

Inter Tribal Council of Arizona WIC Program
WIC Program Disqualification Letter- No Restitution

Date: _____

Dear _____:

It has come to our attention that as a client or a caregiver for the following clients, you have not followed the WIC program rules that you agreed to when you were enrolled in the program.

Client Name: _____

Client Name: _____

Client Name: _____

Client Name: _____

You and the clients for which you are the caregiver will be disqualified from the program for a period of _____ effective on _____ for the following reason(s):

Mark the appropriate box(es):

- Verbally threatening clinic/store staff or other client/customer with physical force (includes throwing something in the direction of the clinic or store staff or another client/customer)
- Verbally abusing WIC staff or vendor staff such as using inappropriate language, yelling or name-calling (includes throwing something though it is not directed toward WIC or vendor staff)
- Physical confrontation with clinic or store staff or other clients/customers
- Theft of WIC equipment, supplies, checks or formula OR personal belongings of WIC staff, client or visitor in clinic
- Intentional damage to clinic or store property
- Receiving two written warnings for minor program abuse and committed third abuse

You are prohibited from entering a WIC clinic during your disqualification period.

You may not cash any checks you may have after the effective date above. You may reapply for benefits after your disqualification period is over. We may approve another caregiver to receive benefits for your minor children during the disqualification period.

If you do not agree with your disqualification, you may request a fair hearing by writing to the WIC Director at the Inter Tribal Council of Arizona, Inc., 2214 N. Central Ave, Phoenix, Arizona, 85004, by calling the WIC Director at 602.258.4522, or submitting a written request through the local agency within 60 days of the date of this notice.

Sincerely,

WIC Program

Acknowledgement of Receipt by Caregiver:

Signature: _____ Date: _____

OR Mailed via certified mail (attach receipt to copy)

WIC Staff Name and Title: _____

WIC Staff Signature: _____ Date: _____

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