Consent for Communication

Household ID# _____ **Date:** _____

I give my consent to the WIC Program to release and exchange information about myself and/or my minor children during my/our time participating in the WIC program.

Initial the methods you agree to use when communicating with the WIC Program:

___ Phone Call
___ Voice Message
___ Email; email address: _____
___ Text Messaging services (including the text service providers used by Local WIC Agencies and State WIC Office)

I understand that sending information electronically may not be secure. I assume the risk that people other than the intended recipient may observe information sent by these media. Depending on my phone plan, there may be charges I will be responsible for, and I can ask to stop receiving these types of communication at any time.

_____	_____	_____
Date of Signature	**Signature of Participant, Parent, or Guardian**	**Printed Name**

This institution is an equal opportunity provider.