

**Arizona WIC Program  
Notification of Ineligibility**

Applicant's/Participant's Name: \_\_\_\_\_

**You have been found ineligible to participate in the WIC Program for the following reason(s):**

· Ineligibility reason

**Your WIC Program benefits will end on (Disqualification Date or Ineligibility Date):**

If any of the above changes, you may reapply for services.

If you wish to appeal this decision, you must request a fair hearing. Your request for a fair hearing must be in writing and postmarked or hand-delivered within thirty (30) calendar days from the date on this form. If you choose to appeal, you will receive WIC benefits during the appeal process, if you file your appeal within fifteen (15) calendar days from receipt of this notice, until the hearing officer reaches a decision or the Certification period ends, whichever comes first.

(Participants who are denied WIC benefits at initial Certification, participants whose Certification period has expired, or who become categorically ineligible will not continue to receive benefits while awaiting the decision on their appeal.)

Send your written request for a fair hearing to:

Clerk of the Department  
Arizona Department of Health Services  
150 North 18th Avenue, Suite 200  
Phoenix, AZ 85007

You may represent yourself. You may also be represented by an attorney at your own expense. An attorney will not be provided for you.

If you request a fair hearing, you may also request an informal settlement conference. A request for an informal settlement conference must be in writing and postmarked or hand-delivered no later than twenty (20) days before the hearing date. Send your written request for an informal settlement conference to:

WIC Director  
150 North 18th Avenue, Suite 310  
Phoenix, AZ 85007

or

hand deliver to the WIC Director at your WIC local agency who will immediately forward it to the State Bureau Chief

Local agency staff is available to help you complete your written request for a fair hearing and informal settlement conference.

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.



Auto-populated fields

Applicant Name: Client Name

Ineligibility Reason:

Disqualification Date or Ineligibility Date: Disqualification Date or Ineligibility Date

Logic:

Ineligibility Reason – reason should only appear for the program that the client is enrolled in.

Disqualification Date or Ineligibility Date – Use Disqualification Date if client has a disqualification date, otherwise use current date.