



End of Certification/Notice of Ineligibility

The WIC certification for _____ will expire on _____ for the following reason:
(Name) (Date)

- _____ Your infant or child is due for re-certification- Please make your next appointment.
- _____ Your child is over five (5) years of age.
- _____ You are a non-breastfeeding woman more than 6 months postpartum.
- _____ You are a breastfeeding woman whose infant is over 1 year of age.
- _____ Your family's income is too high.
- _____ You do not live in the Montana WIC Program service area.
- _____ You requested withdrawal from the WIC Program.
- _____ Program Fraud and/or Abuse: _____
- _____ Other: _____

If your circumstances change and you would like to re-apply, please contact your local WIC office.

For questions or information call: _____

Participant/Guardian Signature	Date	WIC Staff Signature	Date
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WIC Fair Hearing Procedures

If you are dissatisfied with any decision about your eligibility for WIC, you are entitled to a fair hearing.

1. Submit a verbal or written request within 60 days of denial of participation to either your local WIC office or the State WIC office: WIC Program Director, PO Box 4210, 1625 11th Ave., USFG Bldg., Helena, MT 59620-4210 (406) 444-5533.
2. You will then receive a copy of the Montana WIC Hearing Procedures.
 - You may be represented by an attorney or anyone at the hearing.
 - The hearing shall be within 3 weeks of receiving the request and shall be convenient for you.
 - You will have 10 days written notice of the time and place of the hearing.
 - The hearing will be conducted by an impartial official.
 - You have the right to present any evidence on your behalf.
 - You will be given the final decision in writing within 45 days from the date of the request for hearing.

USDA Nondiscrimination Statement

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/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.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