
225.80C

Notice of Restitution & Disqualification from the Iowa WIC Program

Overview

Introduction

A copy of the Notice of Restitution & Disqualification from Iowa WIC Program is printed on the following pages. The notice can also be found in Spanish.

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Notice of Restitution & Disqualification from the WIC Program

Date

Parent/Guardian Name

Parent/Guardian Address

Dear Parent/Guardian:

It has been reported to us that you provided false or misleading information about your eligibility for WIC benefits. When someone lies or hides facts to get WIC benefits that they are not eligible to receive, we are required to disqualify them from the WIC program. We are also required to collect the cash value of any WIC benefits received.

<Participant Name> is being disqualified from the WIC program. This disqualification period begins on ___ / ___ / ___ and ends on ___ / ___ / ___. If you make full payment or set up a repayment schedule with the state WIC program within 30 days of receiving this notice, you may reapply for the program at that time.

The following WIC benefits were issued to << Participant Name >> and used:

Food Benefit	Date Purchased	Amount

Please make your check or money order for \$ _____ payable to Iowa Department of Public Health — Iowa WIC Program. Payment is due within 15 days of receiving this notice. Please use the enclosed return envelope to send your payment.

You can ask for a hearing to appeal this decision by sending a written request to your local WIC agency by <<Today + 90 days>>. If you are appealing a mid-certification decision and request a hearing by << Today + 15 Days >>, << .Participant Name >> will continue to receive WIC benefits during the appeal process if required certification appointments are completed. Your appeal rights are explained on the next page.

Please call if you have any questions about this notice.

WIC Coordinator's signature

Notice of Restitution & Disqualification from the WIC Program (Continued)

Your Appeal Rights

1. Send a written request for a hearing to your local WIC agency within 90 days of receiving this notice.
2. The hearing officer will schedule a hearing within 21 days of receiving your request. You will receive notice of the time, place and date at least 10 days before the hearing.
3. Before and during the hearing, you have the right to read all of the public documents on file about the decision that is under appeal.
4. During the hearing you may speak for yourself or be assisted by a relative, friend, other person, or lawyer at your expense; bring witnesses; question or refute any testimony or evidence; question any adverse witnesses; and provide evidence to establish facts and circumstances related to your case.
5. The local hearing officer will issue a written decision within 45 days of your request for the hearing unless a longer time period is agreed upon by both parties.
6. Either party may appeal the written decision to the Division Director, Division of Health Promotion & Chronic Disease Prevention, Iowa Department of Public Health. This appeal must be made within 15 days of the mailing date of the decision made by the local hearing officer. The procedures listed above must be followed for a second appeal about the decision.

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, 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.

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