination of care with additional services:
 - Department of Transitional Assistance – SNAP Benefits
 - Head Start/Early Head Start Program
 - Department of Public Health - Childhood Lead Poisoning Prevention Program
- ✓ I understand as a postpartum woman, my address and/or phone number may be given to Department of Public Health's Pregnancy Risk Assessment Monitoring System to invite me to complete a pregnancy survey.

These Programs will use my WIC information only for WIC and their Program. They will not release my WIC information to others without my written permission or as required by law. These programs have agreed to keep my WIC information confidential.

WARNING: STATE LAW STATES THAT: M.G.L. c. 266, 67B, FALSE, Fictitious or Fraudulent Claims Made to the Commonwealth or Municipality. Whoever makes or presents to any employee, department, agency or public instrumentality of the Commonwealth or of any political subdivision thereof, any claim upon or against any department, agency, or public instrumentality of the Commonwealth, or any political subdivision thereof, knowing such claim to be false, fictitious, or fraudulent, shall be punished by a fine of not more than two thousand dollars or by imprisonment in the state prison for not more than five years, or in the house of correction for not more than two and one-half years, or both. ***Criminal fraud (misrepresentation of information to receive WIC benefits) under Federal law imposes a fine of up to \$25,000 or up to five years in prison, or both.***

I have provided the correct information to determine my eligibility (identity, residency, household size of _____, gross household income of all working members, child support, rental income, and any other income resources).

I understand that posting WIC formula/food on the Internet through Craigslist, Facebook, etc. with the intent to sell WIC benefits, exchanging or giving away WIC formula/food will result in disqualification of you or your child for up to one year and legal action for repayment of full cash value of those benefits.

I understand that I must return all unused WIC formula/food to the WIC clinic.

I will notify WIC staff if I receive formula from MassHealth or other insurance companies. WIC staff may verify information that I have given for eligibility determination.

Participant/Parent/Guardian/Representative: _____

Staff Initials: _____

Date: ____ / ____ / ____

OPPORTUNITY TO REGISTER TO VOTE – DECLINATION FORM

Part A

If you are not registered to vote where you live now and you are eligible to register to vote would you like to apply to register to vote here today?

Yes No Already registered where I live now

(If you are registered to vote where you live now and have not changed your address it is not necessary to register to vote again.)

Signature: _____ **Date:** ____ / ____ / ____

Staff signature: _____ **Date:** ____ / ____ / ____

If you do not check any box, you will be considered to have decided not to register to vote at this time.

OPPORTUNITY TO SIGN UP FOR E-MAIL ALERTS – LOCAL PROGRAM USE ONLY

E-Mail Address: _____

Yes No Already signed up for email alerts

Staff signature: _____ **Date:** ____ / ____ / ____

This institution is an equal opportunity provider.



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English