



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.)

To request a fair hearing, you must email or mail your request to the Clerk of the Department.

Email Request: ACR@azdhs.gov

Mail request:

Clerk of the Department
Arizona Department of Health Services
150 North 18th Avenue, Suite 540
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 300
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, 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: 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.

This institution is an equal opportunity provider.