

NOTICE OF ACTION AFFECTING WIC PROGRAM APPLICANTS

This shall serve as notice that _____, date of birth _____,
(Name) (Month/Day/Year)
has been determined to be ineligible for WIC Program benefits for the following reason(s):

- Lower priority nutritional need:
Priority: _____ Category: _____
- Does not meet nutritional need criteria.
- Not in category served by WIC.
- Income exceeds maximum allowable:
Family size: ___ \$ _____ /monthly (as reported by applicant)
- Does not meet residency/population criteria.
- Eligibility documentation is inadequate.
- Other: _____

This determination was made on _____ .
(Date)

If you or your child do not meet WIC Program eligibility requirements, you may reapply at any time following a change in the circumstances or factors upon which this action is based, e.g., change in family income, health or nutritional status, etc.

IF YOU WANT TO APPEAL:

If you want to appeal the decision that you or your child do not meet WIC Program eligibility requirements, you may request a fair hearing within 60 days from the date of this notice, by contacting the California Department of Public Health, California WIC Program, Program Integrity Unit, MS 8600, 3901 Lennane Drive, Sacramento, CA 95834; 1-800-852-5770. You may have a representative such as a relative, friend, or legal counsel assist you with requesting an appeal or providing arguments on your behalf.

IF YOU REQUIRE ASSISTANCE:

Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact the U.S. Department of Agriculture (USDA) TARGET Center at (202) 720-2600 (voice and TDD).

CONFIDENTIALITY OF INFORMATION:

The information used to determine WIC Program eligibility will be kept confidential and on file at the WIC office and at the California Department of Public Health, California WIC Program. You have the right to review the information during normal business hours by calling 1-800-852-5770. The information required for participation is collected in accordance with the Federal Regulations 7CFR, Parts 246.7, 246.10, and 246.23; and the Health and Safety Code, Sections 214.201 and 429.50.

NONDISCRIMINATION:

In accordance with federal law and USDA policy, WIC is prohibited from discrimination on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write to USDA, Director, Office of Adjudication and Compliance, Room 326-W, Whitten Building, 1400 Independence Avenue, S.W., Washington, DC 20250-9410 or call (866) 632-9992 (voice), (800) 877-8339 (TTY); or (800) 845-6136 (Spanish). "USDA is an equal opportunity provider and employer." To file a complaint of discrimination based on religion, ancestry, political affiliation, medical condition, marital status, or sexual orientation, write to the Office of Civil Rights, California Department of Public Health, 1615 Capitol Avenue, Room 73.720, MS 0009, P.O. Box 997413, Sacramento, CA 95899-7413.

Check one of the following to indicate the applicant's racial/ethnic category:

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander
- Not Hispanic or Latino
- White

Staff signature



Staff title

