

INDIANA WIC PROGRAM
30-DAY BENEFIT NOTIFICATION

Date:		Authorized Representative:		AG/CL:	
Client:		ID#:		HH#:	

You are being placed in a 30-day Benefit Issuance period because you possess, but did not bring, your proof of:

(INWIC inserts specific type(s) of proof that are missing – ID, Residence, and/or income, based on ‘Documentation not provided’ reason selected from the appropriate dropdown table)

You must provide this information within the next 30-days. You may schedule an appointment when you have all of the missing information. Failure to provide this information will result in no further benefits being issued to you beyond (INWIC inserts termination effective date from Cert Action screen).

You can appeal any decision affecting your participation in WIC.

You must request a hearing by contacting the WIC Clinic and asking to speak to the WIC Coordinator. You must contact the WIC Clinic within 60 days of receiving this form. You will be informed in writing at least ten days prior to the hearing of the time, place, and date your case will be heard. Any positions or arguments may be presented by you or by a representative such as a relative, friend, or legal counsel. During your appeal you will continue to receive WIC services until the end of your certification, or a hearing decision is made.

WIC Representative Signature _____ WIC Clinic Phone Number _____

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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