

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

<Date>

<Address>

<City, State, Zip>

Dear <Caregiver/Client>:

It has come to our attention that as a client and 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:

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, eWIC cards 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 redeem benefits 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 Program Integrity Coordinator at the Inter Tribal Council of Arizona, Inc., 2214 N. Central Ave, Phoenix, Arizona, 85004, by calling the WIC Program Integrity Coordinator at 602.258.4522, or submitting a written request through the local agency within 60 days of the date of this notice.

Sincerely,

<WIC Staff Signature>

<WIC Staff Name & Title>

Acknowledgement of Receipt by Caregiver:

Signature: _____ Date: _____

OR Mailed via certified mail (attach receipt to copy)

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](http://www.ascr.usda.gov/complaint_filing_cust.html), (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.