



Iowa WIC Program
Notice of Termination

Date:

Name:

Address:

Dear _____:

_____ will be terminated from the program effective _____

for the following reason: _____.

This notice only affects _____.

Please pick up benefits and keep WIC appointments for other family members.

You have a right to a hearing, if you wish to appeal this decision. Your appeal rights are explained below.

Send a written request for a hearing to your local WIC agency within 90 days of receiving this notice.

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.

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.

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.

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.

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

If you appeal a mid-certification termination due to any reason except _____, within 15 days of receiving this notice, _____ will continue

to receive WIC benefits during the appeal process until the end of the current certification.



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Clinic Name:
Address:
Phone Number:

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 based on 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 for program information (e.g. Braille, large print, audiotape, American Sign Language), should contact 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 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 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
- (3) Email: program.intake@usda.gov

This institution is an equal opportunity provider.