

Notice of Action Affecting WIC Program Applicants

This shall serve as notice that _____ (Name), date of birth _____ (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 a category served by WIC.
- Income exceeds maximum allowable:
Family size: _____ \$ _____ /monthly
(as reported by applicant)

- Does not meet residency 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, audiotope, 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 7 C.F.R. §246.7, §246.9, §246.23, and §246.26.

Nondiscrimination:

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter 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; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

Check to indicate applicant's ethnic category and racial category:

- | | | |
|---|---|--|
| <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> Not Hispanic or Latino | <input type="checkbox"/> Asian | <input type="checkbox"/> White |
| | <input type="checkbox"/> Black or African American | |

Staff signature



Staff title

