

**INDIANA WIC PROGRAM  
NOTICE OF INELIGIBILITY**

Date:		Authorized Representative:		AG/CL:	
Client:		ID#:		HH#:	
<p>You have been found to be ineligible for the WIC program for the following reason. If your circumstances change, you may reapply at any time.</p> <p>(INWIC inserts reason from Inactive/Ineligible Chart field on Client Info screen for the following reasons only: Categorically ineligible; Ineligible for public benefits; Moved out of state/not a resident of Indiana; No physical presence or documentation; Over income)</p> <p>If Ineligible for public benefits is the reason, then INWIC will also insert the following statement: (Eighteen (18) years of age or older and not a Qualified Alien (as defined under 8 U.S.C. 1641) as required by Indiana Code 12-32-1-7.)</p>					
<p align="center"><b><u>You can appeal any decision affecting your participation in WIC.</u></b></p> <p><b>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.</b></p>					
WIC Representative Signature			WIC Clinic Phone Number		
<p>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.</p> <p>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.</p> <p>To file a program complaint of discrimination, complete the <a href="http://www.ascr.usda.gov/complaint_filing_cust.html">USDA Program Discrimination Complaint Form</a>, (AD-3027) found online at: <a href="http://www.ascr.usda.gov/complaint_filing_cust.html">http://www.ascr.usda.gov/complaint_filing_cust.html</a>, 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:</p> <p>(1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410;</p> <p>(2) fax: (202) 690-7442; or</p> <p>(3) email: <a href="mailto:program.intake@usda.gov">program.intake@usda.gov</a>.</p> <p>This institution is an equal opportunity provider.</p>					