Maine Center for Disease Control and Prevention
WIC Program Conflict of Interest Statement

This is to acknowledge that the Department of Health and Human Services, or its designee, has explained the following to me:

I am signing this form to acknowledge that the Department of Health and Human Services, or its designee, has explained to me the necessity of and legal requirement to have no conflict of interest in the work I perform with WIC authorized vendors and WIC participants.

I hereby agree to recuse myself from any authorization, review, monitoring, or investigation of a vendor with whom I have any affiliation, relationship or direct interest, or from a WIC applicant with whom I have a personal relationship.

"Interest" and "personal relationship" may include, but is not limited to: current or former ownership in the business; current or former employment with the business; current or former personal contractual relationship with the business (example: paid consultant); familial relationship; personal friendship; and/or current or former relationship to an owner or employee which could reasonably be construed to constitute a conflict of interest (personal relationships may be perceived by the public as a potential conflict of interest); I assure that I do not have any bias in favor of, or in opposition to, any of the vendors or to the WIC applicants and/or participants I certify and/or issue benefits to.

In addition:

- I will not release program vendor information except for the vendor's name, address, telephone number, website/e-mail address, store type and authorization status. *All other vendor information* is confidential and may not be released without the prior approval of the State WIC Agency.
- I will not endorse any WIC authorized vendor or discourage WIC participants from using a specific authorized vendor.
- I will not engage in any promotions for a WIC authorized vendor.
- I will not receive any gratuities including cash, food or coupons from any WIC authorized vendor or vendor applicant
- In situations where I inadvertently access confidential information documentation (paper or electronic records), concerning individuals to whom I am related or have a personal relationship, I shall immediately terminate my access to the information and make my supervisor aware of the incident or inadvertent access.

Please Note: FAILURE TO ADHERE TO THE PROVISIONS OF THIS AGREEMENT COULD RESULT IN DISCIPLINARY ACTION UP TO AND INCLUDING TERMINATION.

Date: _____

Employee Name (Print): _____ **Signature: _____**

Witness Name (Print): _____ **Signature: _____**