



Letter of Ineligibility for WIC Participation in Idaho

Date: _____

Thank you for applying for or participating in the Idaho WIC Program. If you have participated in the Idaho WIC Program, we hope that WIC helped you and/or your family. If this is your first visit to WIC and you do not qualify, please check back with us should your situation change related to reason(s) listed below.

_____ does not qualify or will no longer receive WIC food benefits from this clinic for the following reason(s) marked below:

You/your child is categorically ineligible for WIC.

Your family income is over the income guidelines.

Reported household size: _____ Reported income/frequency: _____

You are six (6) months past delivery and are not breastfeeding.

You are six (6) months past delivery and are receiving more than 50% of the maximum allowable formula from WIC. You are no longer eligible to receive a food package, **but you are still eligible for nutrition and breastfeeding education, support, and equipment as needed through WIC until you are no longer breastfeeding or 12 months postpartum, whichever is sooner.**

You have been/are breastfeeding an infant who is now 12 months old.

Your child is now five (5) years old.

You do not live within the service area served by this agency.

You have asked to discontinue your participation in WIC.

You/your child does not have an identified nutritional need.

Other: _____

If you feel that this decision is not fair, you may request a Fair Hearing by contacting the State of Idaho WIC Program at 450 W. State St., 1st Fl., Boise, Idaho 83720 or the Civil Rights Coordinator at (202) 690-7442. You must request a Fair Hearing in writing within sixty (60) days from the date on this letter. If you wish to request a Fair Hearing, we will provide you with additional details.

Local WIC Agency Name: _____

Signature of WIC Staff: _____

Please read the statement and check the box to confirm your understanding.

I, _____, have been notified of that I and/or my child(ren) will not be eligible to receive WIC benefits. _____
Name Date

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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: 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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