North Carolina WIC Program Notice

Date: 

Name: 

Thank you for participating on WIC! The box checked below applies to your family:

_____ Your current certification for WIC ends on ___/___/____. You will need to reapply for WIC in order to continue on the Program. If you do not already have an appointment, please call us to schedule a subsequent certification appointment.

_____ We would like to check to see how your baby is growing and eating. Please call to make an appointment for your baby. WIC provides good food and good advice. We look forward to seeing you and your baby at this appointment

_____ We would like to check to see how you and your baby are doing. Please call us to make an appointment. We look forward to seeing you and your baby at this appointment.

_____ We would like to check to see how your child is growing and eating. Please call us to make an appointment. Your child will need to be present for this assessment unless you have written measures of height, weight, and blood iron (hematocrit or hemoglobin) from the doctor that are not more than sixty days old. We look forward to seeing you and your child at this appointment.

__________________________ will no longer be eligible to receive WIC services effective ___/___/____. The reason is:

_____ You have reached five years of age
_____ Your baby has reached one year of age
_____ You have stopped breastfeeding and are more than six-months postpartum
_____ It has been six months since your pregnancy ended
_____ You no longer live in our service area
_____ You are no longer income eligible
_____ Your 60 day presumptive eligibility period has expired
_____ You are being suspended or removed from the program because you have not used your program benefits in the right way.
_____ You are being suspended or removed from the program because you have not treated WIC staff or WIC vendors in the right way.
_____ You reside in an institution/homeless facility that does not follow conditions necessary for you to participate in WIC.

If you do not agree with this decision, you or someone to represent you may ask for a fair hearing within 60 days of this action. You may request a fair hearing at your local WIC office or send a letter asking for a fair hearing to:

State WIC Director
Nutrition Services Branch
1914 Mail Service Center
Raleigh, NC 27699 - 1914

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If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

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