



WIC Memorandum of Understanding Disclaimer

The Montana WIC Program has Memorandums of Understanding (MOUs), or agreements, with other entities which may include a provision to share participant information. The Rights and Responsibilities signed at each certification includes a statement that you acknowledge this.

The following agreements are currently in place statewide:

Immunizations Program: may share personally identifiable data for the purposes of outreach, referral, and data analysis to improve health outcomes of our participants and streamline services.

Medicaid, SNAP and TANF: may share personally identifiable data for the purposes of outreach, referral, and data analysis to improve health outcomes of our participants and streamline eligibility, access and service delivery.

Healthy Montana Families Program (HMF), also known as Maternal and Early Childhood Home Visiting (MECHV): may share personally identifiable data for the purposes of outreach, referral, and data analysis to improve health outcomes of our participants and streamline services.

Pregnancy Risk Assessment Management System (PRAMS): may share personally identifiable data for the purposes of outreach and data analysis to improve health outcomes of our participants.

Census Bureau: census and WIC data are matched annually for the purposes of outreach and data analysis to improve health outcomes of our participants.

SNAP-Ed: Montana WIC and SNAP-Ed have an MOU that does not include sharing of personally identifiable data. The intent of this agreement is to outline our collaborative efforts to streamline and align nutrition education initiatives.

Child and Adult Care Food Program (CACFP): Montana WIC and CACFP have an MOU that does not include sharing of personally identifiable data. The intent of this agreement is to ensure nutrition education materials developed and available by each program is made available for sharing.

Your information may be shared ***only*** for the purposes described above and will not be shared with any third parties unless you provide written consent. Please let us know if you have any questions or concerns.

If you would like your information to be shared with another program or provider, please request to complete a Release of Information.