Date

Dear_

Thank you for participating on WIC! Your continued participation is important to us. We hope the nutrition and education benefits you receive help your family.

Subsequent Certification

_____Your current certification for WIC ends on _______. If you do not already have an appointment, please call us to schedule an appointment before your certification ends.

Mid-certification Assessment

____ We check to see how babies are growing and eating. If you do not already have an appointment, please call us to schedule an appointment. We look forward to seeing you and your baby!

____ We would like to check to see how you and your baby are doing. If you do not already have an appointment, please call us to schedule an appointment. We look forward to seeing you and your baby!

____ We check to see how children are growing and eating. If you do not already have an appointment, please call us to schedule an appointment. We look forward to seeing you and your child!

No Longer Eligible/Termination Due

Name:______ will no longer be eligible for WIC services effective ______. The reason will be:

- ____ Fifth birthday One year since your baby was born
- ____ Stopped breastfeeding after your baby turns six months
- _____ Six months since your pregnancy ended
- Moved outside of our service area
- ____ No longer income eligible
- Suspension or removal from the program because you have not used your program benefits the right way OR because you have not treated WIC staff OR WIC vendors in the right way.
- ____ Reside in an institution/homeless facility that does not follow conditions necessary for you to
- participate in WIC.

If you do not agree with this decision, you or someone to represent you may ask for a fair hearing within 60 days of this action. You may request a fair hearing at your local WIC office or send a letter asking for a fair hearing to: State WIC Director, Nutrition Services Branch, 1914 Mail Service Center, Raleigh, NC 27699-1914

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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 <u>USDA Program Discrimination Complaint Form</u>, (AD-3027) found online at: <u>http://www.ascr.usda.gov/complaint_filing_cust.html</u>, 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:

- 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.