## **DEPARTMENT OF HEALTH SERVICES**

Division of Public Health F-40096 (08/2023)

## STATE OF WISCONSIN

Bureau of Community Health Promotion Fed. Reg. 7 CFR 246

## **WIC PROGRAM REPAYMENT AGREEMENT**

l,	, agree to repay \$	to the WIC
		make the payments as scheduled
•	bers being disqualified from the W	IC Program until full repayment is
made.		
Date	Amount	Balance
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
		·
SIGNATURE – WIC Participant/Parent/Proxy		Date Signed
SIGNATURE – Local Project Director or Designee		Date Signed
WIO D : (N		1440 D : 114
WIC Project Name		WIC Project Number
		1

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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: <a href="https://www.usda.gov/sites/default/files/documents/ad-3027.pdf">https://www.usda.gov/sites/default/files/documents/ad-3027.pdf</a>, 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

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