

Program Disqualification Letter- Restitution Required

Sample Letter #1a

Date: _____

Name
Address

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):

You may not cash any checks you may have after the effective date above.

You are required to reimburse the program in the amount of \$ _____ which is the value of the benefits you received.

If, within 30 days of this letter, you pay this amount or set up a payment plan with the WIC Program, you will not be disqualified. If you fail to make payments as agreed in your plan, you may be disqualified at a later date. You may reapply for benefits after your disqualification period is over and either full restitution is made or a payment plan has been set up with the WIC Program. We may approve another caregiver to receive benefits for your minor children during the disqualification period or until restitution has been made.

You may contact the ITCA WIC Director at 602-258-4822 to set up a payment plan or arrange for payment to be made. If you prefer, you may send payment to the Inter Tribal Council of Arizona, Inc., 2214 N. Central Ave, Phoenix, Arizona, 85004, Attention: WIC Director or you may pay at the local agency.

If you do not agree with your disqualification or this decision, 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

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. 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: http://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. This institution is an equal opportunity provider.

Program Disqualification Letter- Dual Participation-Restitution Required

Sample Letter #1b (staying on our program)

Date: _____

Name
Address

Dear _____:

In a routine comparison of clients participating in the Inter Tribal Council of Arizona, Inc. Special Supplemental Nutrition Program for Women, Infants and Children, commonly known as WIC, and the _____ WIC Program, the child(ren) for which you are caregiver, _____ was identified as a participant in both programs. The _____ WIC Program and the _____ WIC Program have a record of program benefits issued for your child in the months of _____. Participating in two WIC Programs at the same time is against federal regulations and is subject to a one year disqualification.

You have elected to continue your participation in our program. You are required to reimburse the program in the amount of \$ _____ which is the value of the benefits you received from ITCA while participating in both programs.

You have agreed to make monthly payments of _____ in lieu of disqualification. If you do not make payments as agreed in your plan, you may be disqualified for a period of one year.

If you do not agree with this decision, 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

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Program Disqualification Letter- Dual Participation-Restitution Required

Sample Letter #1c (staying on other program)

Date: _____

Name
Address

Dear _____:

In a routine comparison of clients participating in the Inter Tribal Council of Arizona, Inc. Special Supplemental Nutrition Program for Women, Infants and Children, commonly known as WIC, and the _____ WIC Program, the child(ren) for which you are caregiver, _____ was identified as a participant in both programs. The _____ WIC Program and the _____ WIC Program have a record of program benefits issued for your child in the months of _____. Participating in two WIC Programs at the same time is against federal regulations and is subject to a one year disqualification.

You have elected to be terminated from the Inter Tribal Council of Arizona, Inc. WIC Program and to reimburse the _____ program for the value of the benefits you received from that program during the time you received benefits from both programs.

If you do not agree with this decision, 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

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Program Disqualification Letter- Restitution Required

Sample Letter #2

Date: _____

Name
Address

Dear _____:

On _____, a letter was sent notifying you that you are required to reimburse the WIC Program in the amount of \$ _____ for violating the rules of the WIC Program. Since we have not heard from you, you have been disqualified from the WIC Program.

If you do not reimburse this amount or set up a payment plan, legal action may be taken against you.

You must submit the payment immediately to:

Inter Tribal Council of Arizona, Inc.
Attention: WIC Director
2214 N. Central Ave
Phoenix, Arizona 85004

If you are unable to pay the full amount, you must contact the WIC Director at 602-258-4822 to set up a payment plan.

If you do not agree with your disqualification or this decision, 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.

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Program Disqualification Letter- Restitution Required

Sample Letter #3

Date: _____

Name
Address

Dear _____:

We have made three attempts to contact you regarding reimbursement of benefits to the ITCA WIC Program.

On _____ and _____ letters were sent notifying you that you are required to reimburse the WIC Program in the amount of \$_____ for violating the rules of the WIC Program.

If we do not hear from you within 14 days, we will pursue legal action against you to recover these funds.

You must submit the payment immediately to:
Inter Tribal Council of Arizona, Inc.
Attention: WIC Director
2214 N. Central Ave
Phoenix, Arizona 85004

If you are unable to pay the full amount, you must contact the WIC Director at 602-258-4822 to set up a payment plan.

If you do not agree with your disqualification or this decision, 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.

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