

**Florida Department of Health, WIC Program  
Notification of Ineligibility/Suspension Form**

Applicant/Client Name(s): \_\_\_\_\_

Parent/Authorized Representative: \_\_\_\_\_

**Ineligibility**

**The applicant/client is not eligible for the WIC Program for the following reason(s):**

- Not residing in the agency's service area.
- Not a pregnant/postpartum/breastfeeding woman, an infant, or a child under age 5 years.
- Household is over the income level.  
Household Size \_\_\_\_\_ Income Reported \$ \_\_\_\_\_ per (circle one) weekly/biweekly/twice monthly/monthly/yearly.
- Not physically present at certification visit.
- Other (specify): \_\_\_\_\_

**If you have been found ineligible for the WIC program and are currently receiving program benefits, benefits will stop 15 days from the date of this form.**

**Suspension**

- You have misused the WIC Program and you are being suspended from the program for a period of \_\_\_\_\_ days beginning on \_\_\_\_\_ and ending on \_\_\_\_\_.**

You have misused the program in the following way: \_\_\_\_\_

\_\_\_\_\_. (If necessary, continue on additional sheet.)

**If you are being suspended from the WIC program and are currently eligible to receive program benefits, benefits will stop 15 days from the date of this form.**

**Short (Temporary) WIC Certification (30 days)  
Proof of Eligibility**

You are *temporarily* certified for the program because you did not provide everything that is required.

- Proof of Current Income \_\_\_\_\_ Pay stubs for last 30 days
- Proof of Applicant/Client Identification
- Proof of Where You Live
- Proof of Parent/Caretaker Identification

**Your WIC benefits will stop until the items checked above are provided. These items will be reviewed to determine eligibility.**

**Short (Temporary) WIC Certification (30 days)  
Physical Presence of a Newborn**

- A newborn infant (less than 8 weeks of age) is *temporarily* certified for the program because he/she was not physically present at the WIC Certification.

**The infant's WIC benefits will stop until the infant is brought to the WIC office.**

**You have the right to request a fair hearing regarding this decision. See the back of this form for more information about a fair hearing.**

Applicant/Client/Authorized Representative's Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of Authorized Staff Member \_\_\_\_\_ Date \_\_\_\_\_

Printed Name and Title of Authorized Staff Member \_\_\_\_\_

Name of Local Agency \_\_\_\_\_

Local Agency Street Address \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_

# Fair Hearing Procedures for the Florida WIC Program

## What is a fair hearing?

A fair hearing is your chance to tell someone who does not work in WIC why you think you have not been treated fairly by the WIC program. This person is a "Hearings Officer." After listening to you and the WIC staff, the Hearings Officer makes a decision that is fair.

## You can ask for a fair hearing if:

- You have been told that you do not meet the requirements of the WIC program and you believe that this is not true; or
- You think you are being taken off the WIC program unfairly; or
- You have been asked to pay back money to the WIC program for misuse of the program.

## How do I ask for a fair hearing?

You can call, write, or visit your local WIC office. Tell them you want a fair hearing. Give them your name and address and tell them why you want a fair hearing. They will help you with your request.

If you or your child are not eligible for WIC or are being taken off the WIC program, you will receive a written notice. You have 90 days from the date of this notice to ask for a fair hearing.

You will be told at least 10 days before the hearing when and where your hearing will be. This will give you time to call your local WIC office to try to resolve any question(s) you may have about:

- why you did not meet the requirements of the program; or
- why you were taken off the WIC program; or
- why you were asked to pay back money to the WIC program.

If you change your mind about the hearing, you should call your local WIC office right away.

## What are my rights at the hearing?

- Before or during the hearing, you can study all records about your reason for asking for a fair hearing.
- You can bring a lawyer or any other person to represent you at the hearing.
- You can bring people to testify for you at the hearing.
- You can speak for yourself without fear of punishment.
- You can ask questions whenever you don't understand something.
- You can question witnesses who testify against you.
- You can present all evidence you think is important.

## What are the responsibilities of the Hearings Officer? The Hearings Officer will:

- Require that you take an oath to tell the truth.
- Make sure that all important facts are considered.
- If needed, order a medical evaluation of you or your child by a person not involved in the case.
- Make sure that both parties have an equal chance to present their cases.

## Then, the Hearings Officer will make a decision that:

- Must be based on the hearing record.
- Must agree with federal law.

## When will I know the judgment of the Hearings Officer?

You will know the judgment of the Hearings Officer and the reasons for the decision within 45 days from the day you asked for the hearing. The findings from the hearing will be sent to you in writing.

**If the judgment is in your favor,** you will begin getting your WIC foods. If you had been taken off the program, you will begin receiving your WIC benefits once again.

**If the judgment is not in your favor,** you can ask for a judicial review. The notice you receive from the Hearings Officer will explain how to request a judicial review.

If the decision involves the client/authorized representative intentionally making a false or misleading statement or intentionally misrepresenting, concealing, or withholding facts, the state agency (or its representative) may initiate or resume efforts to obtain cash for the value of food benefits improperly issued to the client and may subject the client/authorized representative to civil or criminal prosecution under state and federal law.

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](mailto:Program.Intake@usda.gov)

If you do not want to tell the local WIC office, you can write to the:

**Office of Appeal Hearings  
2415 North Monroe St.  
Suite 400, Room 1129  
Tallahassee, FL 32303-4190**

**The WIC office  
must obey the decision  
of the Hearings Officer.**

**Under Florida law,  
the fair hearing is  
recorded.**

This institution is an equal opportunity provider.