

Notice of Action at Initial Certification and Recertification

Date:	Family Representative:
Applicant:	WIC Family Identification:

This shall serve as notice that _____, date of birth _____ has been determined to be ineligible for WIC Program benefits for the following reason(s):

- | | |
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| <input type="checkbox"/> Lower priority nutritional need:
Priority: _____ Category: _____

<input type="checkbox"/> Does not meet nutritional need criteria.

<input type="checkbox"/> Income exceeds maximum allowable:
Family size: _____ \$ _____ annually.
<i>(As reported by Applicant/Family Representative)</i> | <input type="checkbox"/> Eligibility documentation is inadequate.

<input type="checkbox"/> Other: |
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If you or your child do not meet WIC Program eligibility requirements, you may reapply at any time following a change in the circumstances or factors upon which this action is based, e.g., change in family income, health or nutritional status, etc.

If you want to appeal:

If you want to appeal the decision that you or your child do not meet WIC Program eligibility requirements, you may request a fair hearing within 60 days from the date of this notice by contacting the California Department of Public Health, California WIC Program, Hearing and Appeals Unit, 3901 Lennane Drive, Sacramento, CA 95834; Hearing Line: (800) 852-5770. You may have a representative such as a relative, friend, or legal counsel assist you with requesting an appeal or providing arguments on your behalf.

Confidentiality of information:

The information used to determine WIC Program eligibility will be kept confidential and on file at the WIC office and at the California Department of Public Health, California WIC Program. You have the right to review the information during normal business hours by calling (800) 852-5770. The information required for participation is collected in accordance with the Federal Regulations 7 C.F.R. §246.7, §246.9, §246.23, and §246.26.

Nondiscrimination:

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or
2. **fax:** (833) 256-1665 or (202) 690-7442; or
3. **email:** Program.Intake@usda.gov

Signature of Family Representative/Caretaker	[WIC Staff User ID]
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