



### WIC INELIGIBILITY/TERMINATION NOTICE

Date of Notice: \_\_\_\_\_ Agency/Clinic: \_\_\_\_\_  
 Participant Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 Certification or Service End Date: \_\_\_\_\_ City and Zip Code: \_\_\_\_\_  
 Telephone No.: \_\_\_\_\_

#### INELIGIBILITY/TERMINATION SECTION

The participant(s) identified above are not eligible for future benefits or are being terminated from the Illinois WIC Program due to the reason(s) listed below:

- Not in a WIC - eligible category (pregnant, postpartum, breastfeeding woman, infant, child)
- Income is too high for the WIC Program
- Does not reside in Illinois
- Does not have a medical/nutritional health condition
- Voluntary withdrawal from program
- Missed required appointment(s)
- Other (please explain): \_\_\_\_\_

**RIGHT TO FAIR HEARING:** You may appeal any decision made by this agency within 60 days regarding your eligibility for the program. This notice will serve as your right to a fair hearing. A fair hearing and/or appeal may be made personally, or by a representative such as a relative, friend, legal counsel or other spokesperson by contacting the Local Agency Administrator at the address listed above.

#### Signature of Local Agency WIC Staff

#### Signature of Applicant/Participant

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or

**2. fax:**  
 (833) 256-1665 or (202) 690-7442; or

**3. email:**  
[program.intake@usda.gov](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.