

GUAM WIC
NOTIFICATION OF INELIGIBILITY

Applicant's Name: _____

You have been found ineligible to participate in the WIC Program for the following reason(s):

- 1. Not income eligible
- 2. Categorically ineligible
 - a. Child 5 years or older
 - b. Woman six (6) months postpartum
 - c. Woman no longer breastfeeding
 - d. Woman not pregnant
- 3. Others
 - a. Not at nutritional risk
 - b. Participation has been delayed due to being placed on a waiting list
 - c. You have been found in violation of the Guam WIC program regulations in the following way(s) and are being sanctioned by temporary suspension or termination from participation in the WIC program for the remainder of your current certification period.

- d. Participants are advised in writing fifteen (15) calendar days prior to the end of program benefits such as WIC participants whose Certification is pending expiration or who are soon to be categorically ineligible unless determined ineligible at initial Certification.

Based on your current WIC Program benefit status, **your WIC benefits will end on _____.**
(Date)

Health and/or Public Assistance Program referral made to:

- SNAP (food stamps)
- Medicaid
- Medically Indigent Program (MIP)
- TANF/Welfare
- Other _____

If any of the preceding changes, you may reapply for services.

If you do not agree with this decision and wish to appeal, you may present your appeal request orally or submit in writing or seek the assistance of the clinic staff to write your appeal request within (20) calendar days for an informal dispute resolution meeting or sixty (60) calendar days for a fair hearing of receiving this notice. The request must include the facts you believe entitle you to relief, and the relief sought. Please refer to the attached Guam WIC Program Fair Hearing Procedures.

An **INFORMAL Dispute Resolution Meeting** is an informal meeting between you, the Local clinic staff involved and a State Agency representative, who will preside over the meeting. A decision is made at the end of the meeting. If you request an informal dispute resolution meeting, the agency shall notify you at least ten (10) calendar days before the meeting, after having received the request. The notice will explain the meeting location, time and procedures. You have the right to request an informal dispute resolution meeting. This request must be post-marked or hand delivered to the WIC Director no later than twenty (20) calendar days from the date of receipt of this notice. Local clinic staff may assist you in filing your request in writing.

To request an Informal Dispute Resolution Meeting, submit the request in writing to:

Bureau of Nutrition Health Services
Department of Public Health and Social Services
15-6100 Mariner Avenue
Barrigada, GU 96913-1601

or hand deliver to WIC Director who will immediately forward to the Bureau Chief

If you request an informal dispute resolution meeting, the agency shall notify you at least ten (10) calendar days before the meeting, after having received the request. The notice will explain the meeting location, time and procedures. If you do not wish to request an informal dispute resolution meeting, you may request a **FAIR HEARING**. A fair hearing may, also, be requested when a participant/authorized representative disagrees with the decision of informal dispute resolution meeting. A fair hearing is an administrative hearing before an administrative law judge, and a decision is made within the forty five (45) calendar days following the initial request for the hearing. You have sixty (60) calendar days, from the date of receipt of this notice to post-mark or hand deliver a written request for a fair hearing. The request must contain a statement of facts, the reasons you believe you are entitled to a fair hearing, and the relief sought. Local clinic staff may assist you in filing your request in writing.

At a fair hearing, you have the right to self-representation or to be represented by a relative, friend, legal counsel or other spokesperson. You have the right to bring witnesses. The participant is entitled to introduce arguments, question or refute any testimony or evidence, including the opportunity to confront and cross-examine adverse witnesses as well as submit evidence to support their case.

To request a Fair Hearing, submit your request in writing to:
Bureau of Nutrition Health Services
Department of Public Health and Social Services
15-6100 Mariner Avenue
Barrigada, GU 96913-1601

If you choose to appeal, you will receive Program benefits, if you file your appeal within fifteen (15) calendar days from receipt of this notice, during the appeal process until the hearing officer reaches a decision or the Certification period ends whichever comes first. (Participants who are denied benefits at initial Certification; participant whose Certification period has expired or who become categorically ineligible will not continue to receive benefits while awaiting the decision on their appeal).

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;
- 2) **fax:** (833) 256-1665 (202) 690-7442; or
- 3) **email:** Program.Intake@usda.gov.

This institution is an equal opportunity provider.

Applicant/caretaker signature: _____ **Date:** _____

Clinic Staff signature: _____ **Date:** _____