Division of Public Health F-40085 (08/2023)

WIC PROGRAM NOTICE OF INELIGIBILITY

Date		
Guardian/Participant Name and Address	Project Name, Address, and	d Phone Number
Dear		
This notice is to inform you that is not eligible for WIC I	because:	
 □ Does not meet WIC income guidelines. □ Does not live in Wisconsin. □ Is being suspended because of fraud or abuse. □ Other 		
You have the right to appeal the decision that is not elibefore	gible by writing, phoning, or visiting	the WIC Clinic
If you ask for an appeal, a hearing will be scheduled to give y are explained in an attachment to this letter. Please read then		Your appeal rights
If your situation has changed since you received this notice, p	please call to reapply.	
If you believe we have missed some important information ab please contact the WIC Clinic.	out your eligibility, or if you wish to o	discuss this notice,
Wisconsin WIC Program		
This notice may be used for WIC Farmers' Market Nutrition P voluntary. Personally identifiable information is used to determallowed by state and federal laws.		

Copy: Participant File

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RIGHT TO APPEAL DECISIONS

- 1 You may request a hearing if you disagree with the decision.
- 2 You may request a hearing if you believe you have been treated unfairly.
- 3 A request for a hearing must be made within 60 days of the date of this notice.
- 4 If you are now receiving WIC food benefits and you appeal this decision within 15 days of this notice, you will continue to receive WIC food benefits. Your food benefits will stop if the hearing examiner rules in favor of the WIC Clinic, or when your certification period is completed, whichever comes first.
- 5 If you request a hearing, you have the right:
 - To attend the hearing;
 - To speak for yourself or to have a lawyer, relative, friend, or another person speak for you at the hearing;
 - To request a language or sign language interpreter, or other accommodations for a disability be provided during the hearing. Notify WIC staff when you request a hearing;
 - To present oral or written evidence at the hearing to support your side;
 - To bring witnesses or present arguments to support your side;
 - To read documents on file, both before and during the hearing, which concern your case that are allowed to be released to you;
 - To be given a list of the people who will be at the hearing if you ask for it;
 - To question any evidence;
 - To meet and question witnesses;
 - To withdraw the request for a hearing in writing.

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In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/ad-3027.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or

2 fax

(833) 256-1665 or (202) 690-7442; or

3. email:

program.intake@usda.gov

This institution is an equal opportunity provider.