

Letter of Ineligibility

WIC-315

Purpose: *For system outage use only, when not able to print the form from Crossroads.* Form is issued to an applicant or participant when s/he is ineligible for WIC benefits at this time and states his/her right to appeal the decision. Issuance of the WIC-315 is not required for telephone inquiries regarding eligibility. For purposes of this form, participant means any person involved in the WIC Program as a recipient of benefits, such as a parent, legal guardian, caretaker, or proxy.

Procedure: Complete the form.

1. Enter applicant / participant's name.
2. Check the reason for ineligibility
3. Provide WIC fair hearing information material to applicant / participant
4. Have applicant / participant or caretaker sign the form. The form is still valid if s/he refuses to sign.
5. Person who determined ineligibility shall sign the form
6. Enter local agency name
7. Enter date

Disposition: Scan the signed original and any documentation into the applicant's record, and give a copy to the applicant.

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WIC-315

_____ is not eligible for WIC at this time because he or she:
Applicant / Participant

- a. _____ Is not in an eligible category
- b. _____ Is not at nutritional risk
- c. _____ Is not a resident of Virginia
- d. _____ Has an income level above the allowable amount
Enter: # in economic unit: _____ Income: _____
- e. _____ Is categorically eligible for WIC but is in a category currently not being served
Enter category: _____
- f. _____ Is eligible but will be placed on a waiting list. Enter priority: _____
- g. _____ Has asked to be taken off the Program
- h. _____ Has not provided required information for certification
- i. _____ Is guilty of Program abuse at certification – *use for applicants only*

If you do not agree with this decision, you may ask for a fair hearing. To request a hearing, contact your local agency. You have 60 days from the date on this letter to ask for a hearing. A copy of the WIC rules for a fair hearing is provided with this notice.

Applicant / Participant Signature

Local Agency Personnel Signature

Local Agency

Date

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.

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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.