

Notice of WIC Ineligibility



Date: _____

Dear _____:

After talking with you about your/your child's health, diet and household information, we find that _____ is not eligible to participate in the WIC Program.

(Name)

The reason is checked below.

Your household income is over the Oregon WIC income standard.

Other: _____

If you would like to reapply for WIC, please call for an appointment. You may be eligible for other health services in our clinics. Ask any WIC staff person about services you may qualify for. If you have any questions or disagree with this decision, please call us at:

(WIC clinic phone number, address or message)

You have the right to request a fair hearing within 60 days if you feel you do meet the requirements for WIC. You may call or write to the State WIC Office at:

Oregon WIC Program
PO Box 14450
Portland, OR 97293-0450

Phone: (971) 673-0040
TTY: (503) 731-4031
FAX: (971) 673-0071

Oregon
Health
Authority

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(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

This institution is an equal opportunity provider. **If you need this information in large print or an alternate format, please call 971-673-0040 or TTY 800-735-2900.**

57-607-ENGL (10/2015)