

Montana WIC Program Participant Warning Letter

Dear WIC Participant,

This letter is a notification that you or a member of your family you are responsible for has violated the policies of the Montana WIC Program. See below for a description of the violation and the result of another violation:

Warning due to:	Next offense will result in:
Received or attempted to receive cash/change from WIC purchase. (Either during a transaction or by returning WIC foods)	3-month disqualification
	12-month disqualification
Intent to sell WIC foods (including intent to sell eWIC card)	3-month disqualification
	12-month disqualification
Verbal abuse or harassment of WIC staff, food retailer staff or farmer.	3-month disqualification
	12-month disqualification
Other:	

Your signature below indicates that you have read and understand the WIC Participant Rights and Responsibilities.

Print Participant Name:

Participant WIC ID:

Participant Signature:

Local Agency Staff Signature:

Date:

Local Agency Use Only: Provide education about the abuse and a copy of this letter to participant. Scan this letter into participant's folder and attach the original letter to Participant Compliance Form and send to the State office.

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 Coordinator, Cogswell Bldg., Helena, MT 59620 (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.

Participant Rights and Responsibilities Form

INSTRUCTIONS: Please read this form, and then sign. If you do not understand any part of it, please ask for help.

I Agree To:

- Attend and be on time for all appointments.
- Let WIC staff know in advance if I cannot keep an appointment.
- Provide accurate and correct information to WIC.
- Let the WIC staff know if my address, phone number or income changes, if I am going to move away or if I no longer have custody of the child.
- Handle my eWIC card carefully as replacing the card can take several days.
- Report eWIC Cards that are lost, stolen or destroyed.
- Follow the shopping guidelines for using WIC benefits as specified in the Program Booklet.
- Treat WIC staff and retail staff with respect and courtesy.
- Train my authorized representatives and proxies on WIC and eWIC Card procedures and policies. I am accountable for their actions.

I Understand That:

- WIC will give me benefits to buy certain foods from WIC authorized retailers each month and it is important that the benefits are picked up on time. If benefits are not picked up for two months in a row, I may be removed from the Program.
- The local WIC program will make nutrition education and referral to health services available to me or my child. I am encouraged to use these services.
- My WIC information may be released to other programs or entities to determine eligibility, conduct outreach, enhance health education, streamline administrative procedures or access and evaluate participant health care needs and outcomes. For a list of other programs or entities that may receive your information, please ask WIC staff.
- **Receiving benefits from more than one WIC clinic at a time is illegal (dual participation).**
- I may lose my WIC benefits if I or an authorized individual sell my eWIC Card; return WIC foods for cash or non-WIC foods; sell, trade, or give away WIC foods; buys non-WIC foods; use an unauthorized retailer; or verbally or physically abuse WIC or retail staff. I also may be required to repay benefits.
- Standards for eligibility and participation in the WIC Program are the same for everyone, regardless of 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.
- I have 60 days to appeal any decision made by the local agency regarding my eligibility for the Program. A fair hearing will be conducted by a fair and impartial official according to 246.18 and applicable portions of Title 2, Chapter 4 Montana Code Annotated, whose decision will rest solely on the evidence presented at the hearing and statutory and regulatory provisions governing the WIC Program in Montana.

I have been advised of my rights and responsibilities under the Program. I certify that the information I have provided for my eligibility determination is correct, to the best of my knowledge. This certification form is being submitted in connection with the receipt of Federal assistance. Program officials may verify information on this form. I understand that intentionally making a false or misleading statement or intentionally misrepresenting, concealing, or withholding facts may result in paying the State agency, in cash, the value of food benefits improperly issued to me and may subject me to civil or criminal prosecution under State and Federal law.

This institution is an equal opportunity provider.

I have read and understand my rights and responsibilities for participation in the Montana WIC Program:

Signature of Participant/Authorized Representative

Date

USDA Nondiscrimination Statement

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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