

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DC Health
Community Health Administration
WIC State Agency



NOTICE OF INELIGIBILITY

Date

Dear: _____:

We are sorry to inform you that _____ is not eligible for the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) because of the following reasons(s):
(Name)

1. The person lives outside of the District of Columbia.
2. The person or guardian earns more money than the WIC Program allows, \$_____ (Amount) for a family size of _____.
3. The person is not an infant, a child under five years of age, a pregnant woman, a woman who has just ended her pregnancy, or a woman who is breastfeeding a child.
4. The person does not have a nutritional or medical need as defined by standards of the District of Columbia WIC Program.
5. Other (Specify) _____

If you do not agree with the reason for your ineligibility, you or a representative of your choice may request a fair hearing within 60 days of the date of this notice. If you need more information about why you are not eligible, please call your WIC clinic.

Such requests may be made to your local WIC Agency, or to the:

WIC Program Manager
899 North Capitol Street NE, 3rd Floor
Washington, DC 20002

Phone: (202) 442-9397
email: info.wic@dc.gov

Local Agency Use ONLY

Applicant's Address:

Phone:

WIC Staff Authorized Signature

Local WIC Agency

USDA Nondiscrimination Statement

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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.

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