



Participant Violations and Sanctions Notification Letter

Household ID: _____

- Head of Household Name: Second Parent Name: Proxy Name:

Date: _____

The WIC program must impose disqualifications, or take other actions in accordance with the procedures set forth in Federal Regulations ([246.12\(u\)](#)) in response to participant violations including, but not limited to, the violations listed in the definition of participant violation in [246.2](#). It has been brought to our attention that the following violation has occurred:

- Sale of Electronic Benefit Transfer (EBT) Card, WIC Breast Pump or WIC food benefits
- Alteration of Electronic Benefit Transfer (EBT) Card or WIC food benefits.
- Dual participation/Redemption of Duplicate Benefits.
- Deliberately making a false or misleading statement or intentionally misrepresenting, concealing or withholding fact.
- Derogatory or verbally abusive action in relation with local agency or WIC food vendor.
- Theft or use of stolen Electronic Benefit Transfer (EBT) Card or food benefits.
- Physically abusive toward local agency staff or WIC food vendor.
- Other: _____

According to Illinois WIC policy and Federal Regulations, the above action(s) warrant the following sanction(s):

- Education and warning.
Another violation will result in suspension from the program and/or repayment.
- 1 Year Suspension from the program.
Beginning _____ and _____ ending _____
- 1 Year Suspension from the program and repayment of program benefits.
Suspension beginning _____ and ending _____
Repayment in the amount of _____ by _____
- Referral to law enforcement was made on _____

You may assign an approved Proxy to continue participation in the WIC Program for the follow participant's:

Participant ID	First Name	Last Name
1.		
2.		
3.		
4.		

You have a right to a fair hearing. Fair hearing procedures can be requested personally, or by a representative such as a relative, friend, legal counsel, or other spokesperson by contacting the Local Agency Administrator.

If you have any questions, you may contact the State WIC Program at 1-217-782-2166.

This information was reviewed with: _____ on _____

In Person On Phone

WIC Staff Signature: _____

Job Title: _____ Date: _____

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

This institution is an equal opportunity provider.