

**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):

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

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

<input type="checkbox"/>	Education and <b>WARNING</b> . Another incident may result in suspension from the WIC program.
<input type="checkbox"/>	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.
<input type="checkbox"/>	SUSPENSION of the Household for _____ months.
<input type="checkbox"/>	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
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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](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](mailto:program.intake@usda.gov).

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