

# Sample Letter of Ineligibility

«LetterDate»

«ClinicName»

«ClinicAddressLine1»

«ClinicCity», «ClinicST» «ClinicZIPCode»

«FirstName» «LastName» «StateWicID»

«AddressLine1»

«City», «ST» «ZIPCode»

 «FirstName» is not eligible to participate in the WIC program because:

 «Reason»

If you feel this decision is incorrect, you have the right to request a fair hearing to have the decision reviewed. You may request a fair hearing in writing or verbally by contacting:

WIC Program,

P.O. Box 64882

St. Paul, Minnesota 55164-0882

 or call 1-800-657-3942

Please request a fair hearing within 60 days from the date of this letter. If a fair hearing is requested, you may present any information explaining why you feel the decision is incorrect. You may bring someone else to the hearing to help you if you like.

Sincerely,

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](http://mailto:program.intake@usda.gov/)

This institution is an equal opportunity provider.