Appendix 8.038C

(Local Agency Letterhead)
(Name, Address, Phone #)

Employer's Name
Street Address
City, State, Zip

Dear Sir/Madam:

This letter requests verification of the employment of Mr/Mrs/Ms _____ whose eligibility or child's eligibility for the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) is being evaluated. Please complete the items below and return the entire letter to the _____ WIC Program by _____.
(date)

Thank you for your cooperation.

Sincerely,

_____
WIC Local Agency Director

Name: _____ (clinic staff should enter name)
Current Salary: $ _____ per _____ (salary should be stated as gross income).
Dates of Employment: From _____ to _____

_____ _____ _____
Signature of Employer's Representative Title Date

Phone No. _____

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.