



**Polk County WIC**  
100 Polk County Plaza  
Suite 180  
Balsam Lake, WI 54810  
715-485-8520  
FAX 715-485-8501

**Polk County WIC Consent Form for Release of Information (11/25/15)**

I hereby give permission to the Polk County WIC Program to disclose information to my healthcare provider's office, healthcare clinic or the agency/organization named below, using these methods of communication: written, fax, email, and/or talk by phone, for the purpose of:

- Clarifying a feeding/eating plan and/or referral
- Breastfeeding plan coordination or education provided
- Making changes to my infant/child's formula/WIC foods or my WIC foods
- Faxing a ForwardHealth Breast Pump Order form (F-01153)
- Height/weight and blood work
- Other: (specific reason needs to be noted): \_\_\_\_\_

Healthcare Provider/Healthcare Clinic/Agency/Organization to which this information may be disclosed:

\_\_\_\_\_

Email, fax or phone: \_\_\_\_\_

Name of Participant whose information is to be disclosed:

\_\_\_\_\_ Date of Birth: \_\_\_\_\_ WIC ID#: \_\_\_\_\_

\* This consent is effective for no longer than \_\_\_\_\_ (month/year WIC certification ends for this participant)

I understand that I can revoke this consent in writing at any time.

**Signature of participant or person legally authorized to give consent for this child:**

Failure to sign in no way jeopardizes WIC Program eligibility or participation.

\_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

WIC staff signature: \_\_\_\_\_ 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, 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) 807708339. Additionally, program information may be made available in languages other than English.

To file a program complaint, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), (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 Avenue, SW  
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.