

**INDIANA WIC PROGRAM
SANCTIONS DUE TO PROGRAM VIOLATIONS**

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

As a WIC participant, parent/guardian/caretaker you have certain rights and responsibilities. It has come to our attention that you have not upheld your responsibilities in the following way(s):

- _____ Attempting to return WIC foods to a store for cash, credit, or rain check
- _____ Attempting to exchange WIC foods that are not defective
- _____ Attempting to buy WIC benefits or eWIC card(s)
- _____ Being suspected of selling or attempting to sell WIC foods, formula or eWIC card(s) or benefits (this includes social media websites)
- _____ More than three (3) minor violations
- _____ Participating in more than one WIC program (Dual Participation)
- _____ Physically harming clinic or vendor staff
- _____ Providing false information to obtain WIC benefits
- _____ Returning WIC foods for cash, credit or rain check
- _____ Selling or exchanging WIC foods to obtain cash (this includes social media websites)
- _____ Selling, exchanging or buying WIC benefits or eWIC card(s) (this includes social media websites)
- _____ Verbally threatening harm to clinic or vendor staff
- _____ Other _____

According to Indiana State WIC policies, the above action(s) result(s) in:

_____ Education and WARNING. Another incident may result in suspension from the WIC program.

_____ Repayment or establishment of repayment schedule. Failure to repay or to establish a repayment schedule within 30 days of receiving the payment letter will result in suspension of the household for 1 year.

_____ SUSPENSION of the Household for _____ months.

_____ You are suspended from WIC beginning: _____ and ending: _____

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, audiotope, 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](http://www.ascr.usda.gov/complaint_filing_cust.html), (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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