

<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 <# of days> effective on <Date> for the following reason(s):

<Reasons>

You may not redeem benefits 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 Program Integrity Coordinator 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 Program Integrity Coordinator 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 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 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.