

Disqualification Letter for Program Abuse WIC-393

Purpose: Use to inform a participant, parent or legal guardian that his / her WIC benefits shall be terminated during a certification period for program abuse.

Procedure: Complete the form.

1. Enter date the form is completed.
2. Enter participant, parent or legal guardian's name.
3. Enter name of participant being disqualified.
4. Describe the program abuse indicating the date, place and other relevant information.
5. Enter date disqualification begins and ends.
6. Enter local agency signature and title.
7. Enter local agency name, address and telephone number.
8. Check this box if hand delivered and enter date delivered.

Issuance: At least 15 days before WIC benefits cease.

Disposition: Hand deliver or mail by certified mail white copy to participant, parent or legal guardian. Scan copy in participant's record.

Retention: In accordance with WIC policy ADM 11.0 Record Retention.

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Date: _____

Dear _____,

_____ is being disqualified from the Virginia WIC
Participant / parent or legal guardian name

Program for:

The disqualification begins on _____ and ends on _____. You may receive or reapply for WIC benefits after your disqualification ends.

If you do not agree with this decision, you may ask for a fair hearing. To request a hearing, you must contact your local agency. You have 60 days from the date on this letter to ask for a hearing. ***If you ask for a hearing within 15 days*** of this date, you will receive WIC benefits until the hearing decision is made or the certification period ends, whichever is first. A copy of the WIC rules for a fair hearing is enclosed.

Local agency Signature/Title

Local agency name, address and telephone number:

Check this box if notice is hand delivered. Date delivered: _____

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WIC-393

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

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