

# WIC program employee signature form

## Confidentiality

I understand that verbal, written and/or computerized information regarding applicants, participants or staff received during the course of my employment with the WIC Program will be kept confidential. I shall adhere to the confidentiality guidelines as outlined in state policy 450. I understand local programs may have internal confidentiality requirements and if so, are in addition to those outlined in state policy 450.

Initial here: \_\_\_\_\_

## Conflict of Interest

I understand that as an employee of the WIC Program, I will not give preferential treatment to anyone including my family or friends, other staff members or vendors. All family members and friends will be certified and issued WIC benefits by a staff member other than myself or with the review/approval of the WIC Coordinator or immediate supervisor. I will never certify or issue WIC benefits to myself. I will contact the state WIC Program if there is no one else available to provide me WIC services.

Initial here: \_\_\_\_\_

## Employee Fraud and Abuse

Employee fraud or abuse is an intentional and deliberate action that violates program regulations, policies, and/or procedures. I have read and understand state policy 596 detailing what constitutes employee fraud and abuse.

I understand intentionally committing program fraud or abuse may result in disciplinary action, including financial recovery.

Initial here: \_\_\_\_\_

**As indicated by my initials and signature on this form, I have been advised of the above and understand the information I have been given. I also understand this form may be used as acknowledgment of my understanding the program regulations, policies and procedures when consequences are determined.**

\_\_\_\_\_  
Employee name (print full name)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Employee signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's signature

\_\_\_\_\_  
Date