

Rights and Responsibilities Statement Signature Page and WIC Correspondence Preference during COVID-19

Agreement:

By signing this form, I verify:

- I have read, or have had read to me, the Participant Rights and Responsibilities Agreement.
- I understand my rights and responsibilities as a WIC participant.
- I will comply with all participant requirements.
- If I have questions, I will discuss them with the WIC staff.
- I understand that I will be given, or may request, a copy of this document.

Please check one of the following methods for **RECEIVING** WIC correspondences, to include but not limited to, certification documentation, appointment reminders, eWIC shopping list, WICHealth.org information, etc.:

Encrypted email: _____ (print email address)

* Unencrypted email: _____ (print email address)

** US Postal Service: _____ (print mailing address)

** We cannot guarantee the secure transfer of information when it is sent unencrypted via electronic communication. Upon submission of your information to DHEC, we recommend you encrypt your email. Data encryption secures your information during transmission and occurs on the sender's end and per the email provider's capabilities.*

**** eWIC cards will be sent by US Postal Service.**

Signature: _____

Instructions for applicants, parents, and authorized representative:

1. If available, print signature page and sign. Scan or send photo along with your proofs (Identification, Residency, and Income) to the WIC clinic to begin the certification process.
2. If a printer is not available copy the above statement on a blank sheet of paper and sign and date. Scan or send photo along with your proofs (Identification, Residency, and Income) to the WIC clinic to begin the certification process.