

## North Carolina WIC Program Notice

Date \_\_\_\_\_

Dear \_\_\_\_\_

Thank you for participating on WIC! Your continued participation is important to us. We hope the nutrition and education benefits you receive help your family.

### **Subsequent Certification**

\_\_\_ Your current certification for WIC ends on \_\_\_\_\_. If you do not already have an appointment, please call us to schedule an appointment before your certification ends.

### **Mid-certification Assessment**

\_\_\_ We check to see how babies are growing and eating. If you do not already have an appointment, please call us to schedule an appointment. We look forward to seeing you and your baby!

\_\_\_ We would like to check to see how you and your baby are doing. If you do not already have an appointment, please call us to schedule an appointment. We look forward to seeing you and your baby!

\_\_\_ We check to see how children are growing and eating. If you do not already have an appointment, please call us to schedule an appointment. We look forward to seeing you and your child!

### **No Longer Eligible/Termination Due**

Name: \_\_\_\_\_ will no longer be eligible for WIC services effective \_\_\_\_\_. The reason will be:

- \_\_\_ Fifth birthday
- \_\_\_ One year since your baby was born
- \_\_\_ Stopped breastfeeding after your baby turns six months
- \_\_\_ Six months since your pregnancy ended
- \_\_\_ Moved outside of our service area
- \_\_\_ No longer income eligible
- \_\_\_ Suspension or removal from the program because you have not used your program benefits the right way OR because you have not treated WIC staff OR WIC vendors in the right way.
- \_\_\_ Reside in an institution/homeless facility that does not follow conditions necessary for you to participate in WIC.

---

If you do not agree with this decision, you or someone to represent you may ask for a fair hearing within 60 days of this action. You may request a fair hearing at your local WIC office or send a letter asking for a fair hearing to: State WIC Director, Nutrition Services Branch, 1914 Mail Service Center, Raleigh, NC 27699-1914

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

This institution is an equal opportunity provider.